

Application Form

Student Information			
Full name of child:	Name usually known by:		
Date of Birth:	Sex: (circle one)	Boy	Girl
Address:			
City/State/Zip:			
Postcode:	Home Phone:		
Child's Religion:	Child's Ethnic Group:		
Is there any other language spoken at home?:	What is the first language spoken at home?:		

Mother's Details	
Mothers Name:	
Occupation:	Employer:
Work phone number:	Mobile phone number:
Email address:	
Address (if different from child's:)	
City/State:	Postcode:

Father's Details	
Father's name:	
Occupation:	Employer:
Work phone number:	Mobile phone number:
Email address:	
Address (if different from child's:)	
City/State:	Postcode:

Who has parental responsibility?:

Name:	Relationship:		
Name:	Relationship:		
Are there any contact restrictions ? (circle one) (if yes please give details below):	Yes	No	

Details:

Other Emergency Contacts:

Name:	Phone:	Relationship to child:
Name:	Phone:	Relationship to child:
Name:	Phone:	Relationship to child:

What will be your child's daily schedule with Hall Academy?

Day	Morning	Afternoon	Full Day	Overnight
Monday	From: To:	From: To:		
Tuesday	From: To:	From: To:		
Wednesday	From: To:	From: To:		
Thursday	From: To:	From: To:		
Friday	From: To:	From: To:		
Saturday	From: To:	From: To:		
Sunday	From: To:	From: To:		

Doctor's Details:	
Doctor's name:	
Doctor's address:	
Postcode:	Doctor's phone number:
Health visitor's name:	Health visitor's phone number:

Medical Details:
Medical Details Does your child have any medical problems that we should be made aware of? Please give details below:
Allergies Does your child have any allergies that we should be made aware of? Please give details below:
Long Term Medication Is your child on any long term medication that we should be made aware of? Please give details below:
Special Dietary Requirements Does your child have any special dietary requirements? e.g. Vegetarian. Please give details below:

Permissions:		
Do you give Hall Academy permission to take photographs of your child for development files?	Yes	No
Do you give the Hall Academy permission to take photographs of your child for promotional purposes?	Yes	No
Do you give the Hall Academy permission to use subcream (factor15+)?	Yes	No
Do you give Hall Academy permission to use baby wipes/teething gel/sudocream?	Yes	No
Do you give Hall Academy permission to administer first aid?	Yes	No
Do you give Hall Academy permission to take your child on outings to local shops etc?	Yes	No

Collection Arrangements
Your child will only be allowed to leave Hall Academy with the people listed below Any changes to this information should be made in writing to the Director.

Name:	Relationship to child:
Name:	Relationship to child:
Name:	Relationship to child:
As an extra precaution you may use a password. Anyone collecting your child should be made aware of this.	
Password:	

Signature: _____ **Date:** _____



Date:		
Child's Name	Weekly Tuition Rate	Start Date
1.		
2.		
3.		
4.		

Parent/Guardian Name _____
& Signature _____

Phone _____ Email _____

Enter phone and email below for electronic communication if different from the one above and if applicable.

Phone _____ Email _____



CCG

Grace and Affirmations A grace is a short prayer or thankful phrase said before or after eating. Affirmations are positive phrases or statements we repeat to ourselves. *(Initial your preference)*

I give my child(ren) permission to say Grace and Affirmations.

I DO NOT give my child(ren) permission to say Grace and Affirmations.

Electronic Communication In order to keep tuition costs low Hall Academy prefers to use paperless communication with our parents. For personal student information, the primary methods will be text message and email. This includes but is not limited to weekly behavior and academic reports.

School news and other school-related communication will also be posted on our website (www.hallacademypreschool.com) and Facebook page (Hall Academy) this includes weekly lunch menus, monthly newsletter, school calendar and events, school closing etc. *(Initial your preference)*

I consent to paperless communication with Hall Academy,

I DO NOT consent to paperless communication with Hall Academy.

Media Consent Your child's image may be used for media usage reports, brochures, fact sheets, social media, websites, case studies, promotional videos and multimedia presentations as it relates to their attendance at Hall Academy. The materials may be used by media outlets. Please note that, if you wish to withdraw your consent at a future date, you should contact the director. *(Initial your preference)*

I give media consent for my child(ren).

I DO NOT give media consent for my child(ren).

Today's Date _____

Parent/Guardian Name & Signature _____

Phone _____ Email _____

Enter phone and email below for electronic communication if different from the one above and if applicable.

Phone _____ Email _____

Student Name DOB & Age _____

Date Enrolled _____

HALL ACADEMY
 5754 W STEWART MILL RD, DOUGLASVILLE, GA 30135
 Phone: (470) 377-4145 E-mail: hallacademypreschool@gmail.com
 Web: hallacademypreschool.com Facebook.com/hallacademypreschool

MEDICAL FORM

Child's Name	DOB	AGE
Name of Medication		
Reason for Medication		
Dose	Time/Frequency	
Date to Start	Date to stop	Expiration
Known side effects		
Additional Instructions/Comments:		
<p>I authorize Hall Academy personnel to administer the medication named above to my child in the manner as stated. I release any liability in relation to the administration of this medication. I also acknowledge that I, the parent/guardian, have given the first dose of this medication without any allergic or unexpected reactions.</p>		
Parent Signature		
Phone		



Parent Handbook Acknowledgement Form

Updated on 10/17/2022

Date _____

Student Name (please print)

Student Age _____ Student Date of Birth _____

Address _____

Phone # _____

This parent handbook was created to promote an understanding of Hall Academy of Child Growth and Development LLC. policies and procedures.

The information in this handbook applies to all activities occurring on school grounds, and during any school-related activity. It is important that parents and students are familiar with these expectations.

Please remove this page, sign it, and return it to the Director. It will be added to your child's permanent file. Your signature means that you have received this Parent Handbook and understand the policies and procedures of our school.

I have read and understand the policies and procedures in the parent handbook. I agree to abide by them as will my child(ren).

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

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