



Hillsdale Christian Academy & Preschool

6201 Ehrlich Rd; Tampa, FL 33625
 Phone (813) 884-8250 * Fax (813) 886-5251
 Email: taurand@hcatampa.org
www.hcatampa.org

PRESCHOOL APPLICATION

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|--|--|
| School Term 20____-20____ | Application for Grade _____ |
| STUDENT INFORMATION | |
| Name _____ <div style="display:flex; justify-content:space-between; font-size:small;"> Last First Middle Nickname </div> | |
| Birth date: _____ | Birth City and State: _____ |
| Sex: _____ | Age: _____ |
| School attended last year: _____ | |
| Complete address of school: _____ | |
| Has applicant attended HCA previously: _____ | If so, list grades previously attended: _____ |
| Applicant's church _____ <input type="checkbox"/> Church Member <input type="checkbox"/> Regularly Attend | K4 Only Pay Plan: <small>(Only 1 pay plan per family may be chosen)</small> Circle One: 1 Payment 2 Payments 10 Payments |
| Parent or Guardian Information | |
| Father | Mother |
| Full Name _____ Home Address _____ City _____ State _____ Zip _____ <i>Is this the student's primary address? <input type="checkbox"/> Yes <input type="checkbox"/> No</i> Home Phone _____ Cell Phone _____ Occupation _____ Place of Employment _____ Work Phone _____ Church _____ Pastor _____ Member? _____ Attend Regularly? _____ Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Divorced | Full Name _____ Home Address _____ City _____ State _____ Zip _____ <i>Is this the student's primary address? <input type="checkbox"/> Yes <input type="checkbox"/> No</i> Home Phone _____ Cell Phone _____ Occupation _____ Place of Employment _____ Work Phone _____ Church _____ Pastor _____ Member? _____ Attend Regularly? _____ Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Divorced |
| Family E-mail address: _____ | |
| A current copy of any legal documents must be kept on file in the office. It is the sole responsibility of the parent to provide the school with any changes or updates to legal documents. Who has legal custody of the child for whom application is made? _____ | |
| K2/K3 - K4 | How many days will your child be attending? <input type="checkbox"/> 2 days <input type="checkbox"/> 3 days <input type="checkbox"/> 5 days |
| K4 Only | Hours Desired: <input type="checkbox"/> Full-day (until 2:05 p.m.) <input type="checkbox"/> Half-day (until noon) <input type="checkbox"/> VPK Only (8-11 a.m.) |
| K4 Only | VPK Voucher Submitted to HCA: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(enrollment pending until voucher submitted)</small> |
| Our billing process requires that credit card information be submitted. This card will only be charged if payment is not made by the 5th day following the tuition due date; all unpaid annual fees will be charged upon the day of Parent Orientation (or enrollment if thereafter). A convenience fee of 2.75% is added to all credit card transactions. <div style="text-align:right;">Parent Initial: _____ Parent Initial: _____</div> | |
| How did you learn about Hillsdale Preschool & Academy? _____ | |

All Students

Has applicant ever changed schools? _____ If so, at what grade levels? _____
 List names and ages of brothers and sisters living at home. _____

Are you applying for the admission of all your children currently of school age? _____ If not, please explain.

Give the reason(s) you desire for this student to be in Hillsdale Preschool. _____

Has your child ever been or is he currently being seen by a doctor or specialist for needs related to his emotional or mental well-being? _____ If yes, please give details. _____

Has your child ever received any tutoring or therapy? _____ Explain: _____

List any unusual factors in applicant's life (i.e., absence of parent, invalidism of parent, unusual accidents). _____

Financial Information

Name of person responsible for paying the student tuition for this account: _____

If different from parents: Phone: _____ Email: _____

Personal Skills

| | | |
|--|------------------------------|-----------------------------|
| Is your child completely potty-trained? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is your child able to feed himself? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is your child able to speak his/her name clearly? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is your child able to take care of personal needs (use the restroom without assistance)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Acceptance Policy

HPA reserves the right to accept or deny admission based on the information provided in the completed application packet. Notification of acceptance will be made within 10 working days after application process is complete. All additional paperwork and forms must be completed and received before the student will be admitted to class.

Enrollment Agreement

In making this application, I understand and agree with the following:

1. I intend for my child to complete the school year at Hillsdale Preschool.
2. My child will attend scheduled events and other related school activities.
3. My cooperation is expected in (a) honoring all financial obligations, (b) practical help and (c) faithful prayer.
4. The teacher has full discretion in the classroom discipline of my child.
5. The administration has full responsibility for placing my child in the proper class.
6. The school reserves the right to dismiss any student who does not respect its spiritual standards or cooperate in the educational process.
7. At least one parent of students must attend an orientation meeting before the beginning of the school year.
8. No refunds are made on any fees, including the registration fee. In the event of withdrawal, transfer or expulsion, I am responsible for immediate, full payment of all tuition and fees incurred through the last date of enrollment to include any and all late fees on past due amounts.
9. I am willing to abide by the specific provisions and principles stated in the Parent-Student Handbook and cooperate with decisions made by the school administration.

Signature of both parents preferred; one will be accepted.

| | |
|--------|------|
| Father | Date |
| Mother | Date |

For Office Use Only

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|---------------------------|-----------|
| Date Application Received | Interview |
|---------------------------|-----------|