

Dear Parents:

Thank you for your interest in Spring Hill Academy Kindergarten. This packet includes everything you will need to apply for enrollment for 2019 - 2020 school year.

Following are the application procedures:

1. New applications are accepted until the class is full. ***A non-refundable application fee must accompany all student applications.***
2. Screening/testing of new students is scheduled as needed.
3. Interviews with parents of new students are scheduled as needed.
4. Enrollment requires: At least one parent is required to be a Christian. The parents of students should have a clear understanding of the biblical philosophy and purpose of the school. This understanding includes a willingness to have their child exposed to the clear teaching of the school's Statement of Faith in various and frequent ways within the school's program.
  - Completed Application for Admission with registration fee.
  - Birth certificate, Physicians Health Form & Copy of Shot Record
  - Student screening/testing (if necessary)
  - Parent interview (as needed)
5. When a student is accepted, ***a non-refundable curriculum/supply fee of \$375 is due immediately*** upon acceptance.
6. **Admission is not considered final until the following items are received:**
  - Tuition Agreement is signed and enrollment in the Tuition Express online payment program (Required.)
  - Birth certificate, Physicians Health Form & Copy of Shot Record
  - Emergency contact form
7. The Headmaster will determine final acceptance.
8. It is understood that parents agree to support the Statement of Faith and the policies of the School

PLEASE TAKE NOTE:

Tuition Payment: ***The contract is for the school year and ALL contracts are to be paid in full, even if there is an early withdrawal. There are NO exceptions.***

All tuition payments will be made through the Tuition Express online payment system.

**The student health requirements are as follows:**

1. All students attending the school must have on record, before attending, with the school office either a current and complete immunization record or an exemption statement (according to the Tennessee Annotated Code) before entering school in the fall. Standard immunization record forms can be obtained from your family doctor. The completed copy must to be returned to school office.
2. Before the school will issue any medication to a student, we must receive written parental permission. In order to facilitate the general dispensing of non-prescription medicine (for example, Tylenol, Tums, etc.), we have a form available for parents to grant a year's general permission to the school to issue non-prescription medicines to their student(s). This form will be filed in the school office. No prescription medicines will be dispensed without written parental permission on file with specific directions to the teacher.
3. Other forms necessary for student health records that can be obtained from the school office are:
  - Health History: Describes the basic health/illness history of each student.
  - Emergency Form: Lists the emergency contact names and phone numbers of people who may need notification in a medical emergency. Includes signed waiver in order to facilitate necessary medical/surgical action. It is the responsibility of the parents to ensure that the telephone numbers are current for the school year.

If you have any questions, please feel free to call the school office at 615. 302.1273.

With thanks,

Perry Coghlan, Headmaster

- Office Use Only
1. Date Appl. Recv'd \_\_\_\_\_
  2. Registration Fee Received \_\_\_\_\_
  3. Interview Date \_\_\_\_\_
  4. Tuition Contract signed \_\_\_\_\_
  5. Entrance test taken \_\_\_\_\_
  6. Accepted \_\_\_\_\_ Denied \_\_\_\_\_

***SHA Kindergarten***  
**APPLICATION FOR ADMISSION**

Date \_\_\_\_\_

Name of Student \_\_\_\_\_ Gender \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_

Name of Student \_\_\_\_\_ Gender \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_

Home Address \_\_\_\_\_

City/ State/ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Position \_\_\_\_\_

Mother's Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Position \_\_\_\_\_

E-Mail address \_\_\_\_\_

1. Do you agree to have your children taught in accordance with the attached Statement of Faith? \_\_\_\_\_

Are there any points in it which are inconsistent with your convictions? \_\_\_\_\_ If so please explain. \_\_\_\_\_

2. Are there any points of philosophy or school policy which are inconsistent with your goals for your family? \_\_\_\_\_

\_\_\_\_\_ If so, please explain. \_\_\_\_\_

3. How did you hear about Spring Hill Academy Preschool and Kindergarten?

\_\_\_\_\_

4. Why do you want your child to attend ?

\_\_\_\_\_

5. How do you think the parents should participate in the education of their children?

\_\_\_\_\_

6. Is a parent, stepparent, or guardian opposed to a Christian education? \_\_\_\_\_ If so, please explain.

7. Family's Church: \_\_\_\_\_ Pastor \_\_\_\_\_

8. The school is greatly helped by parents who regularly and enthusiastically serve as volunteers. Do you have skills that could be of assistance? \_\_\_\_\_

9. The school is not staffed to handle students with severe learning disabilities or those who have trouble behaviorally. For your child's best interest, please be candid when you answer the following questions. (If more than one child is applying, please consider each one when answering.) Further elaboration on your answers may take

place during an interview.

a. Has the student ever been referred for testing or placed in a special program? Yes \_\_\_ No \_\_\_

b. Has the student received any other special help or tutoring? Yes \_\_\_ No \_\_\_

c. Has the student ever seen a counselor/doctor/psychiatrist for any type of social, behavioral, or mental problems? Yes \_\_\_ No \_\_\_ If so, briefly state the nature of the problem: \_\_\_\_\_

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d. Has the student ever been examined or treated by a counselor/doctor/psychiatrist for hyperactivity or attention deficit disorder (ADD or ADHD)? Yes \_\_\_ No \_\_\_

e. Is your child taking medication for ADD or ADHD? Yes \_\_\_ No \_\_\_

f. Do you suspect or have you been told that your child might have dyslexia? Yes \_\_\_ No \_\_\_

10. Do you know of families who attend the school? Yes \_\_\_ No \_\_\_ Who?

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11. To make this application complete please include a **NON-REFUNDABLE** registration fee per student

After the school receives the completed application and other required materials, we will contact you to arrange an interview and possibly a visit to the school, if in session. If it is determined that an entrance exam may be helpful, the school will arrange that with you as well.

PARENTAL SIGNATURE

I certify that this application is correct. I understand my financial commitment to the school and the dates payments are due, and I agree to faithfully meet my obligations to the school. I have read, understand, and agree with the school's guidelines.

Date \_\_\_\_\_ Parent or Guardian \_\_\_\_\_

## Statement of Faith

We believe in God the Father Almighty, Maker of heaven and earth; and in Jesus Christ His only Son, our Lord. Jesus Christ was conceived by the Holy Spirit, and was born of a virgin, Mary. He suffered under Pontius Pilate, was crucified, died, and was buried. He descended into Hades, and on the third day He rose again from the dead. He ascended into Heaven, where He sits at the right hand of God the Father Almighty. From Heaven He shall come to earth again to judge the living and the dead. We believe in the Holy Spirit, one holy Christian church, the communion of all true saints, the forgiveness of sins, the resurrection of the body, and the gift of everlasting life.

We believe the Bible to be the only inerrant Word of God. It is our only authoritative rule for faith and practice. The statement of faith does not exhaust the extent of our beliefs. The Bible itself, as the inspired and infallible Word of God that speaks with final authority concerning truth, morality, and the proper conduct of mankind, is the sole and final source for all that we believe. For the purposes of Spring Hill Academy's faith, doctrine, practice, policy, and discipline, our Board of Directors is the final interpretative authority on the Bible's meaning and application.

We believe that there is one God, eternally existent in three Persons; Father, Son and Holy Spirit. He is omnipotent, omnipresent, and omniscient. In all things He is limited by nothing other than His own nature and character. We believe the God we serve is holy, righteous, good, loving, and full of mercy. He is the Creator, Sustainer, and Governor of everything that has been made.

We believe in the true deity and full humanity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father and in His personal return in power and glory.

We believe that because of Adam's sin all mankind is in rebellion against God. For the salvation of such lost and sinful men, regeneration by the Holy Spirit is absolutely necessary.

We believe that salvation is by grace through faith alone, and that faith without works is dead.

We believe in the present ministry of the Holy Spirit, by whose indwelling the Christian is enabled to live a godly life.

We believe in the resurrection of both the saved and the lost; those who are saved to the resurrection of life, and those who are lost to the resurrection of damnation. We believe in the spiritual unity of all believers in our Lord Jesus Christ.

We believe that God wonderfully and immutably creates each person as male and female. These two distinct, complementary genders together reflect the image and nature of God (Gen. 1:26-27).

We believe that the term "marriage" has only one meaning: the uniting of one man and one woman in a single, exclusive union, as delineated in Scripture (Gen.2:18-25). We believe that God intends sexual intimacy to occur between one man and one woman who are married to each other. (1 Cor. 6:18; 7:2-5; Heb. 13:4) We believe that God has commanded that no intimate sexual activity be engaged in outside of marriage between a man and a woman..

We believe that any form of sexual morality (including adultery, fornication, homosexual behavior, bisexual conduct, bestiality, incest, pedophilia and the use of pornography) is sinful and offensive to God. (Matt. 15:18-20; 1Cor. 6:9-10)

We believe that in order to preserve the function and integrity of Spring Hill Academy, and to provide a biblical role model the school members and the community, it is imperative that all persons employed by Spring Hill Academy, in any capacity, or who serves as a volunteer, agree to and abide by this statement of faith on marriage, gender, and sexuality. (Matt. 5:16; Phil. 2:14-16; 1 Thess.5:22)

We believe that God offers redemption and restoration to all who confess and forsake their sin, including sexual sin, seeking His mercy and forgiveness through Jesus Christ. (Acts 3:19-21; Rom. 10:9-10; 1Cor. 6: 9-11)

We believe that every person must be afforded compassion, love, kindness, respect, and dignity. (Mark 12:28-31; Luke 6:31) Hateful and harassing behavior or attitudes directed toward any individual are to be repudiated and are not in accord with Scripture nor the doctrines of Spring Hill Academy.

I certify that I have carefully read and agree to have my child taught in terms of the above Statement of Faith.

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Parent or Guardian Signature

Date



Emergency Medical Treatment

We cannot seek emergency medical treatment for you child, if necessary, without parental/ guardian permission. Please complete the form below so that if your child requires medical treatment while under the supervision of the school, treatment will be authorized.

Family Information

Child's Name \_\_\_\_\_ Gender M \_\_\_ F \_\_\_

Grade: \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Parents' Names \_\_\_\_\_

Father's SSN \_\_\_\_\_ Mother's SSN \_\_\_\_\_

Home Address \_\_\_\_\_

Work Address(es) \_\_\_\_\_

Daytime Phone Number(s) \_\_\_\_\_

Another Contact Person \_\_\_\_\_

Relationship \_\_\_\_\_ Phone# \_\_\_\_\_ ) \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Medications (including frequency and dosage)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parental Consent

I hereby give permission for my child \_\_\_\_\_ to receive emergency medical treatment when judged necessary by representatives of Spring Hill Academy.

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_





## SHA Kindergarten Tuition Payment Contract for 2019 – 2020

- I/we agree to faithfully meet the financial obligation of this annual contract to SHAP Kindergarten as indicated below.
- I/we agree to pay in full all tuition and fees associated with the school year for 2019 – 2020.
- I/we understand that this is an annual contract for one school year of (40) forty-weeks and that this contract is binding for the entire period and all tuition and fees are still due even with early withdrawal. I further understand that no refund of tuition or fees will be made if the student is withdrawn early.

**I/we also understand that if I/we withdraw my/our child before the end of the school year that ALL tuition and fees are still due in-full (upon withdrawal), and no refund of tuition or fees will be made.**

**There are NO exceptions.**

- I/we understand that all SHA Kindergarten families are required to enroll in the Tuition Express online payment program.
- I/we understand that all monthly installment payments will be billed via Tuition Express online payment program.
- I/we understand that a late fee of \$45.00 will be added to *every* monthly installment payment not made on time or returned for non-payment
- I/we agree to pay any and all costs and/or fees associated in any way with the collection of any unpaid tuition and/or fees to SHA Kindergarten.

## Schedule for Tuition Payment for the School Year 2019 – 20120

I/we agree to pay the following:

- A ***non-refundable*** registration fee due upon application
- A ***non-refundable*** curriculum/supply fee of \$375 is due at acceptance
- I / we choose one of the following contract payment options for the 2019-2020 school year. Families choosing the single/annual payment option will receive a 10% discount of four hundred ninety-five hundred dollars (\$495) off the annual tuition:

\_\_\_\_\_ Ten monthly payments of four hundred ninety-five dollars (\$495) each. Payments begin August 1.

\_\_\_\_\_ One discounted payment of four thousand four hundred fifty-five dollars (\$4,455).

By signing this contract I/we understand that I/we must fulfill all its terms, and

**ALL tuition and fees are non-refundable.**

I/we agree to abide by its terms, and acknowledge my/our agreement with the school's statement of faith.

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Parent/Guardian Signature

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Date

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School Representative Signature

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Date

## Health History

Child's Name/Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_

1) List any past health problems your child has had: \_\_\_\_\_

2) List any current health problems: \_\_\_\_\_

3) Does your child have any allergies? (If so, to what?) \_\_\_\_\_

4) Does your child take any medications regularly? (If so, what?) \_\_\_\_\_

5) Has your child been hospitalized recently? (If so, for what?) \_\_\_\_\_

6) Does your child have any reoccurring health problems such as: asthma \_\_\_\_\_ diabetes \_\_\_\_\_ seizures \_\_\_\_\_  
earaches \_\_\_\_\_ hemophilia \_\_\_\_\_ other \_\_\_\_\_

7) Does your child have any problems with any of the following? Speech \_\_\_\_\_ walking \_\_\_\_\_  
running \_\_\_\_\_ seeing \_\_\_\_\_ hearing \_\_\_\_\_ using their hands \_\_\_\_\_ (such as with puzzles or small  
items?)

Please explain any marked above on item seven: \_\_\_\_\_

## Daily Living

1) Does your child have any food allergies? \_\_\_\_\_

2) Does your child like to sleep with a favorite item, such as a stuffed animal, blanket, etc.? \_\_\_\_\_

3) Does your child need help when changing clothes? \_\_\_\_\_

4) Is your child accustomed to resting after lunch? If so, for what length of time? \_\_\_\_\_

## Social Relationships

1) Is your child accustomed to playing alone or with other children? \_\_\_\_\_

2) Does your child have a favorite toy? \_\_\_\_\_

3) Describe your child's play with others: Aggressive \_\_\_\_\_ Shy \_\_\_\_\_ Plays Easily \_\_\_\_\_

4) Is your child frightened by any of the following: Animals \_\_\_\_\_ Loud noises \_\_\_\_\_ the dark \_\_\_\_\_

Storms \_\_\_\_\_ Anything else? \_\_\_\_\_

5) Who does most of the disciplining at home? \_\_\_\_\_

Is there any other information you wish to share that would assist us? \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_