#### Dear Parents:

Thank you for your interest in Spring Hill Academy Elementary. This packet includes everything you will need to apply for enrollment for 2024 - 2025 school year.

### **Enrollment Requirements:**

- Completed Application including signed statement of faith
- Non-refundable application fee
- 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.
- Tuition agreement signed and parent enrolled in Tuition Express program
- Health Records: Birth certificate, Physical Form and Copy of Tennessee Shot Record or Shot Exemption Form
- Student screening/testing (if necessary)
- Parent interview (as needed, Headmaster determines final acceptance)

#### Additional health requirements are as follows:

- 1. 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.
- 2. Emergency Form: Lists the emergency contact names and phone numbers of people who may need notification in a medical emergency. Includes signed waiver 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

#### SHA Elementary Tuition Payment Contract for 2024 – 2025

- I/we agree to faithfully meet the financial obligation of this annual contract to SHAP Elementary as indicated below.
- I/we agree to pay in full all tuition and fees associated with the school year for 2024 2025.
- I/we understand that this is an annual contract for one school year of (40) forty-weeks, that this contract is binding for the entire period and all tuition/fees are still due even with early withdrawal.
- I/we understand that all SHA Elementary families are required to enroll and will be billed via the Tuition Express online payment program.
- I/we understand that a late fee of \$45.00 may be added to *every* monthly installment payment not made on time or returned for non-payment.
- I/we agree to pay all costs or fees associated in any way with the collection of any unpaid tuition or fees to SHA Elementary.

### Schedule for Tuition Payment for the School Year 2024 – 2025

• A *non-refundable* registration fee of \$100 due upon application.

School Representative Signature

• Families choosing the single/annual payment option will receive a 10% discount off the annual tuition for the basic tuition package. There will be no discount for the before & aftercare program add-on.

I/we agree to pay the following (select all that apply): ☐ Basic Tuition Package, Ten monthly payments of five hundred ninety-nine dollars (\$599) each. Payments begin August 1st. Price to include all curriculum and supplies for the school year. \*Drop off for this program may not be earlier than 7:45 am, with required drop off by 8 am; pick up time begins at 2:30 pm, with required pickup no later than 3 pm.\* ☐ Before & Aftercare Add On Package, Ten monthly payments of one hundred fifty (\$150) each. Payments begin August 1st. Price to include full before & aftercare for any school days from 6:30 am to 6 pm. Students who sign up for the basic tuition package must contact the office to request before & aftercare if needed. Please note that tuition rates do **not** include holiday care for times such as Fall Break, Spring Break, Thanksgiving Break, etc. when students are not required to attend. Holiday Care and Before and Aftercare is a weekly charge of \$75 or a daily rate of \$15. Childcare for holiday breaks will be available upon request to the office. By signing this contract, I/we understand that I/we must fulfill all its terms and understand that if I/we withdraw my/our child before the end of the school year all tuition and fees are still due in-full (upon withdrawal), and no refund of tuition or fees will be made, NO EXCEPTIONS. I/we agree to abide by its terms and acknowledge my/our agreement with the school's statement of faith. Parent/Guardian Signature Date

Date

Office Use Only

Date Appl. Received \_\_\_\_
 Registration Fee Received

# SHA ELEMENTARY

#### APPLICATION FOR ADMISSION Enrollment Application Form

Mother   Father   Name:	Student Full Nan	ne:				
Name:	DOB:	Gender:	Soc. Sec. #:			
Address:Zip	Name:		Name:			
Zip						
Position						
Address	Place of Employ	ment	Place of Employme	ent		
Home Phone:	Position		Position			
Home Phone:	Address		Address			
Cell:				Home Phone:		
Cell:	Work Phone:					
Email: Email: Email: Emergency Contacts (other than parents) & People Permitted to Pick Up Child:  Name: Phone Number(s): Phone Number(s): Phone Number(s): Phone Number(s): Emergency Medical Treatment  We cannot seek emergency medical treatment for your child without parental/guardian permission. Please complete the section below so that if your child requires medical treatment while under the supervision of the school, treatment will be authorized.  Are contacts listed above sufficient in the event that we cannot reach you?  Additional Emergency Contact: Policy # Group # Group # Parental Consent  I have filled out and included the health history for my child to receive emergency medical trees the property in the property of the property in the property i						
Emergency Contacts (other than parents) & People Permitted to Pick Up Child:  Name: Phone Number(s): Name: Phone Number(s):  Phone Number(s):  Emergency Medical Treatment  We cannot seek emergency medical treatment for your child without parental/guardian permission. Please complete the section below so that if your child requires medical treatment while under the supervision of the school, treatment will be authorized.  Are contacts listed above sufficient in the event that we cannot reach you?  Additional Emergency Contact: Group # Group #  I have filled out and included the health history for my child  Parental Consent  I hereby give permission for my child to receive emergency medical						
Insurance Company: Policy # Group # Group # Brown filled out and included the health history for my child to receive emergency medical	complete the section be school, treatment will be	ency medical treatment felow so that if your child be authorized.	For your child without parental/ I requires medical treatment when			
□ I have filled out and included the health history for my child  Parental Consent  I hereby give permission for my child	Additional Emergenc	y Contact:				
Parental Consent  I hereby give permission for my child	Insurance Company:	P	olicy#	Group #		
I hereby give permission for my child to receive emergency medical	☐I have filled out and	included the health histo	ory for my child			
		Pa	rental Consent			
	I hereby give permission	on for my child		to receive emergency medical		

SIGNED\_\_\_\_\_ DATE\_\_\_\_

1.	Do you agree to have your children taught in accordance with the attached Statement of Faith? $Y/N$ Are there any points in it which are inconsistent with your convictions?					
	If yes, please explain.					
2.	Are there any points of philosophy or school policy which are inconsistent with your goals for your family? Y/N					
	If yes, 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? Y / N  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					
th	at 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.)					
	a. Has the student ever been referred for testing or placed in a special program? $Y / N$					
	b. Has the student received any other special help or tutoring? $Y / N$					
	c. Has the student ever seen a counselor/doctor/psychiatrist for any type of social, behavioral, or mental problems? Y / N $$					
	If so, briefly state the nature of the problem:					
	d. Has the student ever been examined or treated by a counselor/doctor/psychiatrist for hyperactivity or attention deficit disorder (ADD or ADHD)? Y/N					
	e. Is your child taking medication for ADD or ADHD? Y / N					
	f. Do you suspect or have you been told that your child might have dyslexia? Y $/$ N					
10.	. Do you know of families who attend the school? Y / N Who?					
	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					

## **Health History**

Ch	nild's Name/Nickname Date of Birth				
1)					
	List any past health problems your child has had:				
	List any current health problems:				
	Does your child have any allergies? (If so, to what?)				
	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				
	earacheshemophiliaother				
7)	Does your child have any problems with any of the following? Speech walking				
	runningseeinghearingusing 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 you 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 you 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 you 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?				
	When the most of the disciplining of the most				
5)	Who does most of the disciplining at home?				

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

#### 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 any form of sexual immorality (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, 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.

Parent or Guardian Signature	Date