

Admission Application



Hall Academy of Child Growth and Development LLC
5754 W Stewart Mill Rd, Douglasville, GA 30135

Hall Of F.A.M.E. Arts Academy LLC
6458 E Spring St Bldg B, Douglasville, GA 30134
COMING SOON!

Ages: Birth to 3 years old

Ages: 3 to 12 years old

phone 678-704-3429 email: hallacademypreschool@gmail.com
web: hallacademypreschool.com

Student Information

Student Name:

Name usually known by:

Date of Birth:

Gender:

- Boy
 Girl

Address:

City/State/Zip:

Home Phone:

Email Address:

Student's Religion:

Student's Ethnic Group:

Is there any other language spoken at home?:

What is the first language spoken at home?:

Parents Information

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

Fathers 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 ?	<input type="checkbox"/> Yes <input type="checkbox"/> No

(if yes please give details below):

Approved Pick Up List

#	Name	Phone	Relationship to child
1.			
2.			
3.			
4.			
5.			

Other Emergency Contacts

#	Name	Phone	Relationship to child
1.			
2.			
3.			
4.			
5.			

As an extra precaution you may use a password. Anyone picking up your child should be made aware of this.

Password:

Daily Schedule

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

Day:	From:	To:
Monday	<hr style="width: 100%;"/> <p style="text-align: center;">:</p> <input type="checkbox"/> AM <input type="checkbox"/> PM	<hr style="width: 100%;"/> <p style="text-align: center;">:</p> <input type="checkbox"/> AM <input type="checkbox"/> PM
Tuesday	<hr style="width: 100%;"/> <p style="text-align: center;">:</p> <input type="checkbox"/> AM <input type="checkbox"/> PM	<hr style="width: 100%;"/> <p style="text-align: center;">:</p> <input type="checkbox"/> AM <input type="checkbox"/> PM
Wednesday	<hr style="width: 100%;"/> <p style="text-align: center;">:</p> <input type="checkbox"/> AM <input type="checkbox"/> PM	<hr style="width: 100%;"/> <p style="text-align: center;">:</p> <input type="checkbox"/> AM <input type="checkbox"/> PM
Thursday	<hr style="width: 100%;"/> <p style="text-align: center;">:</p> <input type="checkbox"/> AM <input type="checkbox"/> PM	<hr style="width: 100%;"/> <p style="text-align: center;">:</p> <input type="checkbox"/> AM <input type="checkbox"/> PM
Friday	<hr style="width: 100%;"/> <p style="text-align: center;">:</p> <input type="checkbox"/> AM <input type="checkbox"/> PM	<hr style="width: 100%;"/> <p style="text-align: center;">:</p> <input type="checkbox"/> AM <input type="checkbox"/> PM

Medical Details

Doctor's name:

Doctor's address:

City/State/Zip:

Doctor's phone number:

If your child has any medical problems or long term medication that we should be made aware of?

- Yes
 No

If you checked yes, please fill out the Medical Authorization Form

Does your child have any allergies that we should be made aware of? Please give details below:

Does your child have any special dietary requirements? e.g. Vegetarian. Please give details below:

Please note: If your child has certain food allergies and is required to bring his/her own lunch, a doctor's note will be required.

Permissions

<p><i>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.</i></p> <p>Do you give Hall Academy permission to take photographs of your child for promotional and/or media purposes?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Do you give the Hall Academy permission to take photographs of your child to include on social media posts?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Do you give Hall Academy permission to administer first aid?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Do you give the Hall Academy permission to use sun cream for your child during summer outings?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Do you give Hall Academy permission to use diaper rash cream for your child?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Do you give Hall Academy permission to use skin moisturizers for your child? (ex: vaseline, aquaphor, lotion)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Do you give Hall Academy permission to use teething gel for your child?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><i>A grace is a short prayer or thankful phrase said before or after eating.</i></p> <p>Do you give your child permission to say grace?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><i>Affirmations are positive phrases or statements we repeat to ourselves.</i></p> <p>Do you give your child permission to recite affirmations?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent Signature: _____ Today's Date: _____

Parent Signature: _____ Today's Date: _____

Students Proposed Start Date: _____