

**Hernando Baptist Weekday Education 3, 4, & 5 Year Old Kindergarten
Application for Admission 2026-2027**

Child's Full Name: _____ Preferred Name: _____

Date of Birth: _____ Age: _____ Gender: M F

Home Address: _____

(City)

(State)

(Zip)

Home Phone: _____ Church Currently Attending: _____

Mother's Name: _____ Father's Name: _____

Cell Phone: _____ Cell Phone: _____

E-mail Address: _____ E-mail Address: _____

Employment: _____ Employment: _____

Work Phone: _____ Work Phone: _____

Teacher Communication Preference: (please circle one) Call Text Email

Name(s) & Age(s) of Sibling(s): _____

Child's T-shirt Size: (please circle one)

Youth X-Small Youth Small Youth Medium Youth Large Youth XL

List any special needs your child may have:

**Hernando Baptist Kindergarten reserves the right to observe and evaluate your child to determine our ability to serve his/her educational and emotional needs.

How does your child get along with other children? _____
Adults? _____

What is your child's attitude about starting a new school experience? _____

Has your child ever attended any other school-oriented program? Yes or No
If so, when? _____ Where? _____

The following people are authorized to pick up my child:

1. Name: _____ Cell # _____ Relationship _____
2. Name: _____ Cell # _____ Relationship _____
3. Name: _____ Cell # _____ Relationship _____
4. Name: _____ Cell # _____ Relationship _____

Emergency Information

In case of an emergency and the PARENTS cannot be reached, contact the following:

1. Name: _____ Relationship: _____
Phone: _____ (Cell) Phone: _____ (other)
2. Name: _____ Relationship: _____
Phone: _____ (Cell) Phone: _____ (other)

How many car tags will you need for car rider line pick-up? _____
(Typically, you will need 1 for each person who regularly picks up your child,
and a car tag is required to be displayed during pick-up throughout the year.)

Medical History

Mark with **X** if your child has ever had any of the following:

Chicken Pox _____ Measles _____ Meningitis _____ Whooping Cough _____ Seizures _____

Mark with **X** if there is any evidence of:

Hearing loss/difficulties _____ Vision Impairment _____

Speech disabilities _____ If yes, is he/she receiving services? _____ If so, where? _____

Please list any or all that may apply to your child:

Hospitalizations: _____

Operations: _____

Other serious illnesses: _____

Physical Impairments/Limitations: _____

Specific Fears: _____

Current Pediatrician: _____

Preferred Hospital: _____

Does your child have any allergies? Yes or No

Please list the allergy and the reaction (including food allergies):

List any medications taken regularly by your child – prescription and/or over the counter:

Discipline

I authorize Hernando Baptist Kindergarten to assign non-physical discipline for my child, _____ . The discipline he/she receives at home is as follows: _____ .

Parent/Legal Guardian's Signature: _____

****We DO NOT spank! Further details are found in the HBK Handbook.****

Complete each of the following **by INITIALING either yes or no:**

My child may be photographed/videoed at Hernando Baptist Kindergarten. I understand Hernando Baptist Kindergarten and Hernando Baptist Church may use my child's picture for promotional purposes on social media. Teachers may also post pictures to social media pages. _____ Yes _____ No

Hernando Baptist Kindergarten may give my child emergency medical treatment if needed. _____ Yes _____ No

My child is completely potty trained and out of pull ups. _____ Yes _____ No
IF NOT, YOUR CHILD MUST BE COMPLETELY POTTY TRAINED AND OUT OF PULL UPS BEFORE STARTING SCHOOL. If your child must withdraw due to this, the registration fee will not be refunded.

Please select **ONE** of the following classes for your child:

(The class is determined by the age of your child by September 1, 2026.)

_____ 5 Year Old Kindergarten (5-Day)	\$2,500.00/yr (\$278 per month x 9)
_____ 4 Year Old Pre-K (5-Day)	\$2,500.00/yr (\$278 per month x 9)
_____ 4 Year Old Pre-K (3-Day)	\$2,250.00/yr (\$250 per month x9)
_____ 3 Year Old Pre-K (3-Day)	\$2,250.00 /yr (\$250 per month x 9)

Please read carefully and INITIAL the following statements:

I understand that the \$275** registration fee is due when the application is completed and returned. My child's spot is not secure without this. _____

I understand that the \$275** registration fee is **non-refundable, NO EXCEPTIONS.** _____

I understand that tuition is payable to Hernando Baptist Kindergarten (HBK) beginning in August and completed in April. (Total of 9 payments) _____

I understand that tuition is due the 1st of each month and is late after the 10th.
A late fee of \$20 will be assessed. _____

I understand that if I withdraw my child **BEFORE** August 1, 2026, there will not be a penalty. _____
I understand that if I withdraw my child **AFTER** August 1, 2026, there will be a 1-month tuition payment penalty.

Field Trips: I understand that I must provide transportation to and from the field trip location. I understand that myself or another adult of my choosing is required to stay for the duration of the field trip for my child. I understand that I will be notified of dates and times for all field trips prior to the event. _____

Student Name: _____

Please read and **INITIAL** the following statements:

I have been given a copy of the Hernando Baptist Kindergarten Policies and Procedures Handbook, and I understand that I must read it fully before my child begins school in August. _____

I have been given a copy of the Mississippi State Department of Health Regulation Summary for Parents, and I understand that I must read it fully before my child begins school in August. _____

(This document is found in the back of your handbook. Even though we are now affiliated with ACE, we maintain a standard set by MSDH)

I have been informed that Hernando Baptist Kindergarten does provide liability insurance for my child. _____

I would like to opt in to receive text from Breeze. _____

Parent/Legal Guardian Signature:

_____ Date: _____

Hernando Baptist Weekday Education Director: _____

DIRECTOR USE ONLY:

A copy of the certified birth certificate is on file in the facility. Yes No

A completed MS 121 Immunization Compliance Form is on file in the facility before the child attends. Yes No

Acceptance date: ____/____/____ Deposit Paid: Yes No

Enrollment date: ____/____/____ Check # _____ or Cash

Withdrawal date: ____/____/____ Date Deposit PD _____