

**Hope Creative School**  
**2110 Cypress Gardens Boulevard**  
**Winter Haven, Florida 33884**  
**(863) 324-6377 – [www.hopepreswh.org](http://www.hopepreswh.org)**  
**Email: [hopecreative@hopepreswh.org](mailto:hopecreative@hopepreswh.org)**

**2009/2010 SCHOOL YEAR REGISTRATION PACKET**

Child's Name: \_\_\_\_\_  
Last First Called  
Address: \_\_\_\_\_  
Street City Zip  
Phone: Home \_\_\_\_\_ Cell: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_ M \_\_\_ F \_\_\_  
Siblings and Ages: \_\_\_\_\_  
Home Church: \_\_\_\_\_

Please register my child for the following preschool class (Please check one):

Preschool hours are 8:30am-Noon

5 day – **4 year olds** (must be 4 years old by 9/01/09 and toilet trained) \_\_\_\_\_ @ \$225/month

3 or 5 day – **3 year olds** (must be 3 years old by 09/01/09 and toilet trained)

For 3 year olds only: \_\_\_\_\_ 3 days M-W-F @\$175/mo or \_\_\_\_\_ 5 days @ \$225/month

2, 3 or 5 day – **2 1/2 year olds** (2 by 03/01/09 and toilet trained) \_\_\_M-W\_\_\_ T-TH \_\_\_Optional Friday

For 2 1/2 year olds only:\_\_\_2 days @ \$165/mo or;\_\_\_3 days @ \$175/mo or;\_\_\_5 days @\$225/mo

Monthly tuition is prepaid, due in advance on the 15th of each of 10 months, beginning in August 2009.

\*\*Parents with more than one child registered at the same time receive \$25 discount on the second child's monthly tuition.

\*\*Hope Presbyterian Church members receive \$25 discount on monthly tuition.

Early Morning Arrival # Days\_\_\_Extended Care # Days\_\_\_Hours: EMA 7:30am-8:30am, EXC Noon-5:30pm  
EMA fee is \$6 per morning; EXC is \$5/hour or partial hour. \*\*Prepaid EMA and EXC receives 25% discount.

The \$125 Non-refundable annual registration fee plus the last month's tuition is due upon registration.

**\*All programs are subject to change based on enrollment\***

**FINANCIAL CONTRACT WITH HOPE CREATIVE SCHOOL 2009/2010 SCHOOL YEAR**

I understand the non-refundable annual registration fee of \$125 plus the last month tuition is due upon registration. I agree to pay monthly tuition in advance by the 15th of each of each month beginning in August 2009. If I use Early Morning Arrival or Extended Care options, I agree to pay in advance or at the time of service. After the 15<sup>th</sup> a delinquent fee of \$25 will be applied to overdue tuition amounts. A 10% delinquent fee will be applied to overdue EMA and EXC amounts owed.

I understand that if my fees are overdue my child/children will not be permitted to attend school or obtain any other services provided by the school until the full amount is paid. I understand that I am still liable for these charges. I understand that an additional \$20 fee will be added on to the amount owed for any returned checks. It is my understanding that I must notify the school in writing that I am withdrawing my child from school and that all outstanding debts will be paid in full at the time of withdrawing my child.

I have read this Financial Contract and I am in agreement.

HCS Director Signature/Date\_\_\_\_\_Parent Signature/Date\_\_\_\_\_

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**HOPE CREATIVE SCHOOL CALENDAR 2009/2010**

**\*Dates and extra hours are subject to change based on enrollment\***  
Preschool Hours 8:30am-noon; EMA 7:30-8:30am; EXC noon-5:30pm

August 21, 2009 Open House  
August 24, 2009 First Day of School  
June 9, 2010 Last Day of School

***School Closed on these dates:***

September 7, 2009 Labor Day  
November 25,26,27, 2009 Thanksgiving Holiday  
December 23,24,25, 2009 Christmas Holiday  
December 30, 31, 2009 and January 1, 2010 New Year’s Holiday  
February 15, 2010 Presidents’ Day  
April 2, 2010 Good Friday  
May 31, 2010 Memorial Day

**AUTHORIZED PICK-UP PERSONS**

Please name all the people who are permitted to pick up your child from school. We will not release children to anyone other than the people you list below. You will need to send a note to the teacher or call the school 324-6377 in all cases where someone not listed is going to pick up your child. Thank you for your cooperation.

Child’s Name: \_\_\_\_\_

People Who May Pick Up Your Child

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

**PARENT/GUARDIAN CONTACT INFORMATION**

In the event the child named above becomes injured or ill, I understand that the caregiver will attempt to contact me, the other parent, or the legal guardian at the telephone number provided below.

Parent’s (Legal Guardian’s) Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ days/hours \_\_\_\_\_

\_\_\_\_\_ days/hours \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Lives with you? Y \_\_\_\_\_ N \_\_\_\_\_

Parent’s (Legal Guardian’s) Name: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ days/hours \_\_\_\_\_

\_\_\_\_\_ days/hours \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Lives with you? Y \_\_\_\_\_ N \_\_\_\_\_

HCS Director Signature/Date \_\_\_\_\_ Parent Signature/Date \_\_\_\_\_

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**MEDICAL INFORMATION**

Child's Name: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Any special concerns? Such as fears, behaviors that we should be aware of (running away, climbing etc.)  
Please describe:

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

**PARENTAL CONSENT**

In the event that I or the others listed as emergency contacts are not reachable or available, I give permission to the caregiver to provide first aid for the child named above and to take the appropriate measures including contacting the emergency medical services (EMS) system and arranging for transportation to \_\_\_\_\_ or the nearest emergency medical facility. At no time will the caregiver drive an ill or injured child to an emergency medical facility unless accompanied by another adult.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

**EMERGENCY CONTACT PERSONS**

In case of emergency, contact the following person/s if unable to reach parents:

**EMERGENCY Contact Person 1:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**EMERGENCY Contact Person 2:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

HCS Director Signature/Date \_\_\_\_\_ Parent Signature/Date \_\_\_\_\_

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**DISCIPLINE POLICY**

1. Our policy is based on rewards in the form of smiles, stickers, acknowledgement of good behavior, etc
2. Children will not be subjected to discipline, which is severe, humiliating, or frightening.
3. Discipline will not be associated with food, rest, or toileting.
4. Spanking or any other form of physical punishment is prohibited.
5. Procedure for guidance:

Time Out – according to age:

3 minutes at one time for 3 year olds

4 minutes at one time for 4 year olds

Children will never be far away (isolated) from group. An aide or teacher will be close by for discussion as to reason for time out. Time out involves sitting in a chair facing the group, but without access to activities. It is used to encourage children to think about their behavior.

I have read and understand the discipline policy. I understand that there may be occasions when I am called in to assist with my child’s behavior. Children who, in the opinion of the teacher or director, present a danger to themselves or others may be sent home.

Child’s Name: \_\_\_\_\_ Parent’s/Guardian’s Name: \_\_\_\_\_

Parent’s/Guardian’s Signature: \_\_\_\_\_ Date \_\_\_\_\_

**CHILD CARE FACILITY BROCHURE STATEMENT**

Parents, please read the Florida Department of Children and Families Brochure titled ‘Know Your Child Care Facility’ and complete the statement below:

(Chapter 402.3125, F.S.)

On, \_\_\_/\_\_\_/\_\_\_, (date)

I, \_\_\_\_\_  
(PRINT Name of Parent or Legal Guardian)

Received and read a copy of the Child Care Facility Brochure.

\_\_\_\_\_  
(Signature of Parent or Legal Guardian)

HCS Director Signature/Date \_\_\_\_\_ Parent Signature/Date \_\_\_\_\_

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**\*\*\*PARENT OPPORTUNITIES AT HOPE CREATIVE SCHOOL\*\*\***

**SCHOOL YEAR PARTIES**

Parents are asked to help with at least two parties during the school year. Four or five parents work on each party. Working parents are asked to sign up for two parties and to state that they can send in party items but may not be able to attend.

Halloween Party (October) \_\_\_\_\_

Christmas Party (December) \_\_\_\_\_

Valentine Party (February) \_\_\_\_\_

Easter Party (March) \_\_\_\_\_

End of the Year Party (May) \_\_\_\_\_

Do you have any special talents that we should know about? \_\_\_\_\_

**ROOM MOTHER AND ASSISTANT ROOM MOTHER**

If you are interested in being a room mother or assistant room mother, please sign your name next to the line listed below.

Room Mother (Chairman of class parties): \_\_\_\_\_

Assistant Room Mother (Field Trips): \_\_\_\_\_

*\*\*\*Please note that people who volunteer at Hope Creative School whenever children are present may be subject to a criminal background check. We take the safety and security of all our kids seriously and hope you also value and respect our commitment. \*\*\**

**\*All programs are subject to change based on enrollment**

HCS Director Signature/Date \_\_\_\_\_ Parent Signature/Date \_\_\_\_\_

HCS Director Signature/Date\_\_\_\_\_Parent Signature/Date\_\_\_\_\_