

Hope Creative School
2110 Cypress Gardens Boulevard
Winter Haven, Florida 33884
(863) 324-6377 – www.hopepreswh.org
Email: hopecreative@verizon.net

2010/2011 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 8:45 am – 12:00 pm.

5 day – **4 year olds** (must be 4 years old by 9/01/10 and toilet trained) _____ @ \$225/month

3 or 5 day – **3 year olds** (must be 3 years old by 09/01/10 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 ½ year olds** (2 by 03/01/10 and toilet trained) ___M-W___ T-TH ___ Optional Friday

For 2 ½ year olds only: ___ 2 days @ \$165/mo or; ___ 3 days @ \$175/mo or; ___ 5 days @\$225/mo

Monthly tuition is due on the first (1st) of each of 10 months, beginning August 1, 2010. A late fee will be assessed if payment is not received by the 10th of the month.

**Parents with more than one child registered at the same time receive a \$25.00 discount on monthly tuition.

**Hope Presbyterian Church members receive a \$25.00 discount on monthly tuition.

**Only one discount will apply.

Early Morning Arrival # Days ___ Extended Care # Days ___ Hours: EMA 7:30am-8:45am, EC 12:00pm-5:30pm EMA fee is \$6 per morning and EC is \$5/hour or partial hour and is due at time of service.

**Monthly prepaid EMA and EC receives 25% discount

The \$125 Non-refundable one-time annual registration fee is due upon registration to secure placement.

All programs are subject to change based on enrollment

FINANCIAL CONTRACT WITH HOPE CREATIVE SCHOOL 2010/2011 SCHOOL YEAR

I understand the non-refundable annual registration fee of \$125 is due upon registration. I agree to pay monthly tuition by the 1st (first) of each month beginning August 1, 2010. After the 10th (tenth) of each month a \$25 delinquent fee will apply to overdue tuition amounts.

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 \$10 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 2010/2011

Dates and extra hours are subject to change based on enrollment
 Preschool Hours 8:45am-12:00pm; EMA 7:30-8:45am; EC 12:00-5:30pm

- August 20, 2010 Open House
- August 23, 2010 First Day of School
- June 9, 2011 Last Day of School
- School Closed on these dates:***
- September 6, 2010 Labor Day
- September 20, 2010 Teacher work day
- October 22, 2010 Teacher work day
- November 22-26, 2010 Thanksgiving Holidays
- December 20- Jan. 3, 2011 Christmas Holidays
- January 4, 2011 First Day back after holidays
- January 17, 2011 Martin Luther King, Jr. Day
- January 24, 2011 Teacher work day
- February 21, 2011 President's Day
- March 28-April 1, 2011 Spring Break
- April 22, 2011 Good Friday
- May 30, 2011 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

HCS Director Signature/Date _____ Parent Signature/Date _____

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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: _____

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 _____

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: _____

HCS Director Signature/Date _____ Parent Signature/Date _____

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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: _____

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 _____

HCS Director Signature/Date _____ Parent Signature/Date _____

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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)

*****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 _____