

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

FINANCIAL CONTRACT WITH HOPE CREATIVE SCHOOL 2010/2011 SCHOOL YEAR

Monthly tuition is due on the first (1st) of each of 10 months, beginning August 1, 2011. 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.

**Hope Creative School Teachers will receive a \$25.00 discount on monthly tuition.

**Only one discount will apply.

Early Morning Arrival (EMA)

Hours 7:30-8:45 Fees \$6 morning for full morning
\$3 for ½ morning (8:15-8:45)

I will use EMA ___M ___T ___W ___TH ___F

Please enter times to be used _____

Extended Care (EC)

Hours 12:00-5:30 pm Fees \$4.25 hr.
charged by the ½ hour.

I will use EC ___M ___T ___W ___TH ___F

Please enter times to be used _____

EMA and EC must be signed up for at least 1 day in advance for placement.

The \$125 Non-refundable one-time annual registration fee is due upon registration to secure placement. Register by May 1 and receive a \$25 discount off of the registration fee.

All programs are subject to change based on enrollment

Please initial the following:

_____ 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, 2011.** 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.

I AGREE TO PAY \$ _____ MONTHLY FOR 10 MONTHS, BEGINNING AUGUST 1, 2011.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

HCS Director Signature _____ Date _____

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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:

Name _____ Phone _____
Name _____ Phone _____
Name _____ Phone _____

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 or behaviors that we should be aware of (running away, climbing etc.)?
Please describe:

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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: _____

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 _____

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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**