

Highland Park Kindergarten After School Care and Summer Camp
2010-21011
Registration Form
Pre-Kindergarten—Grade 6

Please circle which program you a registering for: **ASC Summer Camp Both**

NAME OF CHILD _____ AGE _____ SEX _____
SCHOOL _____ GRADE _____ BIRTHDATE _____

NAME OF PARENTS OR GUARDIAN: _____

ADDRESS _____ HOME PHONE _____

CITY _____ STATE _____ ZIP CODE _____

FATHER'S WORK _____ WORK PHONE _____

MOTHER'S WORK _____ WORK PHONE _____

CHILD'S PHYSICIAN _____ PHONE _____

INFORMATION WE SHOULD KNOW ABOUT YOUR CHILD: _____

Email _____

I hereby give permission to secure medical and/or emergency surgical treatment for the above named minor child while in Highland Park School's care.

Name of individual to contact should attempts to reach me or my spouse remain unsuccessful:

Name _____ Relationship _____

Phone _____

SIGNATURE OF PARENT/GUADIAN _____

DATE: _____

CHURCH PREFERENCE _____

AFTER SCHOOL HOURS AND TUITION FEES:

School Days: Monday-Friday, 2:30 p.m.-6:00 p.m.; Teacher workdays: 7:30 a.m.-6:00 p.m.

**\$55 per week for the first child-- \$50 per week for each additional child in the family.*

** Tuition shall be paid in advance*

** Tuition is on a weekly basis, regardless of the number of days attended.*

** No additional fees will be charged for "long" days. There is a fee for special holidays if attended.*

**Transportation fee is \$30 each month and is due by the 10th of each month*

** Registration Fee: \$45.00 (\$40.00 for Highland Park United Methodist Members)*

***For additional information call 843-662-1242 (weekday mornings). Please return completed form and registration fee to: Tonya Berry, Director of Weekday Children's Ministries Highland Park 1300 Second Loop Road Florence, SC 29505*

Dear Highland Park After-School Parents:

WELCOME! We are looking forward to another year packed with fun and learning! Each day we will have a maximum of 45 minutes set aside for children to complete homework. Children are to treat this time as a "quiet time." If your child does not have homework or is not expected to do their homework during this time, they must read, or have other quiet activities to do. Please discuss this matter with your child, sign below, and return with your application.

Thanks for your support,
Tonya Berry
ASC Director

◇ YES, I want my child to do their homework during this time

◇ NO, I do not want my child to do their homework during this time.

Child Signature _____

Parent Signature _____

Dear After-School Parents,

Highland Park United Methodist Church has a web site and would like to have the Schools represented with information and pictures on a "Highland Park Schools" page.

Below is a permission form for you to read and sign indicating whether or not you grant permission for your child's picture to be shown on the web page. There will be NO children's names included.

Sincerely,

Tonya Berry
ASC Director

Child's Name _____

Address _____

Parent Signature _____

____ YES, I give permission for my child's picture to be included on the "Highland Park School's" web page as he/she participates in activities.

____ NO, I do not give permission for my child's picture to be included on the "Highland Park School's" web page.