

Highland Park Kindergarten After School Care

2008-2009

Registration Form

Pre-Kindergarten—Grade 6

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: _____

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--\$50per 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.
- Transportation fee for Florence School District One students is included
- 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: Beth Prosser, HPK Director

Highland Park 1300 Second Loop Road Florence, SC 29505

School Pick Up Form

I will need my child, _____, picked up from the following school, _____.

I will be responsible for calling Highland Park After-Care in the event that my child will be absent from school or will not be riding the Highland Park bus.

Parent's Signature

Date