



# 2023-2024 HPK Registration Packet

## Registration Dates

**Wednesday, March 1, 2023** (currently enrolled & alumni families)

**Sunday, March 12<sup>th</sup>** (public families)

## HPK Registration Fees

2K/3K/4K/5K: \$200

Families registering more than one child pay

\$200 registration fee + \$100 registration fee for each additional child

## HPK Monthly Tuition

2K-\$360 (Five days)

2K-\$260 (Three days:M/W/F)

3K-\$320

4K-\$320

5K-\$397

4K/5K Computer Lab-\$40; one-time fee (due in August)

\*Tuition is paid August-May\*

## Extra Programs Offered

**Early Morning Drop Off**-8:00-8:45; Monday-Friday; \$6/day; first come/first serve basis with limited spaces; If you are unsure if you will need EMDO, please **do not** sign up now

**Lunch Bunch**-12:00-2:00; Monday-Thursday; \$15/day; first come/first serve basis with limited spaces; you may sign up daily/weekly/monthly

**After School Care:** \$93/week \*12:00-5:30 \*Monday-Friday\***\$50 registration fee**

**2023 Summer Camp:** \$124/week \*8:00-5:30pm \*Monday-Friday\***\$50 registration fee**

**\*HPK, ASC & SC registration fees are due at time of registration\***

**Registration fees are NON-Refundable**

In order to reserve a place for your child, you will need to return the following:

Application \* Agreement \* DSS 2900 Form \* Registration Fees

**on/after the appropriate date listed above**

Please make checks payable to **HPK** (Returning families may pay via Headmaster)

FOR OFFICE USE ONLY

# 2022-2023 HPK Application

(Please check all that apply)

Date Paid \_\_\_\_\_ Payment Method \_\_\_\_\_

Amount Paid \_\_\_\_\_ ASC/SC \_\_\_\_\_

## HPK Classes

\_\_\_\_\_ 2K (5days) \_\_\_\_\_ 2K(3 days) \_\_\_\_\_ 3K (5 days) \_\_\_\_\_ 4K (5 days) \_\_\_\_\_ 5K (5 days)

\_\_\_\_\_ **Early Morning Drop Off** (Circle the days you would need)  
Monday Tuesday Wednesday Thursday Friday

\_\_\_\_\_ **2023 Summer Camp** (8:00am-5:30pm; Monday-Friday) must include \$50 registration fee

\_\_\_\_\_ **2023-2024 After School Care** (12:00-5:30; Monday-Friday) must include \$50 registration fee

## **PLEASE PRINT**

Full Name (First, Middle, Last): \_\_\_\_\_ *(Circle or add name called)*

Age by September 1, 2023: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Father's Name: \_\_\_\_\_

Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Child lives with: \_\_\_\_\_ Mother & Father \_\_\_\_\_ Father only \_\_\_\_\_ Mother only

\_\_\_\_\_ Father & Step-Mother \_\_\_\_\_ Mother & Step-Father \_\_\_\_\_ Guardian \_\_\_\_\_ Other \_\_\_\_\_

Stepparent's Name (if applicable): \_\_\_\_\_

Other children in the family: \_\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_\_ Age: \_\_\_\_\_

Tuition is paid via **HEADMASTER ONLINE**

Please list a current **EMAIL** for the person responsible for paying tuition  
so an account may be set up or updated for your child.

\_\_\_\_\_

(more on the back)

**Health:** Allergies \_\_\_\_\_

Special Needs \_\_\_\_\_

Other concerns you feel we should know about your child \_\_\_\_\_

**Emergency Information**

**In case of emergency and parents are not available, please contact:**

1. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

3. Child's doctor \_\_\_\_\_ Phone: \_\_\_\_\_

**Others who are allowed to pick up your child:**

1. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Have any of your child's siblings attended Highland Park Kindergarten? If so, who & when \_\_\_\_\_

Who recommended Highland Park Kindergarten to you? \_\_\_\_\_

Previous school attendance (where and when) \_\_\_\_\_

What contacts has your child had with other children \_\_\_\_\_

Home church you attend \_\_\_\_\_

**• All Children must turn in a current DHEC school/daycare approved immunization form by first day of school.**

**• Children entering each program must be the appropriate age on or before September 1<sup>st</sup> of the school year. (TWO year olds must be 2 by August 1, 2023)**

**• 3K/4K/5K children entering HPK must be able to use the restroom independently.**

**\*HPK, ASC & SC registration fees are due at time of registration\***

In order to reserve a place for your child, you will need to return the following:

**Application \* Agreement \* DSS 2900 Form \* Registration Fees  
on/after the appropriate date listed above**

Please make checks payable to **HPK** (Returning families may pay via Headmaster)

All registration fees are **non-refundable**.

## Highland Park Kindergarten Agreement

This agreement is executed by and between the Highland Park Kindergarten and \_\_\_\_\_, natural parent, adopted parent, and/or guardian of \_\_\_\_\_ a minor.

The Highland Park Kindergarten hereby agrees to provide to the above-named minor a complete Kindergarten program, including all reasonable and necessary supplies and equipment for the 2023-2024 school year. Normal operating hours shall be from 8:00 am (5K) or 9:00 am (2K/3K/4K) until noon.

Highland Park Kindergarten also agrees to provide certain insurance coverage for the above-named minor under the terms of a master insurance policy issued by the Southern Mutual Church Insurance Company. The terms and conditions of said policy should be available for reasonable inspection by the undersigned parent and/or guardian. It is expressly agreed by all parties to this agreement that the Highland Park Kindergarten shall provide no other insurance coverage to the above-named minor other than as set forth above.

For and in consideration of these services, the undersigned parent and/or guardian shall pay the sum of \$200 for a registration fee. The registration fee shall be due and payable upon the execution of this agreement and shall not be refunded. Each monthly tuition payment shall be due and payable on the first day of each month. If this payment is not received by the **tenth of the month, a late fee of \$10.00** must be paid. Tuition that is two weeks past due will result in students not being able to attend until paid in full.

The undersigned parent an/or guardian expressly agrees and warrants as a part of this agreement that the above-named minor is toilet trained and that he/she possesses no physical, mental, emotional, behavioral, or any other problem and/or characteristic which may disrupt the normal operation of the Highland Park Kindergarten program. If at any time the director of the Kindergarten program determines that any of the above warranties and/or representations are not true and correct, and/or if the minor develops any such problem and/or characteristic as described above, the Highland Park Kindergarten shall have the right to require that the above-named minor be withdrawn from the Kindergarten program.

This agreement entered into this \_\_\_\_\_ day of \_\_\_\_\_, 2023.

\_\_\_\_\_  
Highland Park Kindergarten Director

\_\_\_\_\_  
Parent and/or Guardian Signature

**\*\* REGISTRATION FEES:**

2K/3K/4K/5K--\$200.00 registration

Families registering more than one child will pay \$200 registration fee + \$100 registration fee for each additional child

“Train up a child in the way he should go; even when he is old he will not depart from it.” Proverbs 22:6

[Reset](#)

South Carolina Department of Social Services  
Child Care Regulatory Services

## GENERAL RECORD AND STATEMENT OF CHILD'S HEALTH FOR ADMISSION TO CHILD CARE FACILITY

This form is to be completed for each child at the time of enrollment in the child care facility, updated as needed when changes occur, and maintained on file at the facility.

**GENERAL INFORMATION:** (to be completed by Parent or Guardian)

Name of Facility: Highland Park Kindergarten/After School Care/Summer Camp County: Florence

Address: 1300 2<sup>nd</sup> Loop Rd Florence, SC 29505

**Child's Name:** \_\_\_\_\_  
Last First Middle Initial Nick Name

Date of Birth: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

Child's Current Home Address: \_\_\_\_\_  
Street Address City, State, Zip

Parent/Guardian's Full Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Parent/Guardian's Full Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**You must have two individuals who have the authority to obtain emergency medical treatment for the child.**

1. Person responsible if parent/guardian unavailable for emergency medical services:

\_\_\_\_\_  
Full Name Relationship  
Address: \_\_\_\_\_  
Street Address City, State, Zip  
Telephone Number(s): \_\_\_\_\_ Family Code Word(s): \_\_\_\_\_

2. Person responsible if parent/guardian unavailable for emergency medical services:

\_\_\_\_\_  
Full Name Relationship  
Address: \_\_\_\_\_  
Street Address City, State, Zip  
Telephone Number(s): \_\_\_\_\_ Family Code Word(s): \_\_\_\_\_

Is Child currently enrolled in school? (5K up to 6 years old) ☐ Yes ☐ No

My Child will regularly attend this facility **FROM** \_\_\_\_\_ am/pm **TO** \_\_\_\_\_ am/pm

If Child is a drop-in, indicate hours of care: **FROM** \_\_\_\_\_ am/pm **TO** \_\_\_\_\_ am/pm

**Check** all days Child will regularly attend this facility: ☐ Mon ☐ Tue ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun

**Check** all meals Child will receive daily: ☒ Meals are not offered ☐ Breakfast ☐ Morning Snack ☐ Lunch

☐ Afternoon Snack ☐ Dinner ☐ Evening Snack

**HEALTH INFORMATION:** (to be completed by Parent or Guardian)

Family Physician or Health Resource: \_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address City, State, Zip Telephone

Emergency Care Provider: \_\_\_\_\_  
Emergency Facility Name

\_\_\_\_\_  
Street Address City, State, Zip Telephone

Dental Care Provider: \_\_\_\_\_  
Name

Street Address City, State, Zip Telephone

Health Insurance Provider: \_\_\_\_\_

Certificate of Immunization: ☐ Yes ☐ No ☐ N/A Please explain: \_\_\_\_\_

**My child has the following health conditions such as allergies, asthma, diabetes, epilepsy, etc., and/or takes the following medications on a regular basis:**

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

Additional Comments: \_\_\_\_\_

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

I certify that to the best of my knowledge \_\_\_\_\_

Child's Name

is in good mental and physical health and able to participate in the child care program at

\_\_\_\_\_  
Name of Child Care Facility

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

Parent or Guardian

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

Director/Operator/Staff Designee