

# Welcome To HP After School Care & Summer Camp

2023-2024  
HP ASC/SC  
Registration Packet

## Registration Information

return the following: Application \* DSS 2900 Form \* Registration Fees  
on/after the appropriate date

March 1, 2023 for current students & HPUMC members  
March 12, 2023 for new friends

## 2023 SUMMER CAMP HOURS AND FEES:

Monday-Friday ☼ 8:00 am-5:30 pm

**\$124 per week per child**

**Registration Fee: \$50.00 per  
child**

(\$45.00 for Highland Park UMC Members)

\*Tuition may be paid weekly or monthly in advance; tuition is due regardless the number of days attended

**SC operating dates: May 30<sup>th</sup>-July 28<sup>th</sup>**

## 2023-2024 AFTER SCHOOL HOURS AND FEES:

School Days: 2:00pm-5:30pm ☼ Teacher workdays: 8:00am-5:30pm

**\$88 per week per child  
per child**

**Registration Fee: \$50.00**

(\$45.00 for Highland Park UMC Members)

\*Tuition may be paid weekly or monthly in advance; tuition is due regardless the number of days attended

\*No additional fees will be charged for "long" days

\*Children who attend HPK will pay \$93/week for ASC

Tuition is paid for 10 months; August-May; start date will depend on FSD1 first day of school

We observe the following holidays: New Years Day, Good Friday, Memorial Day,  
July 4<sup>th</sup>, Labor Day, Thanksgiving Day & day after

**\*\*\*ASC will be CLOSED the week of Christmas\*\*\***

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.

All children must turn in an updated Immunization Record

\*\*For additional information call 843-662-1242 or email [beth.prosser@hpumc.net](mailto:beth.prosser@hpumc.net)

## Highland Park After School Care & Summer Camp

2023-2024 Registration Form ☐ Kindergarten—Grade 5

Please indicate which program(s) you are registering for with a ☐

\_\_\_\_\_ **2023-2024 ASC** \_\_\_\_\_ **2023 Summer Camp** \_\_\_\_\_ **Both**

NAME OF CHILD \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

Gender: \_\_\_\_\_

2023-2024 SCHOOL \_\_\_\_\_ 2023-2024 GRADE \_\_\_\_\_

NAME OF CHILD \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

Gender: \_\_\_\_\_

2023-2024 SCHOOL \_\_\_\_\_ 2023-2024 GRADE \_\_\_\_\_

NAME OF PARENTS OR GUARDIAN: \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

FATHER'S CELL \_\_\_\_\_ WORK PHONE \_\_\_\_\_

MOTHER'S CELL \_\_\_\_\_ WORK PHONE \_\_\_\_\_

Please list a current EMAIL for person responsible for paying tuition:

\_\_\_\_\_

HEALTH INFORMATION: All children must turn in an updated Immunization Record

Childs name: \_\_\_\_\_

Any Allergies: \_\_\_\_\_

Childs name: \_\_\_\_\_

Any Allergies: \_\_\_\_\_

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

1. Name: \_\_\_\_\_ Number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Number: \_\_\_\_\_

Names of persons other than parent to whom child may be released:

1. Name: \_\_\_\_\_

2. Name: \_\_\_\_\_

3. Name: \_\_\_\_\_

4. Name: \_\_\_\_\_

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

## PARENT'S AUTHORIZATION FORM FOR HIGHLAND PARK ASC/SC

### **Transportation**

Children will be picked up on school days from their school by the HP busses driven by approved drivers.

\_\_\_\_ YES, I give my permission for my child to be picked up by the HP bus.

\_\_\_\_ NO, my child will not be riding the HP bus, I will be bringing him/her to HP ASC daily.

\_\_\_\_ Parent Initials

### **Website**

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. There will be NO children's names included.

\_\_\_\_ 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.

\_\_\_\_ Parent Initials

### **Field Trips**

HP ASC/SC plan field trips to various places throughout the year. We feel these trips are essential in helping children visualize and experience the world around them. Our trips will be made under the supervision of our staff and director. We will travel to and from on the HP busses. You will be notified in advance about each trip, however we will use this form as a standard permission slip.

\_\_\_\_ Yes, my child has permission to attend Field Trips with Highland Park ASC/SC.

\_\_\_\_ No, my child will not be attending Field Trips with Highland Park ASC/SC.

\_\_\_\_ Parent Initials

### **Medical Emergency Statement**

In case of serious accident or illness, I request Highland Park After School Care/Summer Camp (ASC/SC) to contact me. If ASC/SC is unable to reach me, I hereby authorize them to call the physician, and they may make whatever arrangements seem necessary. In case of hospitalization, please indicate the preferred hospital

\_\_\_\_\_. In the event that ASC/SC cannot reach me in an emergency, I give my permission to

\_\_\_\_\_ (child's physician) to render any medical service that may, in the sole discretion of the doctor, be necessary.

I give permission for prescription and non-prescription medicine to be given to my child **only if accompanied by a Doctor's Note.**

Local Physician's Name \_\_\_\_\_ Tel # \_\_\_\_\_

Local Dentist's Name \_\_\_\_\_ Tel # \_\_\_\_\_

Student's Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

\_\_\_\_ Parent Initials

### **Discipline**

Corporal punishment will not be used. We use a Green, Yellow, Red behavior system (warnings, time-out, parent phone calls). Children will be reprimanded according to the severity of the child's actions. Major offenses can result in suspension or termination from the program. Foul language, verbal and/or physical threats as well as any type of bullying behavior will not be tolerated. Parents will be called and dismissal could occur.

Do you understand the discipline policy of HPASC/SC? \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_ Parent Initials

### **Videos**

During "quiet time" we often watch G rated movies. However, some movies are rated PG but are appropriate for children and are watched at home. Please indicate below if you give permission for your child to watch a PG rated movie, one approved by the Director & Pastor.

\_\_\_\_ Yes, I give my child permission to watch a PG rated movie approved by the Director and Pastor.

\_\_\_\_ No, I do not wish for my child to watch any PG movies at HP.

\_\_\_\_ Parent Initials

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**All children must turn in an updated Immunization Record upon registering**

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