



Highland Park Kindergarten

2024-2025

Registration Packet

Thank you for your interest in Highland Park Kindergarten, HPK After School Care program, and/or HPK Summer Camp. This packet includes all the forms required for registration into all our programs. Please take time to review the information listed below and complete each of the attached forms. In addition to these forms, you will be required to submit a current vaccination record for each of the children you are enrolling, prior to the first day of the program.

Registration Information

- To reserve a place for your child, **ALL** the following must be turned in:
 - Application
 - Agreement (HPK & Headmaster)
 - DSS 2900 Form
 - Registration Fee(s)
- Enrollment for current families opens **Monday, February 5, 2024.**
- Enrollment for HPUMC families opens **Friday, February 9, 2024.**
- Enrollment for new families opens, **Monday, February 12, 2024.**
- Registration fees are as follows:
 - All preschool programs - \$200 for the first child, \$100 for each additional child
 - After School Care - \$50 per child
 - Summer Camp - \$50 per child
- **Registration fees are NON-REFUNDABLE.**
- Make checks payable to “**Highland Park Kindergarten**” or “**HPK**” (Returning families may pay via Headmaster but payment **MUST** be received by 2/12/24 to hold your spot.)
- Registration is done on a first come-first serve basis, until classes are full.

Programs Offered

Preschool – 2K (24 month)/2 1/2K (30 month)/3K/4K/5K programs are offered Monday-Friday from 9:00 – 12:00. An option for a Monday/Wednesday/Friday 2K and 2 ½ K programs is also offered. Children entering 3K/4K/5K must be the appropriate age on, or before, September 1. Children in 2K must be 24 months on, or before, the start date. Children in 2 1/2K must be 30 months on, or before, the start date. 3K/4K/5K children entering HPK **must be able to use the restroom independently.**

Early Morning Drop Off (EMDO) – This program is available to all of our preschool students and must be reserved in advance. Care is available from **7:30-8:45 a.m.**, Monday-Friday. Limited spaces are available. This program is invoiced at the beginning of each month for the days selected to ensure proper staffing.



Extended Day – This program is available to all of our preschool students and must be reserved at least one week in advance. The Extended Day program begins at the end of our school day (12:00) and allows students to remain

in our care until 2:00 p.m., Monday-Friday. During this time students will eat lunch and participate in rest time, and have an opportunity to play/socialize with our After School Care students. Limited spaces available.

After School Care (ASC) - This program is available to all of our preschool students and elementary school students in grades 5K – 5th grade. Students in our preschool program will begin their day in ASC at noon with lunch, rest time, indoor/outdoor playtime and snack time. Students from Delmae, Royall, Briggs, Lucy T. Davis, and Carver elementary school will be picked up at their normal dismissal time and transported by HPK busses to our facility. Students will have a snack, homework/quiet time, and indoor/outdoor playtime. This program follows the FSD1 school calendar and is also open during school intercession weeks and most holidays from 7:30 a.m. – 5:30 p.m.

Summer Camp – This program is open to students enrolled in **any of our HPK preschool programs** and to all rising 5K – 5th grade students. Each week of Summer Camp will revolve around a specific theme that will allow campers to participate in VBS lessons, crafts, music, games, and more! Various field trips will be offered at additional fees. Camps will run Monday-Friday, from 8:00-5:30pm. Students signing up for HPK Summer Camp will be enrolled for the full session and not on a week-to-week basis. The actual number of weeks that the camp session runs will be determined once Florence School District One release their 2024-2025 calendar. Tuition must be paid in full by May 25th, unless arrangements have been made for a payment plan.

2024-2025 HPK Monthly Tuition and Fees

Age Group	Tuition
2K and 2 1/2 K 5-Day	\$400
2K and 2 1/2 K 3-Day	\$300
3K and 4K	\$375
5K	\$450
 Early Morning Drop-Off (7:30-8:45)	\$8.00/day
Extended Day (12:00-2:00)	\$18/day
HPK After School Care (12:00-5:30)	\$97/week
After School Care Elem. School 5K-5 th grade	\$90/week
Summer Camp (9 weeks, Mon.-Fri., 8:00-5:30)	\$140 single week
 7:30 Early Drop-off	\$5/day

*Summer camp full session tuition (\$1260.00) must be paid in full by May 25th, unless arrangements have been made for payment plan. The actual number of weeks that the camp session runs will be determined once Florence School District One release their 2024-2025 calendar.

1. Option 1 – Two payments of \$630, due May 6th and June 17th.
2. Option 2 – Three payments of \$420, due April 15, May 6th, and June 17th

Full payment **MUST** be received by the above dates for students to remain enrolled in Summer Camp.

Refunds **WILL NOT** be provided if students are withdrawn from Summer Camp for reasons other than medical.

FOR OFFICE USE ONLY: HPK ___ ASC ___ SC ___ Date Paid _____ Payment Method _____ Amount _____
 ___ Application ___ Agreement ___ DSS 2900 ___ Headmaster Agreement ___ Immunization/Religious Exemption

Highland Park Kindergarten

2024-2025 Application

HPK Classes	Early Morning Drop-Off (7:30 a.m.)	After School Care 12:00-5:30 Mon-Fri	Summer Camp 2024
Please select one	Select the days needed	Please select one	Please select one
<input type="checkbox"/> 2K (5 or 3 days)	<input type="checkbox"/> Monday	<input type="checkbox"/> Yes, my child will attend	<input type="checkbox"/> Yes, my child will attend
<input type="checkbox"/> 2 ½ K (5 days)	<input type="checkbox"/> Tuesday		<input type="checkbox"/> 7:30 Drop-off needed (Current HPK students only.)
<input type="checkbox"/> 2 ½ K (3 days)	<input type="checkbox"/> Wednesday		
<input type="checkbox"/> 3K (5 days)	<input type="checkbox"/> Thursday		
<input type="checkbox"/> 4K (5 days)	<input type="checkbox"/> Friday		
<input type="checkbox"/> 5K (5 days)			
A non-refundable registration fee of \$200 is required.	A non-refundable registration fee of \$20 is required.	A non-refundable registration fee of \$50 is required.	A non-refundable registration fee of \$50 is required.

*Students are required to be age 5 on, or before, September 1 to enter Kindergarten per South Carolina State law.

PLEASE PRINT

Child's Full Name (First, Middle, Last): _____

Preferred Name: _____ **Date of Birth:** _____ **Sex:** _____

Child's age as of September 1, 2024: _____ **Religious affiliation:** _____

Street Address: _____

City: _____ **Zip Code:** _____ **Phone:** _____

Parent/Guardian 1 Name: _____ **Cell Phone:** _____

Place of employment: _____ **Work Phone:** _____

Email: _____

Parent/Guardian 2 Name: _____ **Cell Phone:** _____

Place of employment: _____ **Work Phone:** _____

Email: _____

Child lives with: ___ Mother & Father ___ Father only ___ Mother only ___ Father & Step-Mother

___ Mother & Step-Father ___ Guardian ___ Other _____

Stepparent or Guardian Name (if applicable): _____

Other children in the family: _____ Age: _____ _____ Age: _____

_____ Age: _____ _____ Age: _____

Health:

Allergies _____

Special Needs _____

Other concerns you feel we should know about your child _____

Emergency Information:

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

1. Name: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

2. Name: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Child's doctor: _____ Phone: _____

In addition to those listed above, the following individuals have my permission to pick my child up:

1. Name: _____ Relationship to Child: _____

2. Name: _____ Relationship to Child: _____

Have any of your child's siblings attended Highland Park Kindergarten? Yes No If so, who & when: _____

How did you hear about Highland Park Kindergarten? _____

Has your child attended a school program before? Yes No If yes, where and when? _____

What contacts has your child had with other children? _____

Home church you attend _____

Important Information:

- All Children must turn in a current DHEC school/daycare approved immunization form by first day of school.
- Children entering our 3K, 4K, or 5K program must be the appropriate age on or before September 1st of the school year.
- Children entering our 2K program **must be 24 months or older on the first day of school.**
- 3K/4K/5K children entering HPK **must be able to use the restroom independently.**

Highland Park Kindergarten Agreement

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

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 2024-2025 school year. Normal operating hours shall be from 8:00 am (5K) or 9:00 am (2K/2 1/2K/3K/4K) until noon.

As parent and/or guardian, I understand that the \$200 is a non-refundable registration fee. I also understand that monthly tuition payments are due, and should be paid, on the first day of each month. If payment is not received by the **tenth of the month, a late fee of \$10.00** must be paid. Any account that is **30 days past due will result in the student(s) not being able to attend until the balance is paid in full.**

This agreement also states that the above-named minor is toilet trained (with the exception of 2K) 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 statements and/or representations are not true and correct, and/or if the minor develops any such problem and/or characteristic as described above, Highland Park Kindergarten shall have the right to require that the above-named minor be withdrawn from the program.

This agreement, entered into this _____ day of _____, 2024.

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.

*Continuing the mission of HPUMC by being the **Hands and Feet of Jesus** in our community through our gifts, witness, service, prayers, and presence in our community and the greater world.*

Headmaster Secure Payment

All tuition, Early Morning Drop-Off, After-School Care, and Field Trips should be paid online through Headmaster. Headmaster may also be accessed through their app.* Below, please list a current **EMAIL** for the person responsible for paying tuition so an account may be set up or updated for your child.

Email: _____

Should your email address change, it is your responsibility to notify the office so that it can be updated.

A user name and password will be provided to you once the account is set-up. You will be prompted to change your password during this time. Once the default password has been changed, our HPK office can no longer assist you in accessing your account. Please keep this information in a safe place.



*Please note that your account information will display differently on the app and the online version. It is important that you update your app regularly so that account information is reflected more accurately. Any questions regarding your account can be addressed by contacting the Director via email (wcmdirector@hpumc.net) or by phone at 843-662-1242.

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 2nd 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