

2019 Summer Camp

2019-2020 After School Care

Registration begins **March 4th** for currently enrolled students
& **March 20th** it opens to the public

Please bring your registration application, DSS 2900 form and fee (s) to
the HPK/ASC office on or after the respective dates

AFTER SCHOOL HOURS AND FEES:

School Days: 2:00 p.m.-6:00 p.m. ☼ Teacher workdays: 7:30 a.m.-6:00 p.m.

*\$75 per week for the first child-- \$70 per week for each additional child in the family

****HPK Children**** (these are children who attend HPK during the morning)

School Days: 12:00pm-6:00p ☼ Teacher workdays: 7:30am-6:00pm
\$85 per week

* **Registration Fee: \$50.00 per child** (\$45.00 for Highland Park United Methodist Members)

* Tuition shall be paid in advance and is on a weekly basis, **regardless** of the days attended

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

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

SUMMER CAMP HOURS AND FEES:

Monday-Friday ☼ 7:30 a.m.-6:00 p.m.

*\$105 per week for the first child--\$100 per week for each additional child in the family

* **Registration Fee: \$50.00 per child** (\$45.00 for Highland Park United Methodist Members)

*Tuition shall be paid in advance and is on a weekly basis, **regardless** of the days attended

****If children will be attending ASC and Summer Camp the
Combined Registration Fee will be \$75 per child
(\$70 for HPUMC members)**

All children must turn in an updated Immunization Record each year

PAY SCHEDULE:

TWO WEEKS FREE will be allotted for children who attend ASC and

TWO WEEKS FREE will be allotted for children who attend SC

Children may not attend either program when using "free weeks" & tuition must be kept current in order to use the "free weeks"

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

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

**For additional information call 843-662-1242 or email
beth.prosser@hpumc.net or misty.hutchinson@hpumc.net

Highland Park After School Care & Summer Camp

2019-2020 Registration Form ☛ Kindergarten—Grade 6
(must have completed 5K unless attended HPK for 3K/4K)

Please indicate which program you are registering for with a ✓

_____ 2019-2020 ASC _____ 2019 Summer Camp _____ Both

NAME OF CHILD _____ AGE _____ SEX _____
CURRENT GRADE _____ **CURRENT** SCHOOL _____
2019-2020 SCHOOL _____ BIRTHDATE _____

NAME OF CHILD _____ AGE _____ SEX _____
CURRENT GRADE _____ **CURRENT** SCHOOL _____
2019-2020 SCHOOL _____ BIRTHDATE _____

NAME OF PARENTS OR GUARDIAN: _____
ADDRESS _____ HOME PHONE _____
CITY _____ STATE _____ ZIP CODE _____
FATHER'S WORK _____ WORK PHONE _____
MOTHER'S WORK _____ WORK PHONE _____
FATHER'S CELL _____ MOTHER'S CELL _____

****BEST EMAIL FOR IMPORTANT INFORMATION:**

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: _____

PARENT'S AUTHORIZATION FORM FOR HIGHLAND PARK ASC/SC

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

3rd-6th GRADE ONLY

During "quiet time" we often watch G rated movies. However, some movies are rated PG but are appropriate for older children. 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 Signature

Parent Signature _____

DATE _____

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

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: _____ County: _____

Address: _____
Street Address – no Post Office Boxes City, State, Zip

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