



2022-2023 HPK Registration Packet

Registration Dates

Monday, February 28th (currently enrolled & alumni families)

Sunday, March 13th (public families)

HPK Registration Fees

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

Families registering more than one child pay

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

HPK Monthly Tuition

3K-\$320

4K-\$320

5K-\$397

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)

AFTER SCHOOL CARE: \$93/week *12:00-5:30 *Monday-Friday*\$50 registration fee

2022 Summer Camp: \$124/week *8:00-5:30pm *Monday-Friday*\$50 registration fee

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*
All registration fees are non-refundable.

2022-2023 HPK Application

(Please check all that apply)

FOR OFFICE USE ONLY

Date Paid _____ Payment Method _____

Amount Paid _____ ASC/SC _____

HPK Classes

____ 3K (5 days)

____ 4K (5 days)

____ 5K (5 days)

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

____ **2022 Summer Camp** (8:00am-5:30pm; Monday-Friday) include \$50 registration fee

____ **2022-2023 After School Care** (12:00-5:30; Monday-Friday) include \$50 registration fee

PLEASE PRINT

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

Age at time of registration: _____ Date of Birth: _____ Sex: _____ Phone: _____

Mailing Address: _____

City _____ Zip Code _____

Father's Name: _____ Place of Employment: _____

Work #: _____ Cell #: _____

Mother's Name: _____ Place of Employment: _____

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: _____

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_____ 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 for your child.

(more on the back)

Health: Allergies _____
Handicaps _____
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, 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 1st of the school year.

🍏 All children entering HPK must be able to use the restroom independently.

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on/after the appropriate date listed above

Please make checks payable to *HPK*
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 2022-2023 school year. Normal operating hours shall be from 8:00 am (5K) or 9:00 am (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.

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 _____, 2022.

Highland Park Kindergarten Director

Parent and/or Guardian Signature

**** REGISTRATION FEES:**
3K/4K/5K--\$200.00 registration

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

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