



# 2024-2025 HPK After School Care 2024 Summer Camp Registration Packet

Thank you for your interest in Highland Park’s After School Care program and/or HPK Summer Camp. This packet includes all the forms required for registration for both 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 (Parent & 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:
  - 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 spots are full.

**After School Care (ASC)** - This program is available to all of our preschool students and elementary school students in grades 5K – 5<sup>th</sup> 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 schools will be picked up at their normal dismissal time and transported by HPK busses to our facility. They will have 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 8:00 – 5:30.


**Summer Camp** – This program is open to students enrolled in any of our HPK preschool programs and to all rising 5K – 5<sup>th</sup> 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 addition 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.

The following holidays are observed and our building will be closed:

New Years Day	Good Friday	Memorial Day	July 4 <sup>th</sup>	Labor Day
Thanksgiving Day & day after		Christmas		

**\*\*\*Highland Park After School Care will be CLOSED the week of Christmas\*\*\***

## 2024-2025 Highland Park ASC/SC Tuition and Fees

Program	Tuition
After School Care Elem. School 5K-5 <sup>th</sup> grade	\$90/week
Summer Camp (9 weeks, Mon.-Fri., 8:00-5:30)	\$140 single week
 Add on – Early drop-off at 7:30 a.m.	\$5/day

\*Summer camp full session tuition (\$1260.00) must be paid in full by May 25<sup>th</sup>, 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 6<sup>th</sup> and June 17<sup>th</sup>.
2. Option 2 – Three payments of \$420, due April 15, May 6<sup>th</sup>, and June 17<sup>th</sup>

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 additional information call 843-662-1242 or email [WCMDirector@HPUMC.net](mailto:WCMDirector@HPUMC.net)

FOR OFFICE USE ONLY : ASC \_\_\_\_ SC \_\_\_\_ Date Paid \_\_\_\_\_ Payment Method \_\_\_\_\_ Amount \_\_\_\_\_

\_\_\_\_ Application \_\_\_\_ Agreement \_\_\_\_ DSS 2900 \_\_\_\_ Headmaster Agreement \_\_\_\_ Immunization/Religious Exemption

## 2024-2025 After School Care 2024 Summer Camp Application

Please indicate which program you are registering for with a ✓

\_\_\_\_ 2024-2025 ASC \_\_\_\_ 2024 Summer Camp \_\_\_\_ Both

**PLEASE PRINT**

**Child's Full Name** (First, Middle, Last): \_\_\_\_\_

**Preferred Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Current Elementary School:** \_\_\_\_\_ **Current Grade:** \_\_\_\_\_

**Will this be the same school for 2024/2025?** Yes No **If no, name of new school:** \_\_\_\_\_

**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):** \_\_\_\_\_

Should the staff at Highland Park ASC/Summer Camp need to contact you, for non-emergency reasons, which parent/guardian is the primary contact?

\_\_\_\_\_

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**Health:**

Allergies \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

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**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: \_\_\_\_\_

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Do any siblings currently attend Highland Park Kindergarten? Yes No

If so, who: \_\_\_\_\_

Have any of your child's siblings attended Highland Park Kindergarten or any of our programs? Yes No

If so, who & when:

\_\_\_\_\_

How did you hear about Highland Park After School Care/Summer Camp? \_\_\_\_\_

Does your family have a home church? Yes No If so, where? \_\_\_\_\_

# Parent Authorization Form for Highland Park After School Care/Summer Camp

## Website and Social Media

Highland Park United Methodist Church has a website and social media page. From time to time, we post information and pictures on these sites to promote the school. Please know that at no time will children's names be included.

Yes, I give permission for my child's picture to be included on the school website/social media page.

No, I do not give permission for my child's picture to be included on the school website/social media page.

## Field Trips

Field trips may be taken throughout the year. Our trips are coordinated and supervised by the Director and transportation is provided using HPK busses and drivers. Field trips are provided at an additional fee and must be paid for in advance.

Yes, I understand that field trips are provided at an additional cost and that payment must be made in advance.

## Medical Emergency Statement

In case of serious accident or illness, I request Highland Park Kindergarten's After School Care/Summer Camp (ASC/SC) contact me. If unable to reach me, I hereby authorize them to call the physician and make whatever arrangements deemed necessary.

Should the child's injuries require hospitalization, my preferred hospital choice is \_\_\_\_\_.

Should Highland Park ASC/SC be unable to reach me, in the case of emergency, I give my permission to (child's physician) \_\_\_\_\_ to render any medical service that may be required to the sole discretion of the doctor.

Local Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Local Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

I understand that prescription/non-prescription medicine can only be given to my child **if accompanied by a doctor's note.**

## Discipline

Corporal punishment **WILL NOT** be used. We use a positive reinforcement behavior system (warnings, time-out, parent phone calls). Consequences will be given according to the severity of the child's actions. Major offenses may 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 may occur.

I understand the discipline policy of Highland Park ASC/SC.

## Videos

### 3<sup>rd</sup>-6<sup>th</sup> GRADE ONLY

Occasionally, on rainy days or during "quiet time", children will watch G rated movies. Some PG rated movies may be appropriate for older children and are offered as viewing options for these classes. Please indicate below if you give permission for your child to watch a PG rated movie that has been approved by the Director and/or Pastor.

Yes, I give my child permission to watch a PG rated movie that has been approved by the Director and/or Pastor.

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

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

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

## 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](mailto: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: \_\_\_\_\_ 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