



# Highland Park Weekday Children's Ministry 2025-2026 Registration Packet

Thank you for your interest in Highland Park Weekday Children's Ministry Preschool, After School Care program, and/or Summer Camp. This packet includes all the forms required for registration into all of 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 South Carolina Immunization 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 (HPWCM & Headmaster)
  - DSS 2900 Form
  - Registration Fee(s)
- Enrollment for current families opens **Monday, January 27, 2025.**
- Enrollment for HPUMC families opens **Monday, February 3, 2025.**
- Enrollment for new families opens, **Wednesday, February 5, 2025.**
- 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 Weekday Children's Ministry**" or "**HPWCM**" (Returning families may pay via Headmaster but payment **MUST** be received by 2/5/25 to hold your spot.)
- Registration is done on a first come-first serve basis, until classes are full. Once classes have been filled you will be placed on our Wait List to be contacted as space becomes available.

## 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 HPWCM ***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, Monday-Friday. This program is invoiced at the beginning of each month for the days selected to ensure proper staffing.

**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 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, however it is open during school intercession weeks and most holidays from 7:30 – 5:30.

**Summer Camp** – This program is open to all children currently enrolled in our HPWCM Preschool programs and to all rising 5K – 5<sup>th</sup> grade students. Children younger than 5 years old may enroll as space is available in their age group. 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 to all age groups 4-years and older. A Field Trip packet will be available for an additional fee in early May. Camp will run Monday-Friday, from 7:30am-5:30pm. **Students signing up for HPWCM Summer Camp will be enrolled for the full 8-week session and not on a week-to-week basis.** Tuition must be paid in full by May 23<sup>rd</sup>.

## **2024-2025 HPWCM Monthly Tuition and Fees**

Programs Offered	Tuition and Fees
2K and 2 1/2 K 5-Day	\$405
2K and 2 1/2 K 3-Day	\$305
3K and 4K	\$380
5K	\$455
Early Morning Drop-Off (7:30-8:45)	\$10.00/day
HPK After School Care (12:00-5:30)	\$100/week
After School Care Elem. School 5K-5 <sup>th</sup> grade	\$93/week
Summer Camp (8 weeks, Mon.-Fri., 7:30-5:30)	\$1200/8-weeks

**\*Summer camp full session tuition must be paid in full by May 23<sup>rd</sup>.**

1. Plan 1 – Two payments of \$600, due April 4<sup>th</sup> and May 23<sup>rd</sup>.
2. Plan 2 – Three payments of \$400, due March 14<sup>th</sup>, April 25<sup>th</sup>, and May 23<sup>rd</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 OFFICE USE ONLY:** HPK \$200 \_\_\_ ASC \$50 \_\_\_ SC \$50 \_\_\_ Date Paid \_\_\_\_\_ Payment Method \_\_\_\_\_ Total \_\_\_\_\_  
\_\_\_ Application \_\_\_ Agreement \_\_\_ DSS 2900 \_\_\_ Headmaster Agreement \_\_\_ Immunization/Religious Exemption

## Highland Park Weekday Children's Ministry 2025-2026 Preschool Application

Please enroll my child in the following Preschool program (9:00-12:00):

2K (24-30 months)     2 1/2K (30+ months)     3K     4K     5K (8:00-12:00)  
 3-day M/W/F     3-day M/W/F    \*Students are required to be age 5 on, or  
 5-day     5-day    before, September 1 to enter Kindergarten  
per South Carolina State law.

Early Morning Drop-Off (7:30-8:45 a.m.) will be needed on the following days:

Monday     Tuesday     Wednesday     Thursday     Friday

After School Care Program (12:00-5:30 p.m. Mon-Fri).

Summer Camp 8-weeks June 2 – July 25 (7:30 a.m.-5:30 p.m. Mon-Fri)     One-time payment     Plan 1     Plan 2

**PLEASE PRINT**

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

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

**Child's age as of September 1, 2025:** \_\_\_\_\_    **Religious affiliation:** \_\_\_\_\_

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

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

**Father's Name:** \_\_\_\_\_    **Cell Phone:** \_\_\_\_\_

**Place of employment:** \_\_\_\_\_    **Work Phone:** \_\_\_\_\_

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

**Mother's 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 Weekday Children's Ministry? Yes No If so, who & when:

\_\_\_\_\_

How did you hear about Highland Park Weekday Children's Ministry? \_\_\_\_\_

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 1<sup>st</sup> 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 Weekday Children's Ministry**  
**Preschool Agreement**

This agreement is executed by and between **Highland Park Weekday Children's Ministry** and \_\_\_\_\_, natural parent, adopted parent, and/or guardian of \_\_\_\_\_, who is a minor.

Highland Park Weekday Children's Ministry hereby agrees to provide to the above-named minor a complete Preschool/Kindergarten program, including all reasonable and necessary supplies and equipment for the 2025-2026 school year. Normal operating hours for Preschool (2K-4K) shall be from 9:00 a.m. until 12:00 p.m., and our 5K Kindergarten program shall run from 8:00 a.m. until 12:00 p.m. Those enrolled in the Early Morning Drop-Off services shall be provided with care for the above-named minor beginning at 7:30 a.m. Enrollment in the After School Care program will allow continued care until 5:30 p.m. Meals for After School Care shall be provided by the parent/guardian, however Highland Park Weekday Children's Ministry will provide afternoon snacks.

As parent and/or guardian, I understand that the \$200 registration fee for Preschool, and/or the \$50 registration fee for After School Care, is non-refundable and is used to hold a spot in the program. 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 \$20.00** will be invoiced and must be paid in addition to any outstanding tuition. 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 Weekday Children's Ministry program. If at any time the Director of the 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 Weekday Children's Ministry shall have the right to require that the above-named minor be withdrawn from the program.

This agreement, entered into this \_\_\_\_\_ day of \_\_\_\_\_, 2025.

\_\_\_\_\_  
HPWCM 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.

- After School Care - \$50 registration/child
- Summer Camp - \$50 registration/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 Preschool/Kindergarten tuition, Early Morning Drop-Off fees, After-School Care tuition, and Field Trip fees should be paid online through our Headmaster invoicing system. Please list the name and current **EMAIL** address for the person responsible for paying tuition so an account may be set up, or updated, for your family.

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

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

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

Once an account has been created, you will be provided with user name and temporary password. Upon initial log-in you will be prompted to create a unique password which will allow you to access the account. Once the temporary password has been changed, our office will no longer be able to assist you in accessing your account. Please keep this information in a safe place.



Headmaster can be accessed through their desktop platform or via their Headmaster app.\*

\*Please note that account information will display differently on the app vs the desktop 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: 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