



2025-2026 Highland Park Weekday Children's Ministry After School Care - 2025 Summer Camp Registration Packet

Thank you for your interest in Highland Park Weekday Children's Ministry After School Care program and/or 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, January 27, 2025.**
- Enrollment for HPUMC families opens **Monday, February 3, 2024.**
- Enrollment for new families opens, **Wednesday, February 5, 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 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 spots are full.

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 time, 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 HPWCM 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 intersession weeks and most holidays from 7:30 a.m. – 5:30 p.m.

Summer Camp – This program is open to all children currently enrolled in our HPWCM Preschool programs and to all rising 5K – 5th 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 23rd.

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

New Year's Day	Martin Luther King Jr. Day	Good Friday	Memorial Day
July 4 th	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 th grade	\$93/week
Summer Camp (9 weeks, Mon.-Fri., 7:30-5:30)	\$1200/8-weeks

***Summer camp full session tuition must be paid in full by May 23rd.**

1. Plan 1 – Two payments of \$600, due April 4th and May 23rd.
2. Plan 2 – Three payments of \$400, due March 14th, April 25th, and May 23rd.

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**

FOR OFFICE USE ONLY: ASC \$50 ____ SC \$50 ____ Date Paid ____ Payment Method ____ Total ____
____ Application ____ Agreement ____ DSS 2900 ____ Headmaster Agreement ____ Immunization/Religious Exemption

2025-2026 After School Care 2025 Summer Camp Application

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:** _____

Street Address: _____

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

Current Elementary School: _____ **Current Grade:** _____

Will this be the same school for 2025/2026? Yes No **If no, name of new school:** _____

Parent/Guardian 1 (Father):

Name: _____ **Cell Phone:** _____

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

Email: _____

Parent/Guardian 2 (Mother):

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?

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: _____

Do any siblings currently attend Highland Park Weekday Children's Ministry? Yes No

If so, who: _____

Have any of your child's siblings attended Highland Park Weekday Children's Ministry or any of our programs in the past? 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 HPWCM 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 Weekday Children's Ministry 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. See the attached 5-step incident letter attached for more information.

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

Videos

3rd-6th 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 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) or by phone at 843-662-1242.



1300 2nd Loop Rd., Florence, SC. 29505 – (843)662-1242 – wcmdirector@hpumc.net

January 10, 2025

Dear Parents/Guardians,

As we enter the new year, I wanted to share with you an update to our Policy and Procedure Manual for our After School Care/Summer Camp programs. Our program strives to provide a positive, safe, nurturing environment for all of our students. Staff are instructed to use positive reinforcement and redirect behaviors before they escalate, however there are occasions when student behavior results in the need for consequences beyond the classroom. To that end we are implementing the attached incident reporting policy to communicate with students and their families when this is necessary.

Student actions that could result in the need for incident reporting are, but not limited to:

- Use of inappropriate language (including remarks related to race, gender, and sexuality)
- Vulgar actions toward another student/staff member
- Refusal to comply with rules related to technology use
- Physical violence (hitting, kicking, throwing objects, etc.)
- Bullying/Targeting

Our Highland Park After School Care/Summer Camp programs will not tolerate these actions. Please work with us by speaking to your child about the importance of respect and how to treat others.

Our goal is to provide a safe, welcoming, environment for all children entrusted to us. While it is possible to address many issues directly with the child, it is sometimes critical that we have parental involvement. This report is our way of seeking your support in addressing this incident. We appreciate your assistance in this matter.

Denise Pinkerman
Director, Weekday Children's Ministry, HPUMC

Meredith Sowell
After School Care/Summer Camp Staff Supervisor
Weekday Children's Ministry, HPUMC



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Incident Report

Date: _____ Time: _____ Location: _____

Staff on duty: _____

Student Name: _____ Class: _____

Record of event:

Student consequences:

- 1st incident – Meet with Staff Supervisor
- 2nd incident – Staff Supervisor will make parent contact
- 3rd incident – Meet with Director and parent contact
- 4th incident – Suspension from program for 1-2 days
- 5th incident – Enrollment in program terminated

Our records indicate that this is the _____ incident on record for _____. Please note that enrollment will be terminated on the 5th incident. If you would like to schedule a conference to discuss how we can work with your child to ensure this does not occur, please contact our office at 843-662-1242.

Our goal is to provide a safe, welcoming, environment for all children entrusted to us. While it is possible to address many issues directly with the child, it is sometimes critical that we have parental involvement. This report is our way of seeking your support in addressing this incident. We appreciate your assistance in this matter.

Denise Pinkerman
Director, Weekday Children's Ministry, HPUMC

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: _____

1300 2nd Loop Road, Florence SC.

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