

PLEASE CAREFULLY READ THE FOLLOWING DIRECTIONS:

1. If you are registering more than 1 child, please print **separate** registration forms for each child.
2. Please print legibly in **black or blue ink**.
3. **Complete all information.**
4. List the **2 BEST day time emails**. This is where all statements will be sent and all emergency notifications. My program only allows 2 emails.
5. The last page is a yearly DHR EXEMPT AFFIDAVIT. It can be notarized by Bari Walton, Assistant Director or any other notary. Enclose one form per family.
6. Enclose a **NON-REFUNDABLE Registration Fee, per child** with your registration forms. Registration fees are figured on the cost of the May 2018 tuition plus \$50. The tuition portion of the registration fee will be credited in May 2018 assuming your child is still enrolled May 2018.
Date your checks for March 1st. Checks will be deposited after March 1st.

REGISTRATION FEES, NON-REFUNDABLE(\$50 plus the May 2018 tuition) ARE LISTED BELOW. (This is NOT the tuition pricing for 2017-18):

Nursery 1-3	T/TH \$260	MWF \$330	M-F \$450	Born during/after Mar.2017-Aug. 2017
Nursery 4	T/TH \$250	MWF \$285	M-F \$405	Birth date Sept. 2015-February 2016
2K		MWF \$270	M-F \$370	Age 2 as of September 1, 2017
3K		MWF \$260	M-F \$345	Age 3 as of September 1, 2017
4K		MWF \$255	M-F \$320	Age 4 as of September 1, 2017

7. Place the registration fee check and registration form in an envelope marked "Registration". Forms can be placed in the folder outside of the Day School door.

HOMEWOOD CHURCH OF CHRIST DAY SCHOOL

2017-2018 PRICING (August to May)

945-1015

dayschool@homewoodchurch.org

Director-Kelly Davis

Assistant Director- Bari Walton

****Confirmed dates pending the release of public school calendars)**

DAY SCHOOL HOURS: N1-4K, 9:00 a.m. until 1:00 p.m.

EXTENDED CARE HOURS: N1 to 4K, 7- 9:00 a.m. and 1- 5 p.m.

MONTHLY TUITION:

	<u>T/TH</u>	<u>MWF</u>	<u>M-F</u>
Nursery 1 born during/after March. 2017-August 2017	\$210	\$280	\$400
Nursery 2 born September 2016-February 2017	\$210	\$280	\$400
Nursery 3 born March 2016-August 2016	\$210	\$280	\$400
Nursery 4 born September 2015 to February 2016	\$200	\$235	\$355
2K Age 2 as of September 1, 2017	NA	\$220	\$320
3K Age 3 as of September 1, 2017	NA	\$210	\$295
4K Age 4 as of September 1, 2017	NA	\$205	\$270

The monthly tuition fee is figured on a year's total tuition divided by 10 monthly payments.

All payments are due by the 10th of each month. Monthly billing will consist of tuition, any extended care/lunch charges for the previous month and activity fees. Your teacher will notify you when to expect special activity/field trip fees. A \$25 late tuition fees will be assessed beginning the first day after payment is due with an additional \$25 fee every 5 business days.

***Exception-In May any previous charges and any anticipated charges such as lunch and/or extended care must be pre-paid by the 10th. ***

No reduced rates will be given for illness, vacation, holidays, inclement weather, or early withdrawal from the program.

Monthly tuition is non-refundable. There will be no makeup days. Tuition and fees will accrue until a 30 day written notification for withdrawal is submitted and the 30 day period is satisfied.

NON-REFUNDABLE REGISTRATION FEE: The fee consists of \$50.00 per child and the May 2018 tuition. If your child is still enrolled in May 2018, you will be credited for the May tuition portion of the registration fee in May 2018. **Nursery 1 enrollment** requires tuition to be paid beginning in August regardless of when the infant begins during the year. Once your child has registered, any schedule changes initiated by the parents on the days attending will be assessed a \$25 schedule fee change. *****Classes will be offered contingent on enrollment. *****

The Day School reserves the right to de-enroll any child whose social, physical, or emotional needs are beyond the resources and training of our current staff.

Nursery 1-3	T/TH \$260	MWF \$330	M-F \$450	Born during/after Mar.2017-Aug. 2017
Nursery 4	T/TH \$250	MWF \$285	M-F \$405	Birth date Sept. 2015-February 2016
2K		MWF \$270	M-F \$370	Age 2 as of September 1, 2017
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4K		MWF \$255	M-F \$320	Age 4 as of September 1, 2017

EXTENDED CARE PRICING: \$4.00 an hour, for any portion of an hour used. The Day School closes promptly at 5:00 p.m. As stated in the Parent Policy Handbook, a late pickup fee will be charged beginning at 5:01.

SUPPLY FEES: Due in August and in January. Supply fees cover consumable and non-consumable items appropriate for each age level. This does not include field trips or special activities.

Nursery 1-4	T/TH \$60	MWF \$60	M-F \$70
2K		MWF \$60	M-F \$65
3K		MWF \$60	M-F \$65
4K		MWF \$70	M-F \$75

4K FIELD TRIP and T-SHIRTS: Each child in the 4K is required to pre-pay field trips and purchase a field trip t-shirt. These charges will appear on the August bill.

OFFICE USE-Cash/Check#: _____ Amount _____ # of children per family registering: _____

2017-2018

HOMEWOOD CHURCH OF CHRIST DAY SCHOOL REGISTRATION

OFFICE USE-CLASS: _____ **TEACHER:** _____

Child's Name: _____ Birthdate: _____ Race: _____

Male: _____ Female: _____

Address _____ City: _____ Zip: _____

Home Phone **NA** _____ (_____) _____

Billing address if different than child's home address:

_____ City: _____ Zip: _____

Name of person responsible for bill payment: _____

Primary contact: _____ Relationship: _____

E-mail address: _____

Place of Employment/Occupation: _____

Business Phone: _____ Cell: _____

Secondary contact: _____ Relationship: _____

E-mail address: _____

Place of Employment/Occupation: _____

Business Phone: _____ Cell: _____

Child lives with both: both parents ___ mother ___ father ___ legal guardian ___.

Has your child or have you previously had children enrolled at the Homewood Day School?

Yes ___ No ___ When? _____

REGISTRATION FEES ARE NON-REFUNDABLE

I understand that I am responsible for any tuition and fees incurred while my child is enrolled at the Homewood Day School. If I withdraw my child, I will submit notification of withdrawal **in writing** 30 days prior to withdrawal. **I am responsible for all fees, tuition, and late fees until notification is submitted and the 30 day period is satisfied.**

Parent/Guardian Signature: _____

REGISTRATION FEES, AFFIDAVIT AND A CURRENT BLUE IMMUNIZATION FORM ARE DUE BEFORE CHILD MAY BEGIN SCHOOL.

THE DAY SCHOOL RESERVES THE RIGHT TO DE-ENROLL ANY CHILD WHOSE SOCIAL, PHYSICAL, OR EMOTIONAL NEEDS ARE BEYOND THE RESOURCES AND TRAINING OF OUR CURRENT STAFF.

Requested Enrollment Days: _____

_____ Mon-Fri

_____ Mon-Wed-Fri

_____ Tues-Thurs (Option only for Nursery 1-4) ***

Nursery 1 Enrollment: In which month will your child begin attending? _____

*** **Preference of days is contingent on availability.**A \$25 fee will be assessed if child's days attending is changed after the initial registration per parent request.**

CHILD'S NAME: _____

I plan to use Extended Care: (this is just a general idea for staffing purposes, no commitment).

Occasionally: _____

AM drop off- 7-8am _____ 8-9am _____

PM pick up 1-2pm _____ 2-3pm _____ 3-4pm _____ 4-5pm _____

In Case of Emergency Call: List by priority, the best contact and phone number. (**Example:**

1.Mom's name-phone number, 2.Dad's name-phone number, 3.Contact's name-phone number)

1. Name: _____ Phone: _____ Relationship: _____

2. Name: _____ Phone: _____ Relationship: _____

3. Name: _____ Phone: _____ Relationship: _____

4. Name: _____ Phone: _____ Relationship: _____

Additional people (other than emergency contacts) who may pick up my child:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

• Has child been in a caregiver/daycare/preschool setting before? ____ Yes ____ No

Where? _____ Dates: _____

Reason for withdrawal? _____

• Why did you choose the Homewood Day School? You may check more than one answer.

Internet __ Location __ Member HCOC __ Parent Referral __ Who? _____

• Is there anything special we need to know about your child? (Nicknames, unusual fears, etc.):

Does your child receive outside services such as speech or physical therapy? No ____ Yes ____

How often? _____ Where? _____

Is English the primary language spoken in your home? Yes ____ If no, what is the primary

language spoken? _____

Is your child potty-trained (3K-4K)? Yes ____ No ____ *must be potty trained by January 2018

What is effective in your home for handling negative behavior?

Does your child have siblings? No ____ Yes: ____ Ages? _____

For our database, where do you worship? _____

NA _____

As a ministry of the Homewood Church of Christ, we are here to teach and show God's love to your precious children. Please know we welcome you and your family to the Homewood Church of Christ.

CHILD'S NAME: _____

Health Information

Medical Conditions: NA: _____ Yes: _____

Mild __ **Moderate** __ **Severe** __ **Treatment:** _____

Allergies: NA: _____ Yes: _____

Mild __ **Moderate** __ **Severe** __ **Treatment:** _____

• **Does your child carry an Epi-pen?** No _____ Yes _____ * **must have a form on file.**

• **Does your child have tubes?** No _____ Yes _____

If your child requires medicine to be kept or administered at school, we must have a Medicine Release form on file. This can be printed from the Day School website www.homewooddayschool.org.

Emergency Authorization: In order to meet all legal requirements, I hereby authorize the Director or Assistant Director of the Homewood Church of Christ Day School to give consent for any emergency medical care for _____ while he/she is in custody of the Homewood Day School.

Parent/Guardian Signature: _____

Scrapes and Cuts:

I give permission for my child to have antibiotic ointment applied to scrapes and cuts.

Parent/Guardian Signature: _____

Children in Diapers:

My child may have diaper rash ointment applied if needed.

Parent/Guardian Signature: _____

Permission to Photograph:

I give permission for HDS to take pictures of my child for the following purposes:

___ Use in classroom, scrapbook, newsletter, or bulletin boards.

Parent/Guardian Signature: _____

Student Information:

I give permission for my name and/or my child's name, address, or email to be distributed to the parents of HDS for use in class or school activities. ___ Yes ___ No

State of Alabama

County of: Jefferson

Before me, a Notary Public in and for said State and County, appeared _____ and is known to me, after being duly sworn or affirmed, says as follows:

That affiant is the parent or legal guardian of the minor child/children _____ ; that affiant has been notified by Homewood Church of Christ Day School, that said church or school has filed notice and is exempt under law from regulation by the Department of Human Resources.

_____ Parent/Legal Guardian

Sworn, or affirmed to and subscribed before me this _____ day of _____, 2017.

_____ Notary Public

My commission expires _____.