

**Huntersville Presbyterian Church After-School
Contract for Care**

Child's Name: _____

Child's School: _____ Grade (2018-2019): _____

Sibling's Name: _____

Sibling's School: _____ Grade (2018-2019): _____

By signing below, I agree to the information stated in this contract and the accompanying Parent Agreement Contract. I also give permission for Huntersville Presbyterian Church Child Care to transport my child/children from their school(s) as needed during the 2018-2019 school year, and I release Huntersville Presbyterian Church and their employees from any and all liability in the event of injury to my child, particularly if he/she does not abide by the seat belt and/or behavior policies.

Parent's signature

Date

***Yearly non-refundable registration fee (to be returned with this completed form):**

First child: \$75 Family: \$125.00

***Tuition Rates:** First child: weekly - \$75 Sibling: weekly - \$65

Please mark the box if your child will be attending weekly:

***Daily Rates:** (1-3 days) \$20 / per day Sibling: \$18 / per day

If choosing daily, please circle the days your child will attend: Mon Tues Wed Thurs Fri

You will be charged for the number of days contracted per week, whether or not the child is actually in attendance during those days. Additional days may be arranged as needed.

***Optional CMS Teacher Workdays/Holidays - \$36.00 Sibling- \$31.00**

***Optional CMS Teacher Workdays/Holidays - Part-time Students - \$43.00 Sibling - \$38.00**

(This includes the cost of all activities/field trips planned for those days.)

**subject to change with a 30-day notice*

Automatic Bank Draft for Tuition (\$5.00 per week tuition reduction will be applied if using bank draft.)

I authorize Huntersville Presbyterian Church School Kids Program to debit my checking account weekly for tuition for my enrolled child/children for both the academic year and Summer Camp (if applicable). The amount debited will not exceed the tuition fees for the week (including possible teacher workday care as needed), and will be debited in advance on Friday for the following week.

Date: _____ Parent: _____ Child's Name: _____

School and Grade: _____ Week to Start: _____ Week to End: _____

Signature: _____

(please attach a voided check)

2018-2019 Holiday/Workday Calendars

HPC follows the CMS Teacher Holiday and Workday Calendar.

**Open - denotes HPC will be open if we have enough children in need of care that day.*

A decision will be made 2 weeks in advance.

Date	Reason Open/Closed	Field Trip
Monday, September 3	Labor Day Holiday - CLOSED	
Wednesday, September 12	CMS Early Release - CLOSED	
Wednesday, September 19	CMS Workday - *OPEN	"Dino Safari – A Prehistoric Adventure" Schiele Museum Picnic Lunch
Wednesday, October 31	CMS Workday -* OPEN	"I Spy Artwork Scavenger Hunt" Cabarrus Art's Council Lunch at CiCi's Pizza
Monday, November 12	Veterans Day - CLOSED	
Wednesday, November 21 – Friday, November 23	CMS Workday and Thanksgiving Holiday - CLOSED	
Wednesday, December 5	CMS Early Release - CLOSED	
Wednesday, December 19	CMS Teacher Workday - *OPEN	"Gingerbread Lane" at the Ballentyne Hotel Lunch at Chick-fil-A
Thursday, December 20	CMS Holiday - *OPEN	Billy Graham Library Lunch at McDonald's
Friday, December 21	CMS Holiday - CLOSED	
Monday, December 24 – Wednesday, January 2	CMS Christmas Break - CLOSED	
Wednesday, January 9	CMS Early Release – CLOSED	
Monday, January 21	Martin Luther King, Jr. Holiday - CLOSED	
Tuesday, January 22	CMS Workday – CLOSED Teacher In-service Day	
Monday, February 18	CMS Workday	Xtreme Play Lunch at CiCi's Pizza
Wednesday, March 13	CMS Early Release - CLOSED	
Friday, March 29	CMS Workday – CLOSED	
Monday, April 15 – Friday, April 19	CMS Spring Break - CLOSED	
Monday, May 27	Memorial Day Holiday - CLOSED	
Friday, June 7	Last Day of School!	
Monday, June 10	First Day of Summer Camp!	

Huntersville Presbyterian Church After-School Parent Agreement

- The Huntersville Presbyterian Church After-School program will be open 3:00 pm - 6:00 pm, Monday through Friday.
 - HPC After-School provides both full-time and part-time enrollment. We do not provide transportation only from local schools to our facility.
 - **Children will not be transported unless the child's paperwork is current.**
 - The After-School Program fees are as follows:
 - Registration:** A yearly registration fee of \$75.00 for one child, or \$125.00 per family is due upon entering the program. This non-refundable fee is due upon initial registration and at the beginning of the school year.
 - Tuition:** \$75.00 per week for one child / \$65.00 per week for siblings
 - \$20.00 per day for 1-3 days for 1 child / \$18.00 per day for 1-3 days for siblings
 - \$36.00 daily for one child for full-day care on CMS holidays/workdays
 - \$31.00 daily for siblings for full-day care on CMS holidays/workdays
 - \$43.00 daily for part-time students for full-day care on CMS holidays/workdays
 - \$38.00 daily for part-time students for full-day care on CMS holidays/workdays
- The After-School program will be open from 7:00 am – 6:00 pm on various CMS workdays/holidays if we have at least 15 children in need of all-day care.
- The daily rate for full-day care includes all activities/ field trips.** Two (2) snacks will be provided, but children should bring a bagged lunch (when required) and a water bottle.
- HPC After-School follows the CMS calendar *and will be **CLOSED** on CMS early dismissal days.*
 - The parent/guardian agrees to pay the weekly tuition fee as set by the After-School Program. **All tuition fees are due in advance. The weekly tuition amount will be the same regardless of absences or days missed. All tuition fees are to be paid on Friday for the following week. If for any reason, except illness, the account has not been paid by close of business on Tuesday for that week, a late fee of \$10.00 will be assessed. If the account has not been paid by the next Friday, the child will not be permitted to return until the past due account is brought current.**
 - **The parent/guardian agrees to pay any and all fees incurred due to insufficient funds from returned checks or credit cards. Two (2) incidents of NSF's within one (1) year will require future payments to be made by cash or money order.**
 - **The parent/guardian will receive a \$5.00 per week discount** on tuition if you sign-up for an automatic bank draft. This draft will serve as payment for both the academic school year and summer camp if applicable.
 - The parent/guardian agrees to pay \$1.00 per minute, per child, late pick-up fee starting at 6:01 pm. Late fees should be paid in cash to the child's teacher and not added to the weekly tuition.
 - For your child's safety and protection, and for proper record keeping, the parent/guardian will be required to sign the child out each night when picking up. Only authorized adults will be allowed to pick up your child.

Parent / Guardian Signature

Date

**Application For Admission
Huntersville Presbyterian Church
After School and Summer Programs**

Name of Child _____ DOB _____ Age _____ Rising Grade _____

School _____ Home/mailling Address _____

City _____ State _____ Zip _____ Home # _____

PARENT/GUARDIAN

Name _____ Address (if different) _____

Home Phone # (if different) _____ Place of employment _____

Work Phone # _____ Cell Phone # _____ E-mail: _____

2nd PARENT/GUARDIAN

Name _____ Address (if different) _____

Home Phone # (if different) _____ Place of employment _____

Work Phone # _____ Cell Phone # _____ E-mail: _____

PERSONS (Other than names above) AUTHORIZED TO PICK UP CHILD OR TO ASSUME RESPONSIBILITY FOR YOUR CHILD IN CASE OF AN EMERGENCY

Name _____ Phone # _____

Name _____ Phone # _____

ALLERGIES

Please list all known medication, food and other allergies _____

MEDICATIONS

Please list all medications being taken, dosage, and any dietary restrictions: _____

A Medication Form must be signed if your child is to have any medication administered by Staff.

Please give the date of your child's last Tetanus shot _____

FAMILY PHYSICIAN

Name _____ Phone # _____

Address: _____

Disability or recurring illness _____ Activities limited by a physician _____

Dietary modifications _____

Dentist _____ Phone # _____

Use this space to provide any additional information about your child that we should be aware of.

**AGREEMENT WITH THE PARENTS OF SCHOOL-AGED CHILDREN ATTENDING THE
AFTER SCHOOL AND/OR SUMMER CAMP PROGRAMS OF
HUNTERSVILLE PRESBYTERIAN CHURCH CHILD CARE**

This agreement is between the child care programs at Huntersville Presbyterian Church and _____, involving the care of _____.
Parent's Name Child's Name

In return for the tuition fee, which the parent agrees to pay, the Child Care Program will give regular care to the above named child. The days and hours of operation are as follows: Monday through Friday from the close of School until 6:00 p.m. If school must be closed for inclement weather, the program will NOT operate for the first day. If school must be closed on subsequent days due to weather, please call the center before coming in order to receive details of opening and closing times for the day. Care may also be provided on teacher workdays and some school holidays IF enough children are signed up to make it feasible. Care will also be provided during most weeks of summer vacation from school.

I HAVE READ, UNDERSTAND AND ACCEPT THE POLICIES OF THE HUNTERSVILLE PRESBYTERIAN CHURCH AFTER SCHOOL AND SUMMER CAMP PROGRAMS FOR SCHOOL-AGED CHILDREN.

Parent's Signature

Date

Media Release

Organization: **Huntersville Presbyterian Church School Kids**

Throughout the year, HPC School Kids will be taking photographs and video to record various activities in our after school and summer camp programs. We may wish to use your child's photograph or student work for promotional and educational reasons – such as in posters or on our church website or our Facebook page. We do not specifically identify children when we use such items; for example, we may title a photo with a phrase such as "Fun with friends," but we would NOT title it "Susie and James on the swings" or "Peter Smith likes chapel time." Please sign and return the bottom part of this page stating whether we have permission to use your child's photo/video/student work for promotional and educational purposes. Thank you so much.

Child/Children: _____

I give my permission for my child/children to be filmed/photographed/interviewed by HPC during School Kids' activities during the school year and/or during summer camp, and for the program to use said photographs/videos/student work for promotional and/or educational purposes.

Parent/Guardian signature: _____ Date: _____

I do not give my permission for my child/children to be filmed/photographed/interviewed by HPC during School Kids' activities during the school year and/or during summer camp, and for the program to use said photographs/videos/student work for promotional and/or educational purposes.

Parent/Guardian signature: _____ Date: _____

School Kids' Discipline and Behavior Policy

Huntersville Presbyterian Church School Kids' Program is committed to providing children and families with high quality learning and care in a safe and loving Christian environment. A major part of this obligation is to use a system of discipline that will provide a positive experience leading each child to develop a strong sense of self-control and personal responsibility. In order to achieve these goals, we have instituted the following code of behavior for the safety and well-being of all our children.

Guidelines for Handling Discipline

- Praise, reward and encourage children
- Reason with and set limits for the children
- Model appropriate behavior for the children
- Listen to the children
- Provide alternatives for inappropriate behavior to the children
- Provide the children with natural and logical consequences of their behavior
- Treat the children respectfully
- Ignore minor behavior
- Explain things to children on their level
- Be consistent, firm, and loving

Types of Unacceptable Behavior

- Hitting, kicking, or pinching
- Wrestling or fighting
- Spitting or biting
- Cursing or inappropriate language
- Defacing or destroying property
- Taking property from other children or from the program
- Sassing or back talking
- Throwing food, belching, or other rude behavior at snacks and meals
- Physical displays of violence toward caregivers or other children
- Loud talking, screaming, hitting, or kicking while being transported in program vehicles. Seat belts must be worn at all times and may not be removed while the vehicle is in motion.

Consequences for Unacceptable Behavior Include:

- Periods of time-out from activities and/or peers
- Removal from particular activity or classroom for extended period of time
- Periods of exercise such as walking laps around the playground
- Writing of apologies, papers, definitions, etc.
- Loss of privileges

*If a child refuses to comply with these consequences, the parent will be notified.

*If the Director speaks to the parent about a child's inappropriate behavior, this will be considered a warning. If a child receives three warnings within a month's time, he or she may be suspended from the Program for one week. If the child continues to misbehave and receives three more warnings, he or she may be removed from our Program.

*If a child physically attacks a worker, the child will receive an automatic suspension for a week. If it happens a second time, the Director has the authority to have the child permanently removed from the Program.

*Regular tuition is due during suspensions.

My child and I have read, discussed, and understand the Discipline and Behavior Management Policy of the HPC School Kids' Program. I agree to help my child abide by this policy.

Signature of Child: _____

Signature of Parent/Guardian: _____

Date: _____

Huntersville Presbyterian Church School Kids' Program

Emergency Form

This document is to certify that for the period of time my child is enrolled in any of the Huntersville Presbyterian Church Child Care Programs that I hereby constitute and appoint:

The Staff of the Huntersville Presbyterian Church Child Care Program

The power to authorize medical treatment and the performance of any procedure determined to be necessary after consultation with the emergency room or family physician, on my child/children in my absence.

Child's Full Name _____ Date of Birth: _____

Home Phone Number: _____ Date of last Tetanus: _____

Allergies/Problems: _____

Address: _____

Father's Name: _____ Cell Phone Number: _____

Place of Business: _____ Work Phone Number: _____

Mother's Name: _____ Cell Phone Number: _____

Place of Business: _____ Work Phone Number: _____

Family Physician: _____ Phone Number: _____

Hospital Preference: _____

Is your child covered by family/medical hospital insurance? _____

If yes, indicate carrier or plan name: _____ Group Policy Number: _____

Name of Insured: _____ Relationship to Child: _____

Parent/Guardian Signature: _____ Date: _____

NOTARIZED BY:
State: _____ County: _____

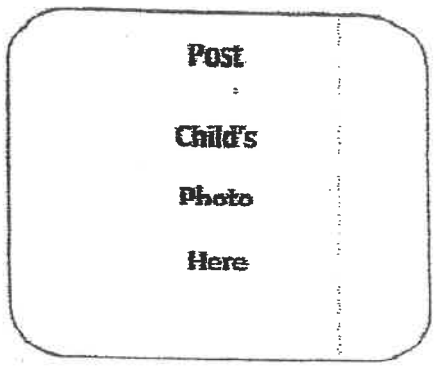
My Commission expires: _____

I certify that _____ appeared before me this day, and I acknowledge signing the foregoing document.

Signature _____ Date _____

Printed Name _____ My Commission expires: _____

Seal



WAIVER

My child has permission to engage in all activities unless otherwise specified in writing. I understand that Huntersville Presbyterian Church assumes no responsibility for injuries or illnesses which my child may sustain as a result of his/her participation in the activities of HPC Child Care. I acknowledge that my child is able to participate in vigorous physical activity. I also understand that there is a risk of injury while participating in physical activity. I agree to hold harmless the Huntersville Presbyterian Church, its staff and volunteers for accidents or injuries arising out of his/her participation in the activities.

In the event that I cannot be reached in an emergency situation, I hereby give permission for the HPC Director or her designee to obtain medical care for my child. This may include, but not be limited to, the selection of medical personnel. I also give permission for the following as determined necessary by the Director, her designee or the selected medical personnel: ordering of x-rays, routine tests, treatment, the release of any records necessary for insurance purposes, and the provision or arrangement of necessary related transportation for my child. I also give permission to the physician selected by the HPC Director or her designee to secure and administer treatment including hospitalization for my child. I understand that no accident or medical insurance is provided for Child Care activities, and I accept the financial responsibility for any such treatment.

I give my consent for my child/children to be transported off the HPC campus in authorized vehicles to participate in authorized field trips. I give consent for my child/children to be transported to/from his school as needed. Huntersville Presbyterian Church policy requires that each child be properly buckled in a seat belt at all times while being transported. I hereby release Huntersville Presbyterian Church and its employees from any and all liability in the event of injury to my child if he/she does not abide by HPC's seat belt and behavior policies.

I have read and I agree to abide by all the things concerning my child as set forth in the policies of the Huntersville Presbyterian Church Child Care Program.

Child's Name: _____

Signature of Parent/Guardian _____

Date _____

NOTARIZED BY:

State: _____ County: _____

I certify that _____ appeared before me this day, and I acknowledge signing the foregoing document.

Signature _____

Date _____

Printed Name _____

My Commission expires: _____

Seal