

**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 ink.
3. Complete **ALL** information.
4. List the 2 BEST emails. This is where all statements and/or correspondence will be sent as well as all emergency notifications.
5. Affidavits can be notarized by Bari Walton, Assistant Director during Day School office hours or a notary of your choosing. If registering more than 1 child, all names can be placed on the affidavit. Only 1 affidavit is needed 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 2013 tuition plus \$50. The tuition portion of the registration fee will be credited in May 2013 assuming your child is still enrolled May 2013.

***Postdate your checks for March 1st. Checks will be deposited after March 1st.***

**The total REGISTRATION FEES, NON-REFUNDABLE amounts due (figured as \$50 plus the May 2013 tuition) ARE AS FOLLOWS. This is NOT the tuition pricing for 2012-13:**

Nursery 1-3	T/TH \$215	MWF \$280	M-F \$410	Birth date March 2012-August 2011
Nursery 4	T/TH \$205	MWF \$245	M-F \$365	Birth date Sept. 2010-February 2011
2K		MWF \$230	M-F \$330	Age 2 as of September 1, 2012
3K		MWF \$230	M-F \$310	Age 3 as of September 1, 2012
4K		MWF \$230	M-F \$285	Age 4 as of September 1, 2012

7. Place the registration fee check and registration form in an envelope marked "Registration".
8. Registration forms with payment are to be returned to the Homewood Day School office.

**HOMWOOD CHURCH OF CHRIST DAY SCHOOL  
2012-2013 PRICING SCHEDULE  
Proposed Dates Monday, August 6<sup>th</sup>-Friday, May 17<sup>th</sup>**

**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 1-3 born March 2012 to August 2011	\$165	\$230	\$360
Nursery 4 born September 2010 to February 2011	\$155	\$195	\$315
2K Age 2 as of September 1, 2012	NA	\$180	\$280
3K Age 3 as of September 1, 2012	NA	\$180	\$260
4K Age 4 as of September 1, 2012	NA	\$180	\$235

**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.

*Late tuition fees* will be assessed as follows: 11th-15<sup>th</sup> \$25  
16th-20<sup>th</sup> \$25 additional  
21st-25<sup>th</sup> \$25 additional  
26th-31<sup>st</sup> \$25 additional

**\*\*\*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 2013 tuition. If your child is still enrolled in May 2013, you will be credited for the May tuition portion of the registration fee in May 2013. ***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.**

**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 1-3	T/TH \$60	MWF \$60	M-F \$70
Nursery 1-5	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.

Amount/Check# \_\_\_\_\_

**2012-2013**

**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:** \_\_\_\_\_ Social Security #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Place of Employment/Occupation: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Secondary contact:** \_\_\_\_\_ Social Security#: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Place of Employment/Occupation: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Child lives with both: both parents \_\_\_ mother \_\_\_ father \_\_\_ legal guardian\_\_\_.

Has your child previously enrolled at the Homewood Day School? Yes \_\_\_ No \_\_\_

**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.**

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**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.**  
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**Days Requested:** \_\_\_\_\_ Mon-Fri  
\_\_\_\_\_ Mon-Wed-Fri  
\_\_\_\_\_ Tues-Thurs (Option only for Nursery 1-4) \*\*\*

**Nursery 1:** 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:** \_\_\_\_\_

**Extended Day will be used:** (this is just a general idea for staffing purposes).

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 the **best, local** phone number. (**Example:** 1.Mom, 2.Dad, 3.Aunt)

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 leaving? \_\_\_\_\_

• How were you referred you to the Homewood Day School?

Internet \_\_\_\_ Location \_\_\_\_ Attend HCOC \_\_\_\_

Personal Contact \_\_\_\_ 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 therapy? \_\_\_\_\_

How often? \_\_\_\_\_

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 \_\_\_\_

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? \_\_\_\_\_

***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 \_\_\_\_\_

• **Does your child have tubes?** No \_\_\_\_\_ Yes \_\_\_\_\_

If your child requires medicine to be kept at school, we must have a Medicine Release form on file. This can be printed from the Day School [www.homewooddayschool.org](http://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:** \_\_\_\_\_

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**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.

\_\_\_ Use in promotional materials (**Parent will be notified first**)

\_\_\_ Use on HDS website. Teachers maintain a classroom page for **PARENT** viewing only.

**Parent/Guardian Signature:** \_\_\_\_\_

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**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

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**OFFICE USE ONLY:**

Date registration submitted \_\_\_\_\_ Number of children registered \_\_\_\_\_

2013 Registration Fee \_\_\_\_\_ Check #/Cash amount \_\_\_\_\_

**FORM OF AFFIDAVIT FOR PARENT/GUARDIAN 2012-13**  
**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 \_\_\_\_\_, 2012.

\_\_\_\_\_ Notary Public