

PLEASE CAREFULLY READ THE FOLLOWING DIRECTIONS:

1. If you are registering more than 1 child, please print **separate** registration forms for each child. There are also pre-printed copies outside of the Day School door.
2. Please print legibly in black or blue **ink**.
3. **Complete all information.** This registration form will be considered the most current information and corrections to the current information on file will be made accordingly. Do not write "same". The teachers will receive these forms and will need the information for the next year.
4. List the **2 BEST daytime emails**. I only have space for 2. This is where all statements will be sent and all emergency notifications.
5. The yearly DHR Exempt Affidavits can be notarized by Bari Walton or any other notary. *Enclose one per family.*
6. Enclose a **NON-REFUNDABLE Registration Fee, per child** with your registration forms. Registration fees listed below have been figured on the cost of the May 2022 tuition plus \$50. The tuition portion of the registration fee will be credited in May 2022 assuming your child is still enrolled May 2022.

Date your checks for March 1st. Checks will be deposited after March 1st.
THE NON-REFUNDABLE REGISTRATION FEES ARE LISTED BELOW:

Nursery 1	T/TH \$320	MWF \$380	M-F \$480	Born between Mar. 2021-Aug. 2021
Nursery 2	T/TH \$320	MWF \$380	M-F \$480	Born Sept. 2020-February 2021
Nursery 3	T/TH \$295	MWF \$325	M-F \$435	Born March 2020-August 2020
Nursery 4	T/TH \$295	MWF \$325	M-F \$435	Born Sept. 2019-February 2020
2K		MWF \$305	M-F \$405	Age 2 as of September 1, 2021
3K		MWF \$295	M-F \$385	Age 3 as of September 1, 2021
4K		MWF \$285	M-F \$370	Age 4 as of September 1, 2021

****If you are a registered member of Homewood Church of Christ, you receive a 10% discount on monthly tuition. You can contact the Day School office for the adjusted registration fee.**

7. Place the registration fee check and registration form in an envelope marked "Registration".

HOMWOOD CHURCH OF CHRIST DAY SCHOOL

2021 -2022 PRICING August 9,2021 to May 20,2022

205-945-1015 dayschool@homewoodchurch.org

Director-Kelly Davis

Assistant Director- Bari Walton

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 March. 2021-August 2021 or after	\$270	\$330	\$430
Nursery 2 born September 2020-February 2021	\$270	\$330	\$430
Nursery 3 born March 2020-August 2020	\$245	\$275	\$385
Nursery 4 born September 2019-February 2020	\$245	\$275	\$385
2K Age 2 as of September 1, 2021	NA	\$255	\$355
3K Age 3 as of September 1, 2021	NA	\$245	\$335
4K Age 4 as of September 1, 2021	NA	\$235	\$320

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

Registered members of Homewood Church of Christ receive a 10% discount on monthly tuition.

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 closing classes due to following COVID procedures, 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 2022 tuition. If your child is enrolled during May 2022, you will receive a credit on May tuition. **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 1,2	T/TH \$320	MWF \$380	M-F \$480	Born between Sept.2020-Aug.2021
Nursery 3,4	T/TH \$295	MWF \$325	M-F \$435	Born between Sept.2019-Aug.2020
2K		MWF \$305	M-F \$405	Age 2 as of September 1, 2021
3K		MWF \$295	M-F \$385	Age 3 as of September 1, 2021
4K		MWF \$285	M-F \$370	Age 4 as of September 1, 2021

EXTENDED CARE PRICING: \$4.75 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.

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

REGISTRATION FEES ARE NON-REFUNDABLE

2021-2022 HOMEWOOD DAY SCHOOL REGISTRATION

OFFICE USE-AGE GROUP: _____ **TEACHER:** _____

Child's Preferred Name: _____ Birthdate: _____

Race: _____ Male: _____ Female: _____

Primary contact: _____ Relationship: _____

Address _____ City: _____ Zip: _____

Best Phone (_____) _____ Work (_____) _____

E-mail address: _____

Place of Employment/Occupation: _____

Secondary contact: _____ Relationship: _____

Address _____ City: _____ Zip: _____

Best Phone (_____) _____ Work (_____) _____

E-mail address: _____

Place of Employment/Occupation: _____

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

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? _____

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

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

Mornings: _____ Afternoons: _____

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

(Example: Contact #1-Mom, #2- Dad, #3- Grandparent, etc.)

1.Name: _____ Phone: _____ Relationship: _____

2.Name: _____ Phone: _____ Relationship: _____

3.Name: _____ Phone: _____ Relationship: _____

4.Name: _____ Phone: _____ Relationship: _____

Additional people (other than emergency contacts listed above) 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.
- Returning Student ____ Internet ____ Location ____ Member HCOC ____
- Parent Referral ____ By whom? _____
- 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? _____
- The primary language spoken in your home: English ____ Spanish ____ Other _____
- Is your child potty-trained (3K-4K)? Yes ____ No ____ **must be potty trained by 1/2022*
- 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.

Health Information

Medical Conditions: NA: ____ Yes: _____

Treatment: _____

Allergies: NA: ____ FOOD: _____ OTHER: _____

Mild__ Moderate__ Severe__ Treatment: _____

Does your child carry an Epi-pen? No ____ Yes ____

We must have a Medicine Release or Emergency Medicine Release form on file if your child requires medicine to be kept or administered at school.

PARENT CONTRACT

- 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.** Registration fees, yearly DHR exemption affidavit and a current immunization form are due before my 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.
- **Emergency Authorization:** In order to meet all legal requirements, I hereby authorize the Director, Assistant Director, or extended care coordinator of the Homewood Church of Christ Day School to give consent for any emergency medical care for my child while he/she is in custody of the Homewood Day School.
- **Scrapes and Cuts:** I give permission for my child to have antibiotic ointment applied to scrapes and cuts.
- **Insect Stings:** I give permission for my child to have anti-itch cream applied to insect stings.

- **Children in Diapers:** My child may have diaper rash ointment applied if needed.

Parent/Guardian Signature: _____

COVID POLICY AND PROCEDURES HIGHLIGHTS:

- Temperatures of employees and students will be taken before entering the building. If a staff member or child has a fever of 100 degrees or more, they will not be allowed entry and will not be able to return without a doctor's note. If a child presents with a temperature of 99, he /she will be allowed to stay, and his/her temperature will be checked every 30 minutes. If his/her fever rises to 100, they will be taken out of the classroom and isolated with a staff member until the parent arrives.
- Our sick policy will be 72 hours fever, vomit, and diarrhea free without medication or a doctor's note saying they are safe to come back.
- If a child or parent of a child has been "exposed" they will be asked to stay out of school up to 14 days before returning
- If we are made aware that a child or parent of a child has tested positive for COVID-19, the child will be asked to stay home for up to 14 days. Additionally, the spaces that the child has occupied will be closed for 24 hours and disinfected before children can return to those spaces and we will then try to self-quarantine that class up to 14 days.
- If a child or staff member have traveled out of the country, or to another state with high COVID-19 cases, they may be asked to stay out of school and self-quarantined for up to 14 days before returning to school.
- No parents will be allowed in the school unless there is an emergency, and then when authorized by the Day School

Administrative staff

I have read and agree to abide by the Parent contract and the COVID Policy and Procedures

Parent/Guardian Signature: _____

FORM OF AFFIDAVIT FOR PARENT/GUARDIAN 2021-22

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 _____, 2021.

_____ Notary Public

My commission expires _____.

This form is required to be kept on file per DHR exempt status requirements. Submit before the first day of school.

Child's Medical Report

(Rev.4/06)

(This form may be used for household members younger than 19 years of age)

Child's Name: _____

Date: _____

Name of child's parent or guardian:

Address: _____

Telephone Number: _____

In addition to a medical report or medical screening, a **Certificate of Immunization (ADPH-IMM-50)** is required for each child 2 months to 5 years of age and for 5-year-olds who are not enrolled in public or private school.

History of Allergies:

I examined this child on (date) _____ . I find him/her to be in good physical condition and free of contagious infectious diseases, except as noted below.

Signature of Physician, Physician's Assistant, Certified Nurse Practitioner:

Date: _____