

Hunters Glen Baptist Church Childhood Learning Center

Enrollment Information Intent to return 2019-2020

Thank you for choosing to enroll your child at Hunters Glen CLC. Open enrollment for the **2019-2020 school year** begins February 4th Registration is on a first-come, first-served basis.

Our program's school year begins in August and runs through the end of May. We offer several programs: **CLC School day** 9:00 am to 2:00 pm, **AM Care** 7:00 am to 9:00 am, and **PM Care** 2:00 pm to 6:00 pm Our center operates Monday-Friday 7:00 am until 6:00 pm. All children must sign up for the 9:00 am to 2:00 pm school day program and have the option to add the AM and/or the PM programs. We have a limited number of spots available for AM Care and PM Care. Extended care is not a drop-in option. You must sign up for this option.

HG CLC will follow the PISD calendar for holidays and closings with the exception to our start date. The 2019-2020 HG CLC calendar is published and posted to our website.

Returning children will need to submit the following: **Intent to return form** (this page), completed **Enrollment Agreement (the back of this form)** and a **check** for registration fee. We cannot accept Enrollment Packets or Enrollment Agreements without payment. **The registration fee is non-refundable.** Checks should be made payable to **HG CLC**. Please return this form by February 28th.

*Open enrollment will close at the end of July and our waitlist will open. If you enroll after July, you will be added to our waitlist. If you are waitlisted, we will contact you if an opening is available. All **new** children must submit a completed **New Student Enrollment Packet** and must submit a **check** for the registration fee.*

Please indicate below your intent to return for the 2019-2020 School year, return this form to your child's teacher or to the office before February 28th to ensure your spot for next year.

My child _____ **will** be returning for the 2019-2020 school year.

My child _____ **will not** be returning for the 2019-2020 school year.

If you would like to make a friend, teacher request or class request please do so in the space below. Classes are formed based on enrollment.

We know you have a choice as to where to place your child and we consider it a privilege to teach your child and to minister to your family. Thank you for sharing your children with our CLC team. We are looking forward to an exciting year!

In His Service,

Amanda Christiano

Amanda Christiano, Director, HGBC Childhood Learning Center

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Hunters Glen Baptist Church Childhood Learning Center

Today's Date _____ Start Date _____ Withdraw Date _____
 Child's Name _____ Child's Date of Birth _____ Age _____ Boy/Girl _____
 Mom's Name _____ Contact preference text/call _____ Cell carrier _____
 Dad's Name _____ Contact preference text/call _____ Cell carrier _____
 Church membership/attendance () HGBC () Other _____ () None

CLASS PLACEMENT IS BASED ON CHILD'S AGE AS OF SEPTEMBER 1

REGISTRATION FEE \$125 *Registration Fee is non-refundable*

SUPPLY FEE Two Days or Three Days \$100 Four Days or Five Days \$150

TUITION CHARGED PER MONTH

Two Days \$268 Three Days \$340 Four Days \$420 Five Days \$525

Days Attending

Monday Tuesday Wednesday Thursday Friday

EXTENDED CARE AM (7AM – 9AM) CHARGED PER MONTH

Two Days \$58 Three Days \$81 Four Days \$99 Five Days \$123

Days Attending

Monday Tuesday Wednesday Thursday Friday

EXTENDED CARE PM (2PM-6PM) CHARGED PER MONTH

Two Days \$123 Three Days \$161 Four Days \$198 Five Days \$247

Days Attending

Monday Tuesday Wednesday Thursday Friday

Tuition is due on the first of the month and will be considered late after the 10th. A late fee of \$10 will be assessed if payment is not received by the 10th. Tuition cannot be adjusted nor will make up days be allowed due to holidays, vacations, illness or bad weather closings.

Emergency Contact & Authorization to Pick Up information. (person other than the parent) HGBC CLC cannot release a child to anyone not listed as an emergency contact or an authorized pick up person.

Name _____ Phone # _____

Relationship _____ DL# _____

Address _____

Name _____ Phone # _____

Relationship _____ DL# _____

Address _____

I authorize the child care operation **to release** my child to leave the child care operation **ONLY** with the above persons. Please list name and telephone number for each. Children will only be released to a parent or guardian or to a person designated by the parent/guardian after verification of ID.

My child has an allergy to _____ I will provide an Epi Pen/Benadryl and allergy plan signed by a doctor on or before the first day of school. **I understand my child will not be able to attend CLC w/o an allergy plan signed by a physician.**

___ I will provide a current immunization record prior to my child's first day of school.

___ If my child is 4 years or older I will provide documentation of a vision & hearing screening upon enrollment.

By signing below, I agree to the terms and conditions stated on this form.

Parent/Guardian Signature

Date

CLC Office use only

Start date: _____ Date payment received: _____ Amount: _____ Cash/Check# _____ T-shirt size: _____