

Holy Comforter Episcopal School

2023-2024

Child's Name: _____

Date of Birth: _____

3 Day Program

Monday, Wednesday, Friday

Tuition Bills Monthly

8:00-12:00 \$195.00

8:00-2:30 \$270.00

8:00-5:30 \$355.00

Early Drop-Off \$25.00

5 Day Program

Monday—Friday

Tuition Bills Monthly

8:00-12:00 \$310.00

8:00-2:30 \$430.00

Early Drop-Off \$25.00

Full-Time Program

Monday—Friday

Tuition Bills Bi-Weekly

7:00-5:30 \$345.00

Kindergarten

Monday—Friday

Tuition Bills Monthly

8:00-3:00 \$450.00

8:00-5:30 \$575.00

Early Drop-Off \$25.00

*Fees

Registration: New Student \$100.00 Returning Student \$75.00

Supply Fee: \$240.00 (May be paid in 4 scheduled increments)

**Mat Fee: \$40.00 (For new students who stay beyond 12:00)

*Fees are non-refundable **One time fee; students returning to the lunch bunch program need not pay again.

Holy Comforter Episcopal School

Student Admission Information 2023-2024

Child's Full Name: _____ Name Used (if different): _____ Date of Birth _____ / ____ / ____
 Girl Boy Race: _____

Child's Home Address, City, Zip Code: _____

Physical: _____ Mailing (if different): _____

3 Day Program	5 Day Program (Part-Time)	5 Day Program (Full-Time)	Kindergarten
<input type="checkbox"/> 8-12 <input type="checkbox"/> 8-2:30 <input type="checkbox"/> 8-5:30	<input type="checkbox"/> 8-12 <input type="checkbox"/> 8-2:30	<input type="checkbox"/> 7-5:30	<input type="checkbox"/> 8-3 <input type="checkbox"/> 8-5:30

Child lives with: Both parents Guardian One parent; Indicate with whom the child lives : _____

Parent or Guardian 1 Information:

Name: _____
Address (if different): _____
Cell #: _____
Employer: _____
Work #: _____
Email: _____

Parent or Guardian 2 Information:

Name: _____
Address (if different): _____
Cell #: _____
Employer: _____
Work #: _____
Email: _____

EMERGENCY CONTACTS: In the even a parent cannot be reached, I hereby authorize HCES to call the following persons in case of an emergency. I hereby authorize HCES to allow my child to leave the center only with the following persons. Children will only be released to parents or a person designated by the parent/guardian after photo identification verification. **All information must be completed for each person.**

Name: _____ Lives With Authorized Pick Up Emergency Contact
Number (with area code): _____ Address: _____
Relation to child: _____

Name: _____ Lives With Authorized Pick Up Emergency Contact
Number (with area code): _____ Address: _____
Relation to child: _____

Name: _____ Lives With Authorized Pick Up Emergency Contact
Number (with area code): _____ Address: _____
Relation to child: _____

Name: _____ Lives With Authorized Pick Up Emergency Contact
Number (with area code): _____ Address: _____
Relation to child: _____

(Office Use Only) Date of Admission: _____ Date of Withdrawal: _____

Child's Name: _____

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician: _____ Address: _____ Phone#: _____

Name of Emergency Medical Care Facility: _____ Location: _____ Phone#: _____

I give consent for the facility to secure any and all necessary emergency medical care for my child.

I give consent for my child to be transported and supervised by the operation's employees for emergency care.

Parent/Guardian Signature

Admission Requirement: If your child does not attend pre-kindergarten or school away from the child-care operation (HCES), one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.

Please check only one option:

- A signed and dated copy of a health care professional's statement is attached.
- Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

Note: A health care statement form is attached to this registration packet for your convenience.

List any special care needs that your child may have, such as, any limitations or restrictions on activities, reasonable accommodations or modifications, adaptive equipment provided (include instruction), symptoms or indications of potential complications related to a physical, cognitive, or mental condition that may warrant prevention or intervention while the child is in our care. List any medications prescribed for long-term continuous use.

Does your child have diagnosed food allergies? Yes No If yes, a food allergy emergency plan must be completed by your healthcare professional and submitted to Holy Comforter Episcopal School. Date of plan submission: _____

1. Receipt of written operational policies:

- I acknowledge receipt of the facility's operational polices including those for discipline and guidance.

2. Daily nutritional needs:

- I accept responsibility for the nutritional value of my child's lunch and do not hold HCES responsible for my child's daily food needs.

Parent/Guardian Signature

Date

Child's Full Name: _____ Date of Birth: _____

ADMISSION REQUIREMENT: If your child does not attend pre-kindergarten or school away from the child-care operation, the following must be presented when your child is admitted to the child-care operation or within one week of admission.

HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is able to take part in the day care program.

Health Care Professional's Signature

Date

IMMUNIZATION RECORD:

- I have provided the childcare operation with a copy of my child's most current immunization record.
- I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief.

VISION EXAM RESULTS:

(Required for all children 4 years old or turning 4 before September 1st)

R 20/	L 20/	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Signature:		Date:	

HEARING EXAM RESULTS:

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Left				<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Signature:			Date:	

- I have attached a signed and dated affidavit stating that I decline Vision or Hearing Screening for reason of conscience, including religious belief.