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Hillcrest Academy Before & After School Registration Form

Please check the days and times your child will attend HCA:

Options:

- | | | | | |
|------------------------------------|--|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> 6:30 drop-off | <input type="checkbox"/> 7:30 drop-off | <input type="checkbox"/> 5:30 pick-up | <input type="checkbox"/> 6:30 pick-up |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> 6:30 drop-off | <input type="checkbox"/> 7:30 drop-off | <input type="checkbox"/> 5:30 pick-up | <input type="checkbox"/> 6:30 pick-up |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> 6:30 drop-off | <input type="checkbox"/> 7:30 drop-off | <input type="checkbox"/> 5:30 pick-up | <input type="checkbox"/> 6:30 pick-up |
| <input type="checkbox"/> Thursday | <input type="checkbox"/> 6:30 drop-off | <input type="checkbox"/> 7:30 drop-off | <input type="checkbox"/> 5:30 pick-up | <input type="checkbox"/> 6:30 pick-up |
| <input type="checkbox"/> Friday | <input type="checkbox"/> 6:30 drop-off | <input type="checkbox"/> 7:30 drop-off | <input type="checkbox"/> 5:30 pick-up | <input type="checkbox"/> 6:30 pick-up |

My Child Attends:

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Bayville School | <input type="checkbox"/> CBW | <input type="checkbox"/> H & M Potter |
| <input type="checkbox"/> BTES | <input type="checkbox"/> St. Joseph's | <input type="checkbox"/> Ambassador Christian Academy |

***PLEASE COMPLETE ALL THE FOLLOWING REGISTRATION INFORMATION ON BOTH SIDES OF THIS DOCUMENT**

CHILD'S INFORMATION

Child's Name: _____ Grade: _____
 Date of Birth: (MM/DD/YYYY) ____/____/____ Age: _____ Start Date: ____/____/____
 Child's Doctor Name: _____ Doctor's Phone: _____
 Medical Conditions/Allergies: _____

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PARENT(S) / GUARDIAN INFORMATION

Mother's Name: _____ **Mother's Signature** _____ **Mother's SSN:** ____-____-____
Place of Business: _____ **Business Address:** _____ **Business Phone:** _____
Home Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Home Phone: _____ **Cell Phone:** _____ **Email:** _____
Father's Name: _____ **Father's Signature** _____ **Father's SSN:** ____-____-____
Place of Business: _____ **Business Address:** _____ **Business Phone:** _____
Home Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Home Phone: _____ **Cell Phone:** _____ **Email:** _____
Marital Status: Married Single Divorced Separated
Custody* Information: _____

**Please note Hillcrest must have a certified copy of any court orders for us to abide by any parental restrictions.*

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EMERGENCY CONTACT / ALTERNATE PICKUP INFORMATION

PLEASE PROVIDE NAMES OF ADULTS AUTHORIZED TO PICK UP YOUR CHILD AND/OR CONTACT IN CASE OF EMERGENCY IF NEITHER PARENT IS AVAILABLE:

Name: _____ **Relationship:** _____ **Phone:** _____
Address: _____ **Cell Phone:** _____
Name: _____ **Relationship:** _____ **Phone:** _____
Address: _____ **Cell Phone:** _____

Enrollment (Please fill out all areas that apply, Initial and Sign where required)

Days and Hours Attending (Ex: Mon. 7³⁰ am / 6⁰⁰pm)

Mon. ____/____ Tues. ____/____ Wed. ____/____ Thurs. ____/____ Fri. ____/____

***Additional Hours (*Use this section for Early/Late Additional Hours Only)**

It is necessary to specify Early/Late Drop Off/Pickup times to ensure proper Student/Teacher Ratios.

Early Drop off time _____am Late Pick up time _____pm

Tuition and Fees

A tuition of \$ _____ is due 5 business days in advance of the program begin date. No refund of tuition for absences, vacations or holidays due to teacher and camp counselor scheduling.

_____(Initials) Tuition is payable in advance. Monthly tuition is due by the 25th of the month, previous to the program month. Payments received after the due date are subject to a \$5 late fee per day. If a payment is delinquent for 1 week, reserved program space for your child may be subject to cancellation until the balance is paid in full.

_____(Initials) Late fees of \$1.00 per minute will be charged for any late pickup after your child’s scheduled pickup time.

Payment / Registration Information

We cannot refund money due to family vacations, illness, holidays, etc. Payment is due for days and times registered. There are no exceptions. Please be advised that Hillcrest Academy requires two (2) weeks written notice should your child be leaving the program, you are responsible for a 2-week payment or payment through the end of your child’s scheduled program end whichever is less. **A 10% DISCOUNT IS OFFERED FOR ADDITIONAL ATTENDING SIBLINGS. PAYMENTS ARE DUE FIVE DAYS PRIOR TO THE FIRST DAY OF YOUR CHILD’S PERIOD OF SERVICE. Please see the ‘HCA Before and After School’ Information & pricing guide for Program descriptions and tuition.**

HCA Summer Camp Program is not part of the before and after School Pre-Kindergarten, Preschool & Childcare Program.

This registration form must be completed on *both sides* and returned with a non-refundable \$75.00 registration fee.

There is a \$100.00 non-refundable deposit due with this registration form. This deposit will be applied to June’s tuition.

Your child **is not** registered until the registration fee and deposits are paid.

_____(Initials) Any changes to schedule may result in a \$10 fee.

_____(Initials) Two weeks written notice is required for any reduction in schedule or withdrawal from Hillcrest Academy. Any changes must be made in writing.

Payment Default

A \$35 RETURNED CHECK CHARGE ON ALL CHECKS RETURNED BY THE BANK. RETURNED CHECKS CANNOT BE REDEPOSITED. REPLACEMENT, AND FUTURE PAYMENTS MUST BE MADE IN CASH OR MONEY ORDER INCLUDING RETURNED CHECK FEE. PAST DUE TUITION ACCOUNTS REFERRED TO OUR COLLECTION AGENCY AND WILL INCLUDE HILLCREST LATE FEES AND COLLECTION FEES NOT TO EXCEED 40% IN ADDITION TO THE CLAIM AMOUNT.

I understand that payment is due regardless of vacations, holidays, illness, etc. I also understand that late fees will be issued if my payment is received later than the scheduled date. The party signing this agreement is responsible for payment of the total tuition for enrolled child.

Parents’ or Legal Guardian Signature: _____ Date: _____

Parents’ or Legal Guardian Signature: _____ Date: _____

For HCA Use Only:

Reg. Amt. Pd: _____ Dep. Amt Pd: _____ Date Pd: _____ Ck./R# _____ Room #: _____ Received By: _____