



23 Grove Street, Bayville, NJ 08721

Phone: 732.269.8585 Fax: 732.269.7592

Web: www.hillcrestacademycamp.com Email: hillcrestchild@optonline.net

Hillcrest Academy Pre-Kindergarten/Pre-School & Childcare Registration Form

Please check the Program Option your child will enter and the Program Days your child will attend HCA:

Program Options:**Program 1 Extended Day 7:30 AM to 5:30 PM** 2 Extended Days /Week 3 Extended Days / Week 5 Extended Days / Week

OR

Program 2 Full Day Program 9:00 AM to 3:00 PM (TODDLER/PRESCHOOL/ PRE-K ONLY) 2 Full Days / Week 3 Full Days / Week 5 Full Days / Week

OR

Program 3 Half Day Program 9:00 AM to 1:00 PM (PRESCHOOL/PRE-K ONLY) 2 Half Days / Week 3 Half Days / Week 5 Half Days / Week**Program Days:** Monday Tuesday Wednesday Thursday Friday

Child's Name: _____ Date of Birth: (MM/DD/YYYY) _____/_____/_____

Circle One: Male / Female Age: _____ Start Date: ____/____/____

Child's Doctor Name: _____ Doctor's Phone: _____

Medical Conditions/Allergies: _____

+

+

+

+

+

PARENT(S) / GUARDIAN INFORMATION

Parent/Guardian 1: _____ Parent 1's Signature _____

Parent 1's SSN: _____ - _____ - _____ Email: _____

Home Address (Street, City, State, Zip): _____

Home #: _____ Cell #: _____ Place of Business: _____

Business Address: _____ Business Phone: _____

Parent/Guardian 2: _____ Parent 2's Signature _____

Parent 2's SSN: _____ - _____ - _____ Email: _____

Home Address (Street, City, State, Zip): _____

Home #: _____ Cell #: _____ Place of Business: _____

Business Address: _____ Business Phone: _____

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.

+

+

+

+

+

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 to child: _____ Phone: _____

Address: _____ Cell: _____

Name: _____ Relationship to child: _____ Phone: _____

Address: _____ Cell: _____

HCA Pre-K, Pre-school, Childcare Programs, Please call us at 732.269.8585, or email us at Hillcrestchild@optonline.net

Not responsible for Typographical errors

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

Days and Hours Attending (Ex: Mon. 7³⁰ am / 5³⁰pm)

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

***Additional Hours (*Use this section for Early/Late Additional Hours Only) Full time \$100 monthly Part time \$75 monthly 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

Tuition (as per 2023/2024 pricing guide) is due 5 business days in advance of the program begin date. No refund of tuition for absences, vacations or holidays due to teacher scheduling and ratio requirements.

Payment Option (Please circle one): Monthly Bi-Weekly Weekly

____ (Initials) Tuition is payable in advance. Monthly tuition is due by the 25th of the month, previous to the program month. Bi-weekly tuition is due every other Monday beginning 1 week before the program start. Weekly tuition is due every Monday beginning 1 week before the program start. There is a 5 business day grace period, after which a 2.5% late fee will be billed. If payment is still not received after 10 business days, an additional 2.5% late fee will be charged and your child will be removed from the program 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.

____ (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 / Registration Information

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. A 10% discount is offered for additional attending siblings. **PAYMENTS ARE DUE FIVE DAYS PRIOR TO THE FIRST DAY OF YOUR CHILD’S CHOSEN PROGRAM.** Please see the ‘HCA Pre-K, Preschool, & Daycare Information & pricing guide’ for Program descriptions and tuition. **HCA Summer Camp Program is not part of the Pre-Kindergarten, Preschool & Childcare Program.**

This registration form must be completed on *both sides* and returned with a non-refundable \$100.00 registration fee and \$100 Deposit. This deposit will be applied to your child’s June tuition. Your child **is not** registered until the registration fee and deposits are paid.

Once registered, your child will receive their registration packet with information on what to bring on the first day, assigned teacher and required medical forms. A copy of the Parent Handbook will be emailed to you. Your child will receive a newsletter from his/her teacher along with a calendar of special activities planned for each month. These can also be found on our website.

Payment Default

THERE IS A \$35 RETURNED CHECK CHARGE ON ALL CHECKS RETURNED BY THE BANK. RETURNED CHECKS CANNOT BE REDEPOSITED. REPLACEMENT MUST BE MADE IN CASH OR MONEY ORDER INCLUDING THE \$35 RETURNED CHECK FEE. PAST DUE TUITION ACCOUNTS WILL BE REFERRED TO OUR COLLECTION AGENCY AND WILL INCLUDE HILLCREST LATE FEES, COLLECTIONS FEES AND A 40 % COLLECTION CHARGE, 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# _____ Received By: _____