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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:

| | | 2 Extended Days /Week | | 3 Extended Days / W | | | • |
|-----------------|--------------------------|----------------------------|------------|---------------------|---------------------|----------------|---------------------------|
| | Program | 2 Full Day Program | | _ | | | |
| | _ | 2 Full Days / Week | | 3 Full Days / Week | | 5 Full Days | / Week |
| _ | Program | 3 Half Day Program | | OR | CHOOL/PRE-I | | |
| | | 2 Half Days / Week | | 3 Half Days / Week | | 5 Half Days | s / Week |
| - Progr | am Days | <u>.</u> | | | | | |
| | Monday | ☐ Tuesday | | ☐ Wednesday | ☐ Thur | sday | ☐ Friday |
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| | | Isla / Famala / | | | | | |
| | | fale / Female A | _ | | Date:/_ s Phone: | | |
| amu s Tedica | al Condition | ons/Allergies: | | | o 1 11011C | | |
| Tourou | # ← | + | | | | | → |
| AREN | | JARDIAN INFORMAT | <u>ION</u> | · | | • | · |
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| | | ın 1: | | | S Signature | | |
| | | Street, City, State, Zip): | | | | | |
| Iome 7 | #:` | Cell | #: | | _ Place of Bu | siness: | |
| | | s: | | | | | |
| | | n 2: | | Parent 2' | s Signature | | |
| | | | | | | | |
| | | Street, City, State, Zip): | | | | | |
| | | Cell : | | | | | |
| Busine | ss Addres | s: Married | | | Business Pho | ne: | |
| | l Status: □ dy Inform | | Single | e D D: | ivorced | ☐ Sepa | ırated |
| Pleas | e note Hil | lcrest must have a certi | fied cop | y of any court orde | ers for us to a | bide by any | parental restrictions |
| | + | + | | → | | + | + |
| MER | GENCY (| CONTACT / ALTERNA | TE PIC | KUP INFORMATI | ON | | |
| | | ES OFADULTS AUTHORIZED TO | | | | MERGENCY IF NE | EITHER PARENT IS AVAILABI |
| lame: | | Relatio | nship to | child: | | Phone: | |
| ddres | s: | | | | | Cell: | |
| | | Relatio | | | | | |
| ddmaa | | | | | | Call | |

| Enrollment (F | | nding (Ex: Mo | | | requiret | - / | | | |
|--|---|---|---|--|--|--|---|--|---|
| • | | Tues | | | / | Thurs | / | _ Fri | / |
| | | Use this section | | | | | | | \$75 monthly |
| | op off time | • | - | Pick up time _ | _ | - | ,, _ 0 | | |
| Tuition and F | 'ees | | | | | | | | |
| | | 026 pricing guid holidays due to | | | | | n begin date. | No refund of t | uition for |
| Payment | Option (Pleas | e circle one): | Monthly | Bi-Weekly | Weekly | | | | |
| tuition is before the received a | due every othe program start | ble in advance. r Monday begii . There is a 5 bi ss days, an addi l. | nning 1 week usiness day g | before the prograce period, a | ogram start. fter which a | Weekly tuitien 2.5% late feet | on is due eve e will be bille | ery Monday beg ed. If payment i | ginning 1 week is still not |
| (Initials) | Late fees of \$1 | .00 per minute | will be charg | ged for any lat | e pickup afte | er your child' | 's scheduled | pickup time. | |
| (Initials) | Any changes to | o schedule may | result in a \$2 | 20 fee. | | | | | |
| | | itten notice is renade in writing. | | ny reduction i | n schedule o | or withdrawal | from Hillcre | est Academy. | |
| Payment / Re | gistration Iı | nformation | | | | | | | |
| the 'HCA Pr Program is: This reg This deposit Once registe required med teacher along Payment Defau THERE I REDEPOSITI DUE TUITIO | e-K, Preschool not part of the istration form 1 will be applied red, your child lical forms. A of g with a calend lt S A \$35 RETURED. REPLACEN N ACCOUNTS | JE FIVE DAY , & Daycare In e Pre-Kinderga must be comple to your child's will receive the copy of the Para ar of special ac RNED CHECK O MENT MUST BE WILL BE REFE | formation & Arten, Prescheted on both set June tuition. Ein registration ent Handbool tivities plann CHARGE ON EMADE IN CARRED TO OUR ARTEN TO OUR | pricing guide nool & Childe ides and reture. Your child is on packet with k will be emailed for each means. ALL CHECKS ASH OR MONUR COLLECTE | for Programe are Programed with a magnetic register information led to you. Youth. These | n description m. ion-refundable red until the red until the red on what to be Your child with can also be for D BY THE BAI INCLUDING YAND WILL | s and tuition. le \$100.00 re registration for oring on the f ill receive a r ound on our NK. RETURN THE \$35 RET INCLUDE H | gistration fee a ee and deposits irst day, assign newsletter from website. | er Camp Ind \$100 Depose are paid. Ind the teacher and this/her Indiana Annot BE KEE. PAST |
| COLLECTIO | | A 40 % COLLEG | | | | | | tand that lat | o faas will ha |
| issued if my po | <u>iyment is rec</u> | <u>reived later ti</u> | <u>han the sch</u> | | - | | | | • |
| payment of the | total tuition | tor enrollea | <u>l child.</u> | | | | | | |
| Parents' or Lea | gal Guardiar | Signature: _ | | | | | _ Date: | | |
| Parents' or Lea | gal Guardiar | Signature: _ | | | | | _ Date: | | |
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| For HCA Use | Only: | | | | | | | | |
| Reg. Amt. Pd: | · | ep. Amt Pd: | | Date Pd: | | Ck./ R # | D. | ceived By: | |