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 Phone: 732.269.8585 Fax: 732.269.7952  
 Web: [www.hillcrestchild.com](http://www.hillcrestchild.com) Email: [hillcrestchild@optonline.net](mailto:hillcrestchild@optonline.net)

## 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"/> 8:30 drop-off | <input type="checkbox"/> 4:30 pick-up | <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"/> 8:30 drop-off | <input type="checkbox"/> 4:30 pick-up | <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"/> 8:30 drop-off | <input type="checkbox"/> 4:30 pick-up | <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"/> 8:30 drop-off | <input type="checkbox"/> 4:30 pick-up | <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"/> 8:30 drop-off | <input type="checkbox"/> 4:30 pick-up | <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 |                                       |

**CHILD'S INFORMATION**

Child's Name: \_\_\_\_\_ Circle One: Male / Female 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**

**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.*

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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: \_\_\_\_\_

Before and After Care Programs, Please call us at 732.269.8585, or email us at [Hillcrestchild@optonline.net](mailto:Hillcrestchild@optonline.net)  
 \*This form must be accompanied by a \$100 Registration Fee and \$100 Deposit.

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

**Days and Hours Attending (Ex: Mon. 7<sup>30</sup> am / 5<sup>30</sup> pm)**

Mon. \_\_\_\_/\_\_\_\_ Tues. \_\_\_\_/\_\_\_\_ Wed. \_\_\_\_/\_\_\_\_ Thurs. \_\_\_\_/\_\_\_\_ Fri. \_\_\_\_/\_\_\_\_

**Tuition and Fees**

Tuition (as per 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 and counselor scheduling.

\_\_\_\_ (Initials) Tuition is payable in advance. Monthly tuition is due by the 25<sup>th</sup> of the month, previous to the program month. 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 \$20 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**

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 \$100 registration fee. There is a \$100 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.

**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 Office Use Only:**

Reg. Amt. Pd: \_\_\_\_\_ Dep. Amt Pd: \_\_\_\_\_ Date Pd: \_\_\_\_\_ Ck./R# \_\_\_\_\_ Received By: \_\_\_\_\_