

Heritage Christian
PRESCHOOL

Registration Packet

2024-2025

Registration Dates

Current Students:

Thursday, February 15, 2024

Tuesday, February 20, 2024

Registration Packets Sent Home

Registration Begins (Registration Packets Can Be Returned)

New Students:

Monday, February 19, 2024

Tuesday, March 5, 2024

Registration Paperwork and Information Available Online

Registration Begins (Online and In-Person Options Available)

First Day of School:

Tuesday, August 27, 2024

Meet the Teacher will be held during the day on Tuesday, August 20th & Thursday, August 22nd

What You Need To Register

_____ Registration Packet (All forms completed and signed)

_____ Signed Potty Policy Agreement

_____ Copy of Student's Updated Immunization Records (Child must be up to date on all shots - CONSCIENTIOUS EXEMPTIONS WILL NOT BE ACCEPTED/MEDICAL EXEMPTIONS WILL BE CONSIDERED ON A CASE BY CASE BASIS)

_____ \$100.00 Non-Refundable Registration Fee per child (or \$150.00 per family)*

_____ \$75.00 Non-Refundable Fall Supply Fee (per child)*

*For returning students, the registration and Fall supply fees can be paid by check or money order (returned to school with your Registration Packet), or online through your MyProcure payment portal **once all paperwork is received and approved.**

*For new students, the registration and Fall supply fees can be paid in person by check, money order, or credit card. In person registration will be done BY APPOINTMENT ONLY. Please call (817) 741-6875 to schedule. If registering online, you will be sent a link to set up a payment portal once all paperwork is received and approved.

Spaces are limited for the 2024-2025 school year. Registration will be done on a first come, first served basis.

Tuition and Fees

Registration Fee	\$100.00 Per Child (or \$150.00 per family)	Due at registration
Supply Fee	\$75.00 Per Child Per Semester	Fall Supply Fee due at registration Spring Supply Fee due on Thurs., January 9th
Tuition	\$250.00 One Student \$480.00 Two Students \$710.00 Three Students	September tuition due August 27th All others due on the first of each month

School Tours and Information

Tours are available **by appointment only** on Tuesdays and Thursdays, or Mondays during office hours. **Please call (817) 741-6875 or email us at hcp@hccmail.org if you would like to schedule a tour.**

Spaces are limited for the 2024-2025 school year. Registration will be done on a first come, first served basis.

All 2024-2025 registration forms and information will be available online beginning Monday, February 19th at www.heritagechurchofchrist.org/preschool.

Heritage Christian Preschool is on the campus of Heritage Church of Christ, located at 4201 Heritage Trace Parkway, Ft. Worth, TX 76244.

Please Print All Information Clearly

Child's Last Name _____ Child's First Name _____ MI _____

DOB _____ Male _____ Female _____ Siblings at HCP _____

Street Address _____ City _____ State _____ Zip _____

Primary Phone _____

Mother's Name _____

Father's Name _____

Employer _____

Employer _____

Business Phone _____

Business Phone _____

Cell Phone _____

Cell Phone _____

Email _____

Email _____

Student lives with: Both parents _____ Mother _____ Father _____ Other _____

Emergency Contact #1 (Other than Parent)

Name _____

Relationship _____

Cell Phone _____

Alternate Phone _____

Emergency Contact #2 (Other than Parent)

Name _____

Relationship _____

Cell Phone _____

Alternate Phone _____

For Office Use Only

Registration/Fall Supply Fee: Cash _____ Check # _____ POS# _____ Immunization Records: _____

Class Placement: _____

Please Print All Information Clearly

Child's Full Name _____

Parent or Guardian's Name _____

Street Address _____ City _____ Zip _____

Primary Phone _____

Cell Phone Mom _____ Dad _____

Work Phone Mom _____ Dad _____

Authorized Student Pick-Up Release

I hereby authorize HCP to allow my child to leave the school with only the persons listed below. I understand that my child will not be released to anyone other than myself or those listed.

In the event that a person "not listed" has to pick up my child, I understand that HCP must receive a phone call from one of the approved parents stating who that person will be.

Upon arrival at HCP, I understand that it is my responsibility to inform both authorized and unauthorized persons to be prepared to present their photo driver's license to the classroom teacher for verification. *(HCP reserves the right to require identification from any person picking up a child from our school.)*

Parent Signature _____ Date _____

Name _____ Address _____

1 Relationship to Child _____

Cell Phone _____ Alternate Phone _____

Name _____ Address _____

2 Relationship to Child _____

Cell Phone _____ Alternate Phone _____

Name _____ Address _____

3 Relationship to Child _____

Cell Phone _____ Alternate Phone _____

Name _____ Address _____

4 Relationship to Child _____

Cell Phone _____ Alternate Phone _____

Please Print All Information Clearly

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

Allergies* _____

Current Medications _____

Special Conditions _____

** We must have a current Allergy Care Plan or a plan of action note signed by your child's physician if your child has a food allergy.*

Medical Authorization

If your child needs medical, dental, or hospital services you must give permission. It is the law. In the event of an emergency, your child can only be treated without your consent if a physician determines that your child's health or life is at risk. If your child needs unexpected treatment, other authorized parties must present this document to your physician, dentist, or hospital representative.

Being the parent or legal guardian of the above named child, I, _____, do hereby appoint Heritage Christian Preschool/Heritage Church of Christ to act on my behalf in authorizing medical, dental, surgical care and/or hospitalization for my child while he/she is participating in Heritage Christian Preschool activities. I also release Heritage Christian Preschool/Heritage Church of Christ and its sponsors and staff from any liability for any illness or injury to the above named child.

This document shall be presented to a physician, dentist, or appropriate hospital at such time as it may be required.

Parent Printed Name _____

Parent Signature _____ Date _____

Insurance Information

Medical Insurance Provider _____

Policy Number _____ Group Number _____

Policy Holder _____ Member ID Number _____

Physician's Name _____ Physician's Phone Number _____

Please Read Carefully Before Signing

Throughout the school year, your child may be videoed or photographed for the following reasons:

- For use on our Heritage Christian Preschool website
- For "Me Books" that will be given to parents at the end of the school year
- For the End of Year Program slide show
- For individual class **closed** Facebook pages (only parents of children in a particular class will be allowed access to these pages)

Please note:

- Names of students **will not** appear on the Heritage Christian Preschool website
- Student photographs **will not** appear on the Heritage Christian Preschool *public* Facebook page without additional verbal and written consent from a parent

Please check the applicable statement(s) and sign below

Photo Release *(for use in "Me Books", parent gifts, and slide shows-check ONE)*

_____ I authorize Heritage Christian Preschool to video and photograph my child.

_____ I **DO NOT** authorize Heritage Christian Preschool to video or photograph my child.

Internet Release *(check TWO)*

_____ I authorize my child's photograph to be featured on the Heritage Christian Preschool website. I understand this will only occur through notification and my additional consent.

_____ I authorize my child's photograph to be featured on his/her class closed Facebook page.

_____ I **DO NOT** authorize my child's photograph to be featured on the HCP website.

_____ I **DO NOT** authorize my child's photograph to be featured on his/her class closed Facebook page.

Child's Full Name _____

Parent's Printed Name _____

Parent's Signature _____

Date _____

Please Read Carefully Before Initialing/Signing

Heritage Christian Preschool serves as an outreach ministry of Heritage Church of Christ. The preschool provides quality early childhood care and education in a safe and loving Christian environment.

As a parent, we know you understand how important it is for the preschool to maintain high standards through the staff members we hire and the programs we implement in our school. Therefore, your commitment to our financial policy and the guidelines set forth in our parent handbook are vital to the success of our school. Please review the Financial Commitment below, then initial by each line and sign and date at the bottom of the form.

_____ I understand that salaries, operating expenses, and financial commitments of HCP are incurred and set each year prior to the commencement of the academic school year.

_____ I understand that the Registration Fee and Supply Fees are NON-REFUNDABLE.

_____ I understand that tuition is due in full on the first of each month, September–May. Tuition is the same amount all nine months.

_____ I understand that a late fee of \$10.00 will be applied to my unpaid balance after the 10th of each month.

_____ I understand that, if payment cannot be made, it is my responsibility to make arrangements for payment with the Preschool Director(s). If I fail to uphold this obligation for a period of 30 days, the student is subject to withdrawal.

_____ I understand that there will be a \$25.00 returned check or declined credit card fee for any check returned to the school or credit card declined by the bank.

_____ I understand that withdrawal from the program requires a **30-day written notice**. *In the event I do not provide a 30-day written notice, I will be responsible for paying the next month's tuition in full.*

_____ I understand that if I withdraw my student after March 31st, I will be obligated to pay April and May tuition fees.

_____ I understand that if HCP has to close due to inclement weather, tuition will not be reimbursed or prorated.

_____ I understand that if HCP has to close because of outbreak of illness, tuition will not be refunded or prorated.

_____ I understand that if one or more classrooms must be quarantined due to the outbreak of illness, tuition will not be prorated or refunded.

Monthly Tuition Fees for 2024-2025:

- \$250.00 per month for 1 child
- \$480.00 per month for 2 children
- \$710.00 per month for 3 children

Registration Fee for 2024-2025:

- \$100.00 per child (or \$150.00 per family)

Supply Fee for 2024-2025:

- \$75.00 per semester per child

I have read the HCP Parent Handbook for the 2024-25 school year. I understand that by completing the HCP registration forms and paying the non-refundable registration fee, I am agreeing for myself and my child to accept and abide by all of the policies, rules, and procedures set forth in the Heritage Christian Preschool Parent Handbook.

Child's Name _____

Parent's Printed Name _____

Parent's Signature _____

Date _____