

REGISTRATION FORM



Child's Name: _____ DOB: _____ M | F

Address: _____

City: _____ Zip Code: _____

PARENT/GUARDIAN INFORMATION (1)

Name: _____ Phone #: _____

Email: _____ Work #: _____

Address: _____

City: _____ Zip Code: _____

PARENT/GUARDIAN INFORMATION (2)

Name: _____ Phone #: _____

Email: _____ Work #: _____

Address: _____

City: _____ Zip Code: _____

How did you hear about our program? _____

INFORMATION/DISABILITIES

Please list any information about your child that you would like us to be aware of, such as a food allergy, physical needs, etc.: _____

Office Use Only



Registration:

Check

Cash

Credit/Debit Card

2's & 3's

Pre-K

Date of Admission: _____

Date of Withdrawal: _____

AUTHORIZED GUARDIANS FOR RELEASE

I hereby authorize Higher Trails Church PDO to allow my child to leave the facility ONLY with the following persons (other than parents). Children will only be released to a guardian designated by the parent after verification of ID.

Signature: _____

Name: _____

Relationship: _____

Name: _____

Relationship: _____

PLEASE CHECK IN THE BOX IF YOU GIVE PERMISSION FOR THE FOLLOWING:

- I give permission to Higher Trails Church to use my child's pictures for various school projects such as memory books, crafts, etc.
- I give permission to Higher Trails Church to use my child's pictures on the church website, PDO website page, and/or the PDO Facebook page. No names will ever be listed with a child's picture.

Signature: _____ Date: _____

IMMUNIZATION RECORD

- I have provided Higher Trails PDO with a copy of my child's most current immunizations.
- I have provided Higher Trails PDO with a copy of my child's exemption form.

MEDICAL RELEASE STATEMENT

In the event of an emergency, I give consent to any licensed physician to examine, treat, and perform any essential, emergency, and/or surgical procedures, determined to be necessary on my child. I also give my consent to Higher Trails Church, Celeste, Texas to allow my child to participate in classroom and outdoor activities. I release Higher Trails Church from legal or financial responsibility, which might result from accidental harm or injury to my child while under the care and supervision of Higher Trails Church Parent's Day Out staff.

Signature: _____ Date: _____

Listed below is additional information about my child and their physician:

Name of Physician: _____ Phone #: _____

Address: _____

Name of Hospital: _____ Phone #: _____

Comments: _____

Allergies*: _____

***ALL FOOD ALLERGIES REQUIRE A FOOD ALLERGY TREATMENT PLAN WITH DOCTOR'S SIGNATURE PRIOR TO ADMISSION.**

EMERGENCY CONTACTS

The following people are authorized for my child _____ to be released to or called in the event of an emergency when parents/guardians cannot be reached.

CONTACT 1

Name: _____ Phone # 1: _____

Relationship: _____ Phone # 2: _____

Address: _____

CONTACT 2

Name: _____ Phone # 1: _____

Relationship: _____ Phone # 2: _____

Address: _____

CONTACT 3

Name: _____ Phone # 1: _____

Relationship: _____ Phone # 2: _____

Address: _____

FINANCIAL CONTRACT

The tuition for both programs is \$160/month per child. If more than one child in a family is enrolled, tuition will be reduced to \$150/month for other siblings. The registration fee is \$100 per school year, per child (\$250 family max) and is non-refundable.

Initial **REGISTRATION FEES:** Fees are due at the time of registration and are non-refundable. If registering after the start of the program and before March 2025, a full registration fee is still required. If registering after March 1st, the registration fee will be \$50.

Initial **POST-START DATE ENROLLMENT:** Tuition begins immediately and is prorated according to the start date.

Initial **HOLIDAYS/CLOSURES/ABSENTEEISM:** I understand that monthly tuition remains the same every month and is not discounted for holidays/PDO closures or for days that my child is sick or otherwise absent from class.

Initial **LATE TUITION CHARGE:** A late charge in the amount of \$25 will be assessed for payments received after the 7th day of the month.

Initial **WITHDRAWAL POLICY:** I understand that two week notification is required. If I find it necessary to remove my child from the program. Any unused tuition will not be refunded.

Parent/Guardian Signature: _____ Date: _____