

2012/2013 SCHEDULE OF FEES

PROGRAM	HOURS	ANNUAL REGISTRATION	MONTHLY PAYMENT
3 Year Old Program Tuesday & Thursday	9:30 AM to 12:30 PM	\$75.00	\$139.00
4 Year Old Program Monday, Wednesday, Friday	9:30 AM to 12:30 PM	\$75.00	\$214.00
3 or 4 Year Old Program Monday - Friday	9:30 AM to 12:30 PM	\$75.00	\$342.50

Extended hours are available from 6:30 am to 3:30 pm. The price for this is \$6.00 per hour.

PAYMENT SCHEDULE

Payment is due on the 1st of each month attending. You are given a grace period to the 5th of the month. If your account is not paid in full by the 5th of the month, your account will then be charged \$5.00 **per day** (excluding weekends) until the 10th of the month. If your account is not paid in full by the 10th of the month, your child will be dismissed from the program as of the 11th of the month.

TO REGISTER

1. Complete and return all forms.
2. Submit a \$75.00 Non-Refundable registration fee per child.
All payments are to be made payable to: The Hide Out
3. Provide a copy of your child's health form.
4. Obtain parent's manual, read, and sign.
(will be given when child starts)

**THE HIDE OUT SMART START PRESCHOOL PROGRAM REGISTRATION
FALL 2012-2013**

Family Information

<u>Child</u>	Name _____	D.O.B. _____
	Address _____	Age ____ Yrs ____ Months
	_____	(As of September 2012)
<u>Mother</u>	Name _____	Employer _____
	Address _____	Address _____
	_____	_____
	Phone _____	Phone _____
	Email _____	Cell# _____
<u>Father</u>	Name _____	Employer _____
	Address _____	Address _____
	_____	_____
	Phone _____	Phone _____
	Email _____	Cell# _____

Educational Information

_____ ~ 3 year old Program ~ Tuesday & Thursday	Hours: ____:____ to ____:____
_____ ~ 3 year old Program ~ Monday through Friday	Hours: ____:____ to ____:____
_____ ~ 4 year old Program ~ Monday, Wednesday, Friday	Hours: ____:____ to ____:____
_____ ~ 4 year old Program ~ Monday through Friday	Hours: ____:____ to ____:____

Emergency / Medical Information

Emergency/Alternate Pick Up: The following listed people **must be local** and cannot be one of the child's parents. The Hide Out has permission to call these people in the event of an emergency or when you cannot be reached. These people may also pick up your child at any time.

(Name)	(Relationship to Child)	(Phone #'s)
1. _____	_____	_____

Physician: Name _____ Phone # _____

Insurance: Carrier _____ Policy # _____

Allergies: _____

In the event of a medical emergency, I _____ grant my permission to The Hide Out to administer first-aid, if needed, and to obtain medical treatment for my child _____ . I hereby authorize The Hide Out to contact on my behalf an ambulance and/or E.M.T. service to transport my child to the nearest or most appropriate emergency facility, and to treat accordingly in their professional judgment. I will assume any medical and transportation cost incurred.

Signed _____ **Date** _____