

Childhood Learning Center of Hunters Glen Baptist Church

Enrollment Information for the 2017 – 2018 School Year & Intent to return

Thank you for considering the Childhood Learning Center of Hunters Glen Baptist Church in Plano. **Pre-enrollment** for the **2017-2018 school year** begins February 6th at 10 a.m. for currently enrolled families and HGBC church members. **Open enrollment** to the community will begin February 20th at 10 a.m. Registration is on a first-come, first-served basis. Enrollment packets can be found on-line at www.huntersglen.org/clc/

Our program's school year begins in September and runs through the end of May. We offer several programs: **School day** 9:00 a.m. to 2:00 p.m., **A.M. Care** 7:00 a.m. to 9:00 a.m., and **P.M. Care** 2:00 p.m. to 6:00 p.m. Our center operates Monday-Friday 7:00 a.m. until 6:00 p.m. All children must sign up for the 9:00 a.m. to 2:00 p.m. school day program and have the option to add the A.M. and/or the P.M. programs. We have a limited number of spots available for A.M. Care and P.M. Care. Extended care is not a drop-in option. You must sign up for this option.

HGBC CLC will follow the PISD calendar for holidays and closings with the exception to our start date and our closing date. The CLC calendar will be published and posted to our website as soon as Plano ISD votes and publishes their calendar.

Returning children will need to submit the following: **Intent to return form** (this page), completed **Enrollment Agreement (the back of this form)** and a **check** for registration and supply fee. We cannot accept Enrollment Packets or Enrollment Agreements without payment. **The registration fee is non-refundable.** Checks should be made payable to **HGBC-CLC**.

*All new children must submit a completed **Enrollment Packet, Enrollment Agreement and a check for the registration and supply fee***

Please indicate below your intent to return for the 2017-2018 School year, return this form to your child's teacher or to the office before February 20th, Open Enrollment for the community.

My child _____ **will** be returning for the 2017-2018 school year.

My child _____ **will not** be returning for the 2017-2018 school year.

We know you have a choice as to where to place your child and we consider it a privilege to teach your child and to minister to your family. Thank you for sharing your children with our CLC team. We are looking forward to an exciting year!

In His Service,

Amanda Christiano

Amanda Christiano, Director, HGBC Childhood Learning Center

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972/519-0365

Enrollment Agreement

HGBC CLC HUNTERS GLEN BAPTIST CHURCH CHILDHOOD LEARNING CENTER 4001 Custer Rd, Plano, Texas 75023 972.519.0365

Today's Date _____ Start Date _____
Child's Name _____ Child's Date of Birth _____ Age _____ Boy / Girl
Mom's Name _____ Dad's Name _____ HGBC Member? YES / NO
Address _____ City _____ Zip _____ Child lives w/ Parent? YES / NO
Mom's Phone _____ Dad's Phone _____
EMAIL Address _____ How did you hear about our program? _____

CLASS PLACEMENT IS BASED ON CHILD'S AGE AS OF SEPTEMBER 1, 2017

REGISTRATION FEES ARE NON-REFUNDABLE

REGISTRATION FEE	SUPPLY FEE	TUITION CHARGED PER MONTH	
<input type="checkbox"/> \$125	<input type="checkbox"/> TWO & THREE DAYS \$100	<input type="checkbox"/> TWO DAYS \$260	<input type="checkbox"/> THREE DAYS \$330
	<input type="checkbox"/> FOUR & FIVE DAYS \$150	<input type="checkbox"/> FOUR DAYS \$408	<input type="checkbox"/> FIVE DAYS \$510
SELECT DAYS ATTENDING <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY			
EXTENDED CARE CHARGED PER MONTH			
A.M. CARE 7AM – 9AM		P.M. 2PM – 6PM	
<input type="checkbox"/> TWO DAYS PER WEEK \$56		<input type="checkbox"/> TWO DAYS PER WEEK \$120	
<input type="checkbox"/> THREE DAYS PER WEEK \$78		<input type="checkbox"/> THREE DAYS PER WEEK \$156	
<input type="checkbox"/> FOUR DAYS \$96		<input type="checkbox"/> FOUR DAYS PER WEEK \$192	
<input type="checkbox"/> FIVE DAYS PER WEEK \$120		<input type="checkbox"/> FIVE DAYS PER WEEK \$240	
SELECT DAYS FOR AM CARE <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY		SELECT DAYS FOR PM CARE <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY	
<input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY		<input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY	

Emergency Contact & Authorization To Pick Up information. (person other than the parent)

Name _____ Phone # _____ Relationship _____ DL# _____

Name _____ Phone # _____ Relationship _____ DL# _____

HGBC CLC cannot release a child to anyone not listed as an emergency contact or an authorized pick up person.

- I give permission for my child to participate in Water Activities such as sprinkler, splash/wading pool & water table play.
- My child has an allergy to _____ I will provide an Epi Pen/Benadryl and allergy plan signed by a doctor on or before the first day of school. **I understand my child will not be able to attend CLC w/o an allergy plan signed by a physician.**
- My child has no known allergies.

Tuition is due on the first of the month and will be considered late after the 10th. A late fee of \$10 will be assessed if payment is not received by the 10th. Tuition cannot be adjusted nor will make up days be allowed due to holidays, vacations, illness or bad weather closings. **My monthly tuition payment will be \$_____ DUE ON _____.**

I will provide a current immunization record 1 week prior to September 4, 2017 or the agreed upon start date. If my child is 4 years or older I will provide documentation of a vision & hearing screening upon enrollment.

By signing below, I agree to the terms and conditions stated on this form.

Parent/Guardian Signature _____

CLC Office Use Only:				
Date Recv _____	Amount _____	Check # _____	Recv by _____	WAIT List _____
Class child placed in _____ Teachers _____				