

# Inspiring Hearts Day School

## A Faith-Based Learning Environment

### Spring Break & Summer Camp 2023

#### Items required for completing your child's registration for Inspiring Hearts:

- Application for Enrollment
- Tuition: **Full-Time** (3 days or more) \$140 weekly per child  
**Part-Time** (2 days or less) \$40 daily
- **\$50 Application fee** is due to secure spot for Summer Camp (Non-Refundable)
- Inspiring Hearts provides your children with breakfast & an afternoon snack. We ask parents to please provide your kiddos with a sack lunch.
- **\$75 one-time field trip fee per child (summer camp only)**
- Methods of Payment include: Cash, Check and **Online Payment (Cash app info: \$InspiringHearts)**

## PROGRAM INFORMATION

**Inspiring Hearts Day School at True Vision Church & Leon Springs Presbyterian Church operates throughout the year.** It is available on early dismissal days as well as regular dismissal days. We will be available on certain breaks such as Christmas, Spring, & Thanksgiving Break. Summer Camp hours will be from 7:00am-6:00pm.

#### Daily Program Hours:

Inspiring Hearts will be open daily Monday thru Friday from **7:00 AM to 6:00 PM.**

Summer Camp: Monday thru Friday from 7:00 AM to 6:00 PM.

The following holidays will be observed:

Thanksgiving Day and the Day After Thanksgiving

Christmas Eve and Christmas Day

New Year's Eve and New Year's Day

Labor Day

Good Friday

Fourth of July

Memorial Day

Early dismissal days, including Fridays, will be open from 11:00 a.m. to 6:00 p.m.

\*Facility closures can change anytime without further notice

**Standard Operating Procedure:** Children in the program are given a healthy snack each day, as well as indoor and outdoor play time, homework time, tutoring, crafts and games.

**Children must be picked up no later than 6:00 p.m. A fee of \$15.00 will be charged after 6:00 p.m. and for every minute after 6:15 p.m. a \$2.00 fee will be added on.**

**Payment:** Applicable fees are due Sunday of each week prior to services for the next week. All payments must be received **prior** to students receiving care. Walk-in care is available, if needed. \$10 late fee is charged each day after payment due date. Payments will only be accepted by the Director or Owner of Inspiring Hearts. All payments are non-refundable.

## REGISTRATION FORM 2023

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Age \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_  
Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Grade \_\_\_\_\_

Admission Date: \_\_\_\_\_

E-Mail Address \_\_\_\_\_

In the event I am unable to pick up my child, the following people are allowed to do so. Parents or designated adults must sign out the child with the Director and present photo identification prior to leaving the facility.

**Elementary School Name:** \_\_\_\_\_

**Elementary School Number:** \_\_\_\_\_

**Registration Fee (please attach to this packet):**

- First Child, \$45
- Second Child, \$35
- Third Child, free
- Fourth Child, free

Guardian 1: Name \_\_\_\_\_ Employer \_\_\_\_\_  
Employer Address \_\_\_\_\_ Phone (W) \_\_\_\_\_ (C) \_\_\_\_\_

**Can this person pick up the child?** \_\_\_\_\_

Guardian 2: Name \_\_\_\_\_

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_ Phone (W) \_\_\_\_\_

(C) \_\_\_\_\_

**Can this person pick up the child?** \_\_\_\_\_

**Emergency Contact Release Information:**

1. Name \_\_\_\_\_

Address: \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Numbers (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

2. Name \_\_\_\_\_

Address: \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Numbers (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

I understand that I am responsible for paying all applicable fees.

I understand that I am responsible for notifying the school office of any absences.

I also understand that I am agreeing to all the terms outlined in this packet and committing

**Parent's/Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## **STUDENT HEALTH INFORMATION**

**Student's Physician:**

Doctor's Name \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ **Student's Dentist:**

Dentist's Name \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ **Insurance Information:**

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Desired Hospital In Case of Emergency**

\_\_\_\_\_

**Health Information:**

I consider my child's health to be (circle one): Excellent, Above Average, Average, Poor  
If "Poor" please explain:

\_\_\_\_\_

**Health History:**

**Please Circle if any apply to your child:**

Asthma, Bleeding Trait Congenital Defect Convulsions Depression Diabetes, Epilepsy, Hay Fever  
Hepatitis, Chicken Pox, High Blood Pressure, Migraine Headaches, Nervous Stomach, Rheumatic  
Fever, Sinus Trouble, Thyroid-overactive, Thyroid-underactive, Mental Health Problem,  
Hyperactive.

Other: \_\_\_\_\_

Please explain any circled items from above:

\_\_\_\_\_  
\_\_\_\_\_

Does your child require an Epi-Pen? Yes \_\_\_\_\_ No \_\_\_\_\_ **If yes, please attach a copy of the  
allergy action plan.**

Does your child have any other special needs that we should be aware of?

\_\_\_\_\_  
\_\_\_\_\_

I give consent for the facility to secure any and all necessary emergency medical care for my  
child: Signature \_\_\_\_\_

I have read, understand and agree to comply with the policy and procedures and information  
for parents given to me by Inspiring Hearts: Signature: \_\_\_\_\_