

Inspiring Hearts Day School

A Faith-Based Learning Environment

Spring Break & Summer Camp 2025

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

- Application for Enrollment
- Tuition: **\$150** weekly per child
- **\$75 Application fee** is due to secure spot for Spring/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 Only)**
- Methods of Payment include: Cash, Check and **Online Payment (Zelle or ApplePay)**

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 2025

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, \$75
- Second Child, \$65
- 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: _____