



Dear Families,

Welcome to the Pisgah CDM Summer Program!

Pisgah CDM offers a Summer Program for ages 18 months through seventh grade. Our Program provides fun and engaging opportunities for your child to enjoy during the Summer.

Each weekly theme will include a Bible lesson for the week, a cooking project, arts and crafts, water play day, and science project. Along with our regular curriculum, the children will participate in Field trips (for children who have completed 4K and older) and events at the school. We will also have visitors throughout the summer such as plays and community helpers. On occasion, we will provide a special lunch for the children from different vendors. We will also work with Mission Lexington to serve our community and learn how we can make a difference in our environment.

Our summer hours are 7:30am to 6:00pm. We encourage all children to be at school by 9:00am, especially on field trip days for the older children. Coming in on time enables the children to experience all that we offer for each day.

It is an honor and privilege to have your child attend Pisgah CDM. We look forward to having a successful summer and having your child learn and grow in a healthy, Christian environment.

Sincerely,

Jeany Watkins
Director of Child Development Ministries
Pisgah Lutheran Church
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Pisgah Child Development Ministry
2020 SUMMER PROGRAM
1350 Pisgah Church Road Lexington, SC 29072
803-358-9577/ Fax 803-359-7667

2020 SUMMER REGISTRATION FORM

Office Use Only

Date Reg. Received _____ Reg. Fee \$ _____ Cash/ Check/ Credit _____ Expected Enrollment Date _____

CHILD'S FULL NAME _____ Birth Date _____

Name used at home _____ Age _____ Grade Completed for afterschool _____

Address _____

City _____ Zip _____

Home Phone _____

Mother's Name _____ Cell phone _____

Employer's Name _____ Job Title _____

Work Phone _____ Other Phone _____

Email Address _____

Father's Name _____ Cell phone _____

Employer's Name _____ Job Title _____

Work Phone _____ Other Phone _____

Email Address _____

Child Information

Pisgah CDM admits children of any race, color and national or ethnic origin.

Child's Name _____

Are you a member of Pisgah Lutheran? _____

Are parents: Married _____ Separated _____ Divorced _____ Legal Guardian _____
(If court papers exist, please give the office a copy)

Names and Ages of siblings

Previous programs attended _____

Denomination/ Church your family attends _____

Please list any food/other allergies

List any other health concerns/ daily medications

List if your child receives any special services from the school district or any other specialist

Emergency Information

Doctor: _____ Phone # _____

Address _____

Dentist _____ Phone # _____

Persons Authorized to Act for Parents in case of an Emergency (local only)

Contact Person _____ Relationship _____

Home _____ Cell _____ Work _____

Contact Person _____ Relationship _____

Home _____ Cell _____ Work _____

In case of emergency, I give my permission for my child _____ to be taken to _____ Hospital for treatment.

I give permission for PCDM to take whatever emergency (i.e. First aid, disaster, evacuation) measures are judged necessary for the care and protection of my child while under the supervision of PCDM. It is understood that the staff may need to contact local emergency resources before contacting the parent or legal guardian. If the local emergency resources deem it necessary to transport my child, it will be to the closest hospital facility.

Parent Signature _____ Date _____

Financial Information

Admission Policy

Pisgah Child Development Ministry admits students of any race, color, national or ethnic origin to the rights and privileges, programs and activities generally accorded or made available to students at the school. All registration forms, financial agreement, immunization records, birth certificate, and handbook must be completed before a child can begin.

Registration/Supply Fees

A non-refundable registration/supply fee is required when a child is enrolled in the PCDM afterschool program. The fees are in the registration packet under the Financial Contract. A two-week notice must be given if a child is to unenroll in the program. Our fees are reviewed annually. You will be notified at least 30 days in advance of any changes.

Late Fees or Returned Check Charges

Weekly tuition is due Monday (or first day school is open) for current week's childcare service. A \$25.00 late fee will be applied if weekly tuition is not paid after two weeks. If payments are past due, the payments must be dropped off at the preschool office along with the \$25.00 late fee. If payment is still not received by the end of the month, the child may be dismissed from the program.

A service charge of \$35.00 will be charged for each returned check. Failure to pay fees in a timely manner, will result in your child's dismissal from the program. Three (3) tuition checks returned from the bank will result in cash payments ONLY or your child's dismissal from the program. It is necessary that fees and tuition are paid when due. It is the responsibility of the parent to notify the Director if a payment cannot be made on time.

Church Member and Sibling Discounts

PCDM offers church member and sibling discounts to families. A church member will receive a \$10.00 discount per family per month. Families with multiple children that attend the PCDM program will receive a \$10.00 discount per family per month.

Early Arrival/ Late Pick-up Fees

Please sign-out your child at your committed pick-up time. Since it is necessary to keep staff overtime when a child is picked-up late, a \$5.00 late fee will be charged the first 5 minutes after the 6:00pm pick-up time. An addition \$1.00 will accrue for every minute thereafter.

In applying to reserve program space for my child, I agree to abide by the financial information with Pisgah Child Development Ministry. In the event I should desire to withdraw my child from the program, I agree to give two (2) weeks' notice and I will be responsible for the tuition for those two weeks whether my child attends or not.

Child's Name _____

Parent Signature _____ Date _____

2020 Summer Program Contract

Child's Name _____

Fee Schedule (please initial next to appropriate Activity Fee)

A non-refundable activity fee is due when the registration form is submitted to secure your child's spot in the 2020 Summer Program. *(There are no discounts on Registration Fees for additional children)*

_____ Registration/Supply Fee \$85.00 (toddler class, two-year-old class, three-year-old class)

_____ Registration/Supply Fee \$90.00 (four-year-old class)

_____ Registration/Supply Fee \$110.00 (afterschool class)

I would like for summer registration fees to be auto drafted from my account on file in the amount of _____. These fees will be deducted on June 1st. **Parent Initials** _____ (Cash or Check are also accepted.)

All Fees must be paid by June 1st.

Full-Time Summer Program (please initial)

_____ Full-Time \$120.00/week

Tuition Fees

Weekly Tuition Fees will be paid in full weekly from June 1, 2020 to August 14, 2020. Weekly tuition is due Monday (or first day school is open) for current week's childcare service.

I understand that the registration/supply fee is non-refundable. I agree to pay \$_____ per week on the first school day of each week. I understand that my child will not be allowed to attend if payments are not made according to these policies. A two-week written notice must be given if your child were to withdraw from the program.

Currently, we do not offer part-time during the summer, this is an eleven-week contract for tuition.

Parent Signature: _____ Date _____

Summer Field Trips

PCDM offers field trips to children that have completed 4K and older. These field trips are to enhance the experience your child has with our program. To keep you informed and to receive permission for your child's attendance on these activities, we are making a request for you to sign ONE PERMISSION SLIP TO COVER ALL FIELD TRIPS AND ACTIVITIES which may be planned. As always, the staff of PCDM will inform you of all places they intend to visit and any new special activities that the children will be participating in beforehand. If you should have any objection to your child's participation, you are free to deny permission. The signed permission will be good between the dates of June 1, 2020 to August 14, 2020.

I authorize PCDM to take my child on field trips from June 1, 2020 to August 14, 2020. I understand that my child will be transported by a PCDM Bus. By participating in this program, I agree to accept responsibility for any injury your child may sustain while participating. I also agree to hold harmless PCDM, its agents, any PCDM employee, and any coach or volunteer participating in the program. I hereby certify that by filling out and signing, it is with my full knowledge and consent that my son/daughter may participate in the summer program with PCDM.

Parent Signature: _____ Date _____

Authorization for Child Pick-up

Child's Name _____

The following individuals listed have permission to pick up my child from Pisgah Child Development Ministry. If one of the authorized individuals picks up a child, they must provide proper identification.

Family Code Word _____

Name _____ Relationship _____

Home # _____ Business # _____ Cell # _____

Name _____ Relationship _____

Home # _____ Business # _____ Cell # _____

Name _____ Relationship _____

Home # _____ Business # _____ Cell # _____

Name _____ Relationship _____

Home # _____ Business # _____ Cell # _____

I have read and understand the Pisgah CDM policy on pick-up authorization.

Parent Signature _____ Date _____

Checklist for Admission

Registration Packet and Payment _____

Updated Immunization Record (for new students) _____

DSS Form 2900 (for new students) _____

Emergency Data Card (for new students) _____

Birth Certificate (for new students) _____

Court/Custody Documentation (if applicable for new students) _____