

**Pisgah Child Development Ministry**  
**SCHOOL-AGED PROGRAM**  
**1350 Pisgah Church Road Lexington, SC 29072**  
**803-358-9577/ Fax 803-359-7667**

**2021-2022 REGISTRATION FORM**

**\*\*Pick up from: Pleasant Hill Elementary and Middle, Gilbert Elementary, Centerville Elementary, Lake Murray Elementary, Rocky Creek Elementary, and Deerfield Elementary, Beechwood Middle**

**Office Use Only**

Date Reg. Received _____ Reg. Fee \$ _____ Cash/ Check/ Credit _____ Expected Enrollment Date _____
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**CHILD'S FULL NAME** \_\_\_\_\_

Name used at home \_\_\_\_\_ Birth Date \_\_\_\_\_

Grade level for 2021-2022 \_\_\_\_\_ Name of Child's School \_\_\_\_\_

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 (Must have two Contacts/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 (ie. 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 school-aged 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 by the end of each month. 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.

## Vacation Policies

Each enrolled student is authorized one (1) week vacation per school year. This week must be taken in five (5) consecutive days. In case a student begins mid-school year, the vacation week will be prorated.

## 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 12:00pm and 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 \_\_\_\_\_

# 2021-2022 School Year Financial Contract for School-aged

Child's Name \_\_\_\_\_

## Fee Schedule (please initial appropriate program)

A non-refundable fee is due when the registration form is submitted to hold your child's spot in the 2020-2021 school-aged program. *(There are no discounts on Registration Fees for additional children)*

\_\_\_\_\_ Registration/Supply Fee for Full-Time Students.... \$85.00

\_\_\_\_\_ Registration/Supply Fee for Drop-In Students.... \$60.00

## Full-Time School-aged Program (please initial all three)

\_\_\_\_\_ Full-Time \$60.00/week (K5 to 8<sup>th</sup> Grade) (2:30pm-6:00pm)

\_\_\_\_\_ Three Additional Full-Days \$36/week (K5 to 8<sup>th</sup> Grade) (7:30am-2:30pm)

\_\_\_\_\_ If Lexington District One transitions to full-time virtual learning, and students require full-time care during the school year, then tuition will be \$120/week.

**\*Additional Full-Day fees will be adjusted for PCDM holiday closings.**

**OR**

## Drop-in School-aged Program (please initial)

\_\_\_\_\_ Drop-in (Elementary) \$15.00/day (2:30pm-6:00pm)

\_\_\_\_\_ Drop-in (Middle School) \$12.00/day (3:30pm-6:00pm)

\_\_\_\_\_ Any Full-Day Drop-in \$30.00/day (K5 to 8<sup>th</sup> Grade)

## Tuition Fees

Weekly Tuition Fees will be paid in full weekly from August 31, 2021 until May 28, 2022. Weekly tuition is due Monday (or first day school is open) for current week's childcare service. Drop-in or Full-Days will be paid in full on or before day of childcare service.

**PCDM will comply with federal, state, and county ordinances and guidelines regarding the COVID-19 pandemic. Regarding school closures, PCDM will attempt to accommodate all families while complying with DHEC regulations on student-teacher ratio. In the event Lexington District One transitions to a virtual learning environment, PCDM teachers and staff will attempt to facilitate and assist with virtual learning.**

I authorize Pisgah CDM or Lexington District One to pick my child up from \_\_\_\_\_ School and take him/her to PCDM School-aged Program located at 1350 Pisgah Church Rd. Lexington, SC 29072.

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 agree to pay the additional Full-Day fees. 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.

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 \_\_\_\_\_

DSS Form 2900 (attached blue form) \_\_\_\_\_

Emergency Data Card (attached yellow card) \_\_\_\_\_

Birth Certificate (for new students) \_\_\_\_\_

Court/Custody Documentation (if applicable) \_\_\_\_\_

Photo Permission Form \_\_\_\_\_

## PHOTO PERMISSION SLIP

From time to time we take pictures during Preschool & School-aged activities. We would like your permission to use these pictures for Pisgah church/school websites, Pisgah Church and parent Facebook pages, employee training, and our bulletin boards. Pictures would be selected to highlight activities during Preschool & Afterschool events. We will never reference your child by name or provide any specific information regarding your child. The pictures will only be used by Pisgah Child Development Ministry/Church to show the many ways our children can have fun while participating in Preschool & Afterschool activities!

*Please take a moment to let us know your preferences regarding our use of photos of your children:*

\_\_\_\_\_ YES, I grant permission for Pisgah Child Development Ministry/Church to use photos of my child for CDM's Parent Facebook Page and Website, Pisgah Church's Facebook Page and Website, employee training and our bulletin boards.

- OR -

\_\_\_\_\_ NO, please do NOT take or use any photos of my child.

Child(ren)'s Name(s) (PLEASE PRINT):

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Parent/Guardian's Name (PLEASE PRINT):

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Parent/Guardian's Signature:

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

For questions or concerns about this form, please feel free to contact Jeany Watkins at (803) 358-9577