

HOPE SUMMER Financial FORM 2024
 2265 NW SHEVLIN PARK RD. BEND OR, 97703 - HOPE.BEND@GMAIL.COM

JUNE 17TH - AUGUST 30TH

FULL DAY 8:00 AM- 5:00 PM

UNDER 3 YEARS OLD

5 Days	\$1380 Monthly	\$345 Weekly
4 Days	\$1280 Monthly	\$320 Weekly
3 Days	\$1180 Monthly	\$295 Weekly

OVER 3 YEARS OLD

5 Days	\$1280 Monthly	\$320 Weekly
4 Days	\$1180 Monthly	\$295 Weekly
3 Days	\$1080 Monthly	\$270 Weekly

SEMI- FULL DAY 8:00 AM- 3:00 PM

UNDER 3 YEARS OLD

5 Days	\$1240 Monthly	\$310 Weekly
4 Days	\$1140 Monthly	\$285 Weekly
3 Days	\$1040 Monthly	\$260 Weekly

OVER 3 YEARS OLD

5 Days	\$980 Monthly	\$255 Weekly
4 Days	\$880 Monthly	\$220 Weekly
3 Days	\$780 Monthly	\$195 Weekly

HALF DAY 8:00 AM- 12:30 PM

UNDER 3 YEARS OLD

5 Days	\$980 Monthly	\$245 Weekly
4 Days	\$880 Monthly	\$220 Weekly
3 Days	\$780 Monthly	\$195 Weekly

OVER 3 YEARS OLD

5 Days	\$680 Monthly	\$170 Weekly
4 Days	\$580 Monthly	\$145 Weekly
3 Days	\$480 Monthly	\$120 Weekly

SIBLING DISCOUNT - 10% OFF 2ND CHILDS TOTAL, 20% OFF 3+ CHILDS TOTAL

NON REFUNDABLE \$40 REGISTRATION FEE (\$20 for currently enrolled students) AND \$40 SUMMER SUPPLIES FEE DUE AT TIME OF ENROLLMENT TO HOLD CHILDS SPOT.

PAYMENTS ARE DUE BY THE 1ST AND NO LATER THAN THE 5TH OF EACH MONTH,

All the weeks your Child is attending is due on the first of each month (no later than the 5th), A late fee of \$50 is charged on the 6th of the month. If a bill is delinquent for two months, the account may be turned over to a collection agency. Summer Supplies fees are not prorated nor refunded if a student enrolls late or withdraws early. If a student makes any schedule changes or must withdraw early, written notice including the child's last enrollment date should be given at 30 days before the withdrawal date. Billing will be prorated 30 days from written notice. Tuition is not refunded due to child illness or any school closures.

PARENT SIGNATURE _____ DATE _____

PARENT SIGNATURE _____ DATE _____

Fill out each week/day your child will be attending

Payments must be made by the 1st of each month

Any changes to your child schedule, must be done 30 days in advance to avoid fees and assure space is available

WK.1 (6/17-6/21): Summer is Here

	Half	Semi	Full	Notes
Mon-17				
Tues-18				
Wed-19				
Thur-20				
Fri-21				

WK.2 (6/24-6/28): Shark Week

	Half	Semi	Full	Notes
Mon-24				
Tues-25				
Wed-26				
Thur-27				
Fri-28				

WK.3 (7/1-7/5): Hooray, USA

	Half	Semi	Full	Notes
Mon-1				
Tues-2				
Wed-3				
Thur-4	X	X	X	NO SCHOOL
Fri-5				

WK.4 (7/8-7/12): God's Garden

	Half	Semi	Full	Notes
Mon-8				
Tues-9				
Wed-10				
Thur-11				
Fri-12				

WK.5 (7/15-1/19): All about YOU

	Half	Semi	Full	Notes
Mon-15				
Tues-16				
Wed-17				
Thur-18				
Fri-19				

WK.6 (7/22-7/26): World Travel

	Half	Semi	Full	Notes
Mon-22				
Tues-23				
Wed-24				
Thur-25				
Fri-26				

WK.7 (7/29-8/2): 7 Days of Creation

	Half	Semi	Full	Notes
Mon-29				
Tues-30				
Wed-31				
Thur-1				
Fri-2				

WK.8 (8/5-8/9): Dino Days

	Half	Semi	Full	Notes
Mon-5				
Tues-6				
Wed-7				
Thur-8				
Fri-9				

WK.9 (8/12-8/16): Gods Armor

	Half	Semi	Full	Notes
Mon-12				
Tues-13				
Wed-14				
Thur-15				
Fri-16				

WK.10 (8/19-8/23): We can Create

	Half	Semi	Full	Notes
Mon-19				
Tues-20				
Wed-21				
Thur-22				
Fri-23				

WK.11 (8/26-8/30): Farewell

	Half	Semi	Full	Notes
Mon-26				
Tues-27				
Wed-28				
Thur-29				
Fri-30				

HOPE Christian Academy Bend Child Enrollment Form

Child's Name (Last, First)		Child Nickname	
Date of Birth		Date Entered Care	
Age at Entry			
ALLERGY ALERT Does your child have allergies? <input type="checkbox"/> YES* <input type="checkbox"/> NO *If yes, please complete an allergy care plan.			
Parent or Guardian Contact Information			
Name (First, Last)			Relationship
Home Address (Street, City, Zip)			
Phone	Employer	Email Address	
Name (First, Last)			Relationship
Home Address (Street, City, Zip)			
Phone	Employer	Email Address	
Required Emergency Contact Information- person other than parent or guardian that is authorized to pick up child			
Name (First, Last)		Phone	Relationship
Name (First, Last)		Phone	Relationship
NonEmergency Contact Information- person other than parent or guardian that is authorized to pick up child			
Name (First, Last)		Phone	Relationship
Name (First, Last)		Phone	Relationship
Medical Contact Information			
Insurance Provider and Policy Information (if applicable)			
Child's medical provider(s) or emergency care facility			Phone
Parent or Guardian Authorizations Please list any restrictions to permission of the following:			
<p>My child may be taken on neighborhood walks. <input type="checkbox"/> Yes <input type="checkbox"/> No Note: A signed permission slip is required for all field trips out of the neighborhood.</p> <p>My child may use sunscreen <input type="checkbox"/> Yes <input type="checkbox"/> No My child may apply their own sunscreen supervision. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Permission to; Photograph <input type="checkbox"/> Yes <input type="checkbox"/> No - Social Media: <input type="checkbox"/> Yes <input type="checkbox"/> No - Newsletter <input type="checkbox"/> Yes <input type="checkbox"/> No - Website <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>In an emergency, the child care facility has my permission to call an ambulance or transport my child to any available physician or hospital at my expense to obtain medical treatment. In most emergencies, 911 is called and the child is transported to the nearest hospital and treated by the on-call physician. The parent or guardian of the child must be notified as soon as possible. INITIAL IF YES _____ INITIAL IF NO _____</p>			
Parent/Guardian Signature			Date
Parent/Guardian Signature			Date

Has your child previously been in child care? Yes No If yes, what type of care and for how long?

Child General Information – please include any information that will assist us in providing quality care for your child

General likes and dislikes

Eating habits and schedule

Sleeping habits and schedule

Developmental and health history that could affect the child's participation in child care

Interactions with other children

How does your child like to be comforted?

Child's home language

Are there family cultural backgrounds, traditions, beliefs, or interests that you would like to share with us?

Does your child have any special needs Yes* No **If yes, please complete a written care plan.**

Child Medical Information

Does your child have any chronic health issues or specific care needs (such as previous serious illnesses or injuries)? Yes* No
If yes, please complete a written care plan.

Does your child regularly need medication, or have medications prescribed for continuous, long-term use? Yes No
If yes, Why?

Other Children in the Home

Name	Age	School or other information you want to share:

Dismissal Authorization

Persons authorized to pick up from school (Not including Guardians listed above) space on back page to add more in adtl comment

Name:	Relationship:	Daytime phone:	Name:	Relationship:	Daytime phone:

Medical Authorization for Non-Prescribed Medications

Child's Name: _____

All over the counter medications including topical substances shall be in the original container and labeled with the child's name.

My child may be given non-prescribed medication. This may include the following: **(CIRCLE ALL THAT APPLY)**

Acetaminophen	Antibiotic cream	Ibuprofen	Insect Repellent
Antihistamine	Antiseptic wipes/gel	Lip Balm	Rash Ointment/Cream
Baby Lotion	Baby Oil	Sunburn Ointment	Sunscreen
Cough Syrup	Teething medications	OTHER/COMMENTS: _____	
Diapering Ointment	Diaper Wipes	_____	
Hydrocortisone	Petroleum Jelly	_____	

RESTROOM RELEASE

I (We) the undersigned, parent, or legal guardian of _____, a minor, do hereby give authorization and consent to HOPE Christian Academy staff members, to change my Childs diaper/pull up, help my child in the restroom when needed. By signing this agreement, I hereby release from liability, and agree not to sue, HOPE Christian Academy or Staff for Changing Diapers/ Pull ups/ Accidents/ Restroom Assistance.

Is your child potty trained? _____ Does your child wear Diapers/Pullups? _____

Additional Restroom Information: _____

NAP TIME/ REST TIME INFORMATION

We have 2 options for rest time here at HOPE. First is our educational movie room, kids are in here from 1:30pm-2:45pm. Second is our nap room, kids are in here from 1:00pm -3:00pm, with soft lullabies in the background. Please initial which option you would like to choose and let us know any information that will help your child and us during this time. (Circle your choice and add any information we will need below)

NAP ROOM (1PM-3PM)

EDUCATIONAL MOVIE ROOM (130PM-230PM)

Naptime/Rest Time Information: _____

ADDITIONAL INFORMATION YOU FEEL WE NEED:

PARENT/GUARDIAN SIGNATURE: _____ DATE : _____

