

2023

HCS

SUMMER
FUN CLUB

\$35

Registration
Fee
JOBS Childcare
accepted

JUNE 12-
AUGUST 11



ENROLLING PRESCHOOL-ENTERING 8TH GRADE

\$20/half day (7a-12p)

\$30/full day (7a-5:30p)



Heritage
Christian
School

2107 6th St. SW, Canton, Ohio 44706 P 330.452.8271

"This institution is an equal opportunity provider"



HERITAGE CHRISTIAN SCHOOL

2107 6th St. SW, Canton, OH 44706
Phone 330.452.8271/ Fax 330.452.0672

EMERGENCY MEDICAL AUTHORIZATION

Student Name		Date of Birth		Grade
Home Address		City	State	Zip Code
Phone				
¹ Parent/Guardian Name		Relationship	Phone	
Address (if different)				
Email address	Place of work		Work	
² Parent/Guardian Name		Relationship	Phone	
Address (if different)				
Email address	Place of work		Work	
Name of Childcare Provider or Relative		Relationship	Phone	
Address				
Part 1 or 2 MUST BE COMPLETED				

PART 1: TO GRANT CONSENT

I hereby give consent for the following medical care providers, 911/ Emergency transport, and/or local hospitals to be called:

Physician	Phone#
Dentist	Phone#
Medical Specialist	Phone#
Local Hospital	Phone#

Medical Information

ALLERGIES: Please list food, medication, or environmental allergies:

Does your child's allergy require staff to monitor symptoms, take action if a reaction occurs, or administer emergency medications? YES NO

SPECIAL HEALTH OR MEDICAL CONDITIONS (please list, include dietary restrictions):

MEDICATIONS: Does your child currently use medications or food supplements? If so please list:

Does your child require staff to administer during school? YES NO
If yes, additional forms must be filled out by parent and prescribing physician

(OVER->)

EMERGENCY MEDICAL AUTHORIZATION- SIDE 2

PART 2- REFUSAL TO CONSENT

By signing this part, I understand I am **NOT GIVING CONSENT** for medical treatment of my child. In the event of injury, illness, or emergency treatment I wish for the school authorities to take the following action:

YOU MUST PROVIDE SPECIFIC INSTRUCTIONS FOR TREATMENT OF MEDICAL EMERGENCY

ONLY SIGN IF YOU DID NOT COMPLETE PART 1

Signature of Parent/Guardian

Date

IMPORTANT

Complete This Section:

*If we, the parent or guardian, cannot be reached or cannot pick up my/our child/children in case of an emergency or national crisis, I authorize these people, **in priority order**, to pick up my child/children (note, there must be at least 3 contacts listed for childcare):*

	Name	Relationship	Phone #
1			
2			
3			
4			
5			
6			

As the parent/guardian, we realize if there are any changes, additions, or deletions to any of this information or information on the **EMERGENCY MEDICAL FORM**, we need to send it in writing *as soon as possible* to the HCS Main Office.

Signature of Parent/Guardian

Date



HCS Summer Fun Club

Student Info Form

Child's Name: _____ Nickname _____

DOB _____ Grade _____

CUSTODY

Who does your child live with? _____ Is there a court order affecting custody? _____ (If yes, please provide a copy) Does non-residential parent have visitation? _____

CONCERNS/SUPPORT

Does your child have an IEP? ___ Yes ___ No If so, area of assessment _____

Date of plan _____ School District of plan _____ (Please provide copies of documentation)

Does your child have any communication concerns? _____

Do you feel there are any characteristics relating to the health and personality of your child that would help teachers? Explain _____

NUTRITION/SOCIAL & EMOTIONAL BEHAVIOR

Does your child have any dietary modifications we should be aware of? _____

How many hours of sleep does your child receive on average? _____ Do they take naps? _____

How would you describe your child's behavior & temperament? _____

What kinds of discipline is used at home? _____

What makes your child angry or upset? _____

Are there any challenges we should be aware of? _____

What upsets your child? _____

INTERESTS

List any extracurricular activities child attends: _____

List interests of your child: _____

In what ways might we be able to help your child? _____

Best way to notify you of achievements/concerns? ___ phone ___ email ___ note home

Parent Signature _____

Date _____

SUMMER TUITION AGREEMENT



Student's Name: _____

Student Schedule: Please Indicate ___ Full or ___ Half
___ M ___ T ___ W ___ Th ___ F

Self Pay Weekly installments are to be paid every Monday, in advance of services. Payments more than 5 days late are subject to a \$25.00 late fee and possible termination of services. (\$20 half day/\$30 full day)

JOBS Monthly copays are due the first day of the JOBS monthly calendar, in advance of services. Payments more than 5 days late are subject to a \$25.00 late fee and possible termination of services.

JOBS recipients must maintain their part time (24.9hrs) or full time (25-60hrs) hours or charges may be applied.

ANY FAMILY NOT CURRENTLY ENROLLED AS AN HCS STUDENT FOR THE UPCOMING SCHOOL YEAR MUST PAY WITH CASH, MONEY ORDER, OR CREDIT CARD FOR ALL SUMMER FUN CLUB CHARGES. NO CHECKS WILL BE ACCEPTED.

In case of early withdrawal or termination for any reason, including expulsion, the current month's installment(s) must be paid.

In case of separation or divorce, each parent is solely responsible for any and all charges incurred for the benefit of his or her child at Heritage Christian Preschool. Should the parents decide to split payments of that account, they may do so between themselves, then remit payment in full to the Childcare Director. Only one account will be opened per family.

I agree to pay the summer tuition as Indicated above.

Parent/Guardian Signature

Parent/Guardian Signature

Parent/Guardian Name

Parent/Guardian Name

Date
Soc. Sec. # _____ - _____ - _____

Date
Soc. Sec. # _____ - _____ - _____

Office Use Only:

Circle: *Preschool* *School Age*

Days of Attendance: *Half* or *Full*

M T W Th F

Signature of Childcare Director

Date



Summer Fun Club Permissions Form

PHOTO RELEASE

Release for audio and/or visual media ("media") containing my student's image, photograph, name, grade and class information, age and/or recording, to utilize and publish any such Media in any publication concerning the School, including newsletters, multi-media presentations, brochures, advertising, posters, displays, social media and web sites. Said authorization to also include the publication of any such Media in any public newspaper, radio and/or television broadcast.

YES, permission is granted for my child _____

NO permission is denied for my child _____

PG MOVIE

During special times throughout the year we may watch a movie, many movies are PG for parental guidance. We assure you material is age appropriate and suitable.

I **GIVE** my permission for my child to participate watching movies that are age appropriate and may be PG rated.

I **DO NOT GIVE** my permission for my child to participate watching movies that are age appropriate and may be PG rated.

SUNSCREEN

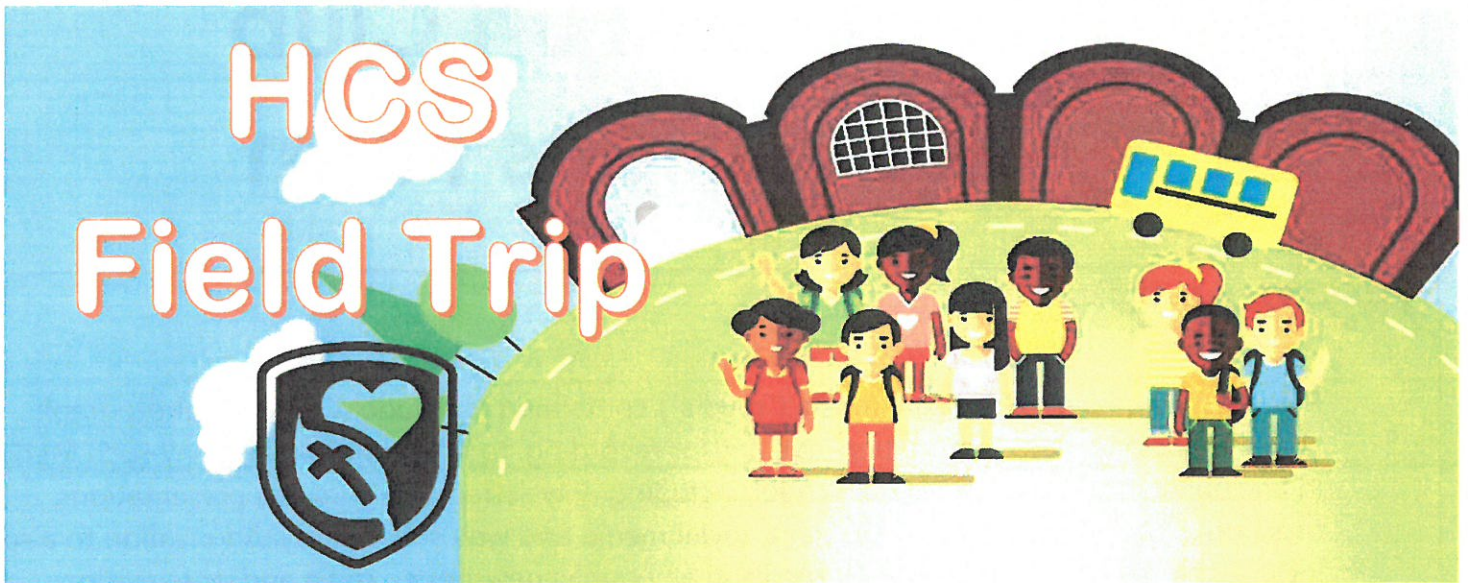
I **GIVE** my permission for childcare staff to apply sunscreen when the weather indicates; I understand I will provide the sunscreen for my child.

I **DO NOT** give permission for childcare staff to apply sunscreen.

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____



Date	Location	Address	Time	Cost
TBD	Metzger Park	1420 Nickelplate St. Louisville	TBD	Free
TBD	Beech Creek	11929 Beech St. NE, Alliance	TBD	\$12
TBD	Akron Children's Museum (Preschool)	216 S. Main St. Akron	TBD	\$8
TBD	Akron Zoo	505 Euclid Ave. Akron	TBD	\$6
TBD	Akron Fossils Museum (School Age)	2080 Cleveland Massillon Rd. Copley	TBD	\$8
TBD	McKinley Museum	800 McKinley Monument Dr. NW Canton	TBD	\$11
TBD	Massillon Rec. Center	505 Erie St. North Massillon	TBD	TBD

SFC FIELD TRIPS

The previous list are *possible* field trip locations. We are still scheduling. We will provide details closer to trip days. Packed lunches are provided by HCS. Please pay the admission fees before the trip, most sites require payment in advance of trip. We will put all children in neon yellow safety t-shirts before we leave for trips. The cost per person includes only admission fees. Transportation fees will be provided by HCS.

 Child's Name: _____

Parent/Guardian Signature _____

Parent/Guardian Name (print) _____

Date _____

My child is a swimmer: Yes No

Comments: _____