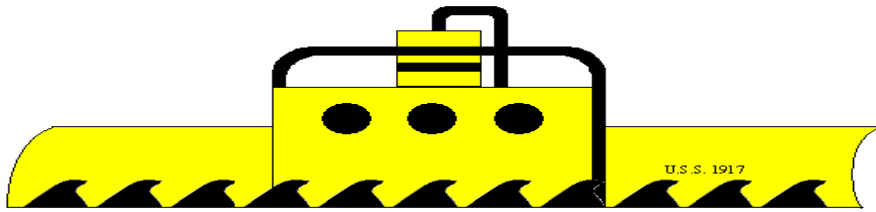


**Hilltop Nursery School**  
 1917 Rt. 37 West  
 Toms River NJ 08757  
 TEL. (732) 657-6676  
 FAX (732) 657-5466



REGISTRATION FEE OF \$ \_\_\_\_\_ PAID ON \_\_\_/\_\_\_/\_\_\_ DEPOSIT OF \$ \_\_\_\_\_ PAID ON \_\_\_/\_\_\_/\_\_\_

**HILLTOP BEFORE & AFTER SCHOOL PROGRAM REGISTRATION FORM 2012/2013**

This registration form must be completed on both sides. **Non-refundable** registration fees are as follows: \$65.00 returning child / \$75.00 new child. Your child is not registered until the registration fee is paid. **June's monthly tuition is obtained with the first month's payment as a deposit.**

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Starting Date: \_\_\_\_\_

\*\*\*\*\*

Please find below the payment schedule for our **Before and After School Child Care**. The charges for students in need of care are listed below. Please be aware that this is a flat rate regardless of the hours that you need. Please remember the Manchester Transportation Department will only pick up and drop off your child at Hilltop. The other days, you must be here for your child /or pick them up from their public school. The prices below reflect the rates for busses arriving after 3:00 PM.

**REGULAR HOURS**

\_\_\_\_ AM Care-\$6.00 per day  
 (7:30 a.m. drop off)  
 \_\_\_\_ PM Care-\$11.25 per day  
 (5:30 p.m. pick up)

**EXTENDED HOURS**

\_\_\_\_ AM Care-\$10.00 per day  
 (6:30 a.m. drop off)  
 \_\_\_\_ PM Care-\$13.25 per day  
 (6:00 p.m. pick up)

\_\_\_\_ Half Day Pre-Kindergarten Bussing Program (7:30 AM to 5:30 PM) \$29.00 per day

**All Tuition Payments Include Recreational Swim**

Please circle the days attending:    Monday    Tuesday    Wednesday    Thursday    Friday

My child is in \_\_\_\_\_ grade.

The public school my child will be attending is:

Manchester    Ridgeway    Lakehurst    Whiting    Ambassador Christian    St. Joseph's    Manchester Middle School

Hilltop will base all payments on a 4-week per month payment schedule. **Your monthly payment is \$ \_\_\_\_\_**

**\*\*HILLTOP WILL PROVIDE CARE FOR MOST PUBLIC SCHOOL CLOSINGS. SURVEYS WILL BE SENT HOME ACCORDINGLY.**

The cost of this program is \_\_\_\_\_ per month. I agree to pay tuition in regularly monthly payments. I realize that a late fee will be due if my payment is made after the 5<sup>th</sup> of the month. Tuition balances under \$100.00 will have a \$10.00 late fee. Tuition balances over \$100.00 will have a \$15.00 late fee. I understand that there is a \$35.00 returned check fee for all returned checks. It is my responsibility to call Hilltop if my child will be absent. I have read the bus program agreement and do agree to abide by the rules and regulations stated on the policy. **I understand that there will not be any refund of June's deposit if I withdraw my child after May 15<sup>th</sup>.** I understand that past due tuition's referred to our collection agency will include collection fees not to exceed 40% of the claim amount. **I understand that Hilltop requires a two-week written notice of any changes or cancellations of my child's schedule. I understand that there is a \$10.00 fee to change my child's schedule. I understand that I will be charged for two weeks after my child's last day if notice is not given. I understand payment is due regardless of vacation, illness, holidays, etc...**

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION. **THANK YOU VERY MUCH!**

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CHILD'S NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

MOTHER'S SS#: \_\_\_\_\_

FATHER'S SS#: \_\_\_\_\_

MOTHER'S OCCUPATION: \_\_\_\_\_

FATHER'S OCCUPATION: \_\_\_\_\_

MOTHER'S CELL PHONE: \_\_\_\_\_

FATHER'S CELL PHONE: \_\_\_\_\_

PLACE OF BUSINESS: \_\_\_\_\_

PLACE OF BUSINESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Marital Status:      Married      Single      Divorced      Separated      Widowed      Partners

Custody Information: \_\_\_\_\_

***\*Please note Hilltop must have a certified copy of any court orders for us to abide by any parental restrictions.***

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PERSON'S AUTHORIZED TO PICK UP CHILD AND/OR CONTACT IN CASE OF EMERGENCY IF NEITHER PARENT IS AVAILABLE:

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

PHONE: \_\_\_\_\_

CHILD'S DOCTOR: \_\_\_\_\_

PHONE: \_\_\_\_\_

DOCTOR'S ADDRESS: \_\_\_\_\_

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I understand that payment is due regardless of vacations, holidays, illness, etc. I also understand that late fees will be issued if my payment is received later than the scheduled date. The party signing this agreement is responsible for payment of the total tuition for enrolled child/children.

1. PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

2. PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_