



Vacation Program

Join us for some fun at one of our fabulous Vacation Programs this year! They are available over Christmas Vacation, February Vacation & April Vacation. Children are assigned to different age groups (Preschool, K-1st, 2nd-5th and current Toddlers) and will participate in age-appropriate activities throughout the day. Our caring teachers are CPR, First Aid and EEC certified.

Registration due by December 10th!

*Please note, each class must meet a minimum enrollment in order to open.

**Christmas Vacation
December 28-30**

**February Vacation
February 22-24**

**April Vacation
April 19-21**

**8:30 am – 3:30 pm
Flexible Schedules!**

**Preschool,
Kindergarten – 5th
and current
Toddlers**

Need more info?
Contact us today!

3 McGinnis Dr
Burlington, MA 01803
781-272-1014 X2

www.mounthopeschool.org

2021-2022 Vacation Program Registration Cost Sheet

TUITION IS DUE BY THE WEEK BEFORE THE START OF THE PROGRAM

Registration payment is due with this form and is **non-refundable**. See Program Schedules for more information.
Please request full registration packet for non-MHCS students.

Registration Fee: \$20 per child - \$40 per family

Days Per Week (each week counted separately)	Half Day Program Hours 8:30am-12:00pm (TOD, PS & KG only)	Full Day Program Hours 8:30am-3:30pm
1 Day	\$80	\$95
2 Day	\$155	\$185
3 Day	\$225	\$270

Sibling Discount: The first child in each family will be charged the full rate; the second child will receive a discount of 10%, each additional child will receive a discount of 20%.

Payment Procedures: Program fees are due the Friday prior to attendance and are non-refundable. These fees are essential to maintaining a top-quality program for our children.

Absences: All absences *must* be called in (illness or otherwise) if your child is scheduled to attend that day. We are not able to adjust tuition due to absences as staffing is already in place for the day.

RELEASE OF STUDENTS

As a child will not be released to anyone without the parent's permission, a parent must notify the school when someone other than themselves will be picking up their child. However, you may list someone below for full authorization and we will not need to be contacted each time.

Listed below are individuals that I authorize to pick up my child at any time from school during the Vacation Program. I understand that the school will not need to contact me beforehand, and I will not hold the school responsible for the release of my child to this individual.

Name: Mr. Mrs. Ms. _____
 Phone No.: _____ Relationship: _____

Name: Mr. Mrs. Ms. _____
 Phone No.: _____ Relationship: _____

Parent/Guardian Signature _____

PHYSICAL EXAMINATIONS AND IMMUNIZATIONS REQUIRED

- Requirement for school entry: (a) complete immunization history signed by child's physician
 (b) physical examination report (current within the last six months) signed by child's physician
 (c) lead screening – Preschool Only

Please provide the following information:

Child's Doctor: _____ Phone Number _____

Health Insurance Information

Insurance Carrier: _____ Policy #: _____

Subscriber: _____ Group #: _____

MEDICAL EMERGENCY INFORMATION

IN CASE OF EMERGENCY/ILLNESS:

If parents cannot be contacted, list someone we can call to pick up your child.

•**FIRST CHOICE** Name: _____ Relationship: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____

•**SECOND CHOICE** Name: _____ Relationship: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____

MEDICAL ALERT

Please list any critical health conditions (such as **food/medicine allergies**, health problems, medication used on a regular basis, dietary restrictions, etc.) that our staff or another physician would need to be aware of in an emergency situation. Please provide any medical action plans that are needed.

ALLERGY	SYMPTOMS TO LOOK FOR	TREATMENT
MEDICAL CONDITIONS		
DIETARY RESTRICTIONS		
<input type="checkbox"/> Vegan <input type="checkbox"/> Vegetarian <input type="checkbox"/> Other (please specify)		

** My child requires an EPI PEN ** My child requires a rescue inhaler

I hereby give my permission for the Mount Hope Christian School staff to act on my behalf in the event I cannot be reached regarding a serious illness or injury to my child. I give them permission to secure any necessary medical care including CPR and First Aid when a delay would be dangerous in protecting the well-being of my child.

Parent/Guardian Signature: _____ Date _____

Office use only: Date: _____ Amount _____ (cash check # _____) Reg Fee FACTS Email