

**HT KIDS PLACE  
CHILD CARE PROGRAM  
HOLY TRINITY CATHOLIC SCHOOL  
PIERZ, MN 56364**



Greetings HT Kids Place Families,

The change of seasons, the beginning of school, is here. That means it is Fall Registration time. Please complete the attached **Fall Registration form for each child** and return to guarantee your children are enrolled in the program.

There are a few changes:

- \*Morning care increased to \$4.
- \*Beginning this fall, there will be a \$20 registration fee per family. The fee will be used to guarantee your family has a spot in the program. Children who are registered will have priority. Drop offs will only be accepted, if the program has staffing available and we are under 50 children.
- \*A "Littles" program was created this summer to provide care for the children three and half to five years of age. This will continue as an all day program throughout the school year. The director will be providing activities that support early learning skills.

NEW DIRECTOR / LEAD TEACHER

I'm pleased to announce the hiring of a new director and lead teacher, **Mrs. Katie Phillips**. Mrs. Phillips has been employed in child care for six years. She has a two year degree from Central Lakes College, employed as a MN Reading Corp tutor, CPR, first aid, and has taken many trainings on child care. Mrs. Phillips has two children attending HT Kids Place program. She has already been in and out of the building bringing materials and equipment for our "Littles" all day program and the before/after school program. Mrs. Phillips will officially begin on Monday, August 20, 2018.

Thank you to Ms. Kailey Egan for your lead teacher leadership over the past three months. The staff has provided many fun and active activities for the children this summer.

SCHEDULING CHANGE

HT Kids Place will be **closed on Friday, August 31, 2018.**

HT Kids Place continues to provide a quality child care program for our area children to keep them safe, provide homework time, and have some fun, whether it is before school, during the day, or after school.

Blessings,

Mrs. Debra Meyer-Myrum, Holy Trinity Administrator

**Please Provide Email:** \_\_\_\_\_  
**HT Kids Place uses HiMama online program to communicate with parents.**

Child's Full Name: \_\_\_\_\_ Grade for this school year: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Age: \_\_\_\_\_ Attends school: \_\_\_\_\_ Teacher: \_\_\_\_\_

**Parent/Guardian 1:** \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_

**Parent/Guardian 2:** \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_

**In the event of an emergency and we are not able to reach a parent, please provide the name and phone number of at least two Emergency Contact persons / and/or persons Authorized to pick up your child.**

Name and Relationship to Child	Telephone Number	
		Authorized to Pick Up Emergency Contact
		Authorized to Pick Up Emergency Contact
		Authorized to Pick Up Emergency Contact

**Please list anyone that is NOT allowed to pick up your child.**

Name and Relationship to Child	Telephone Number	Notes

**(For Office Use Only) Paid: \_\_\_ Cash \_\_\_ Check \_\_\_ Credit Card \_\_\_**

Child's Full Name: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION FOR CHILD**

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent's Insurance Company: \_\_\_\_\_ Contract # \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent's Dental Insurance Company: \_\_\_\_\_ Contract # \_\_\_\_\_

Allergies or Health Concerns: \_\_\_\_\_

Allergic to any medications: \_\_\_\_\_

Presently taking medication: \_\_\_\_\_

**Please list and describe any special needs of your child** such as behaviors, health, or medical concerns, etc.

\_\_\_\_\_  
\_\_\_\_\_

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**Parent Agreement**

- I have read, understand, and agree to abide by all policies/procedures/rates stated in the HT Kids Place Parent Handbook. Handbooks are available at HT Kids Place.  
Yes \_\_\_\_\_ No \_\_\_\_\_
- I agree to the rules and procedures on behalf of the student that I have participating in the HT Kids Place program, and will support the work of the staff in following these same rules / procedures on site.  
Yes \_\_\_\_\_ No \_\_\_\_\_
- My child may have his/her picture and/or name in publications, presentations, newspaper articles, brochures, social media (including Facebook) and other related publicity promoting HT Kids Place / Holy Trinity Catholic School.  
Yes \_\_\_\_\_ No \_\_\_\_\_
- My child may participate in supervised use of the computer and internet as part of HT Kids Place / Holy Trinity Catholic School.  
Yes \_\_\_\_\_ No \_\_\_\_\_
- I agree to allow the staff to apply sunscreen and/or insect repellent as needed (parent provided).  
Yes \_\_\_\_\_ No \_\_\_\_\_
- HT Kids Place may sponsor field trips or activities off site from the regular HT Kids Place area.  
Yes \_\_\_\_\_ No \_\_\_\_\_
- Also, movies rated PG will be shown occasionally. I allow my child to participate in these activities.  
Yes \_\_\_\_\_ No \_\_\_\_\_
- In the case of an accident or sudden illness, the staff of HT Kids Place has my permission to obtain medical assistance or ambulance service, if necessary.  
Yes \_\_\_\_\_ No \_\_\_\_\_

I understand that Holy Trinity Catholic School / HT Kids Place cannot be held responsible for unforeseen circumstances or events that may occur during this time. While we strive to provide accurate information, I understand that the HT Kids Place staff will use their best judgement and training in providing a safe experience for all of the participating students while leading such activities.

Parent / Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

**HT KIDS PLACE 2018-2019 SCHOOL YEAR PAYMENT PLAN**

To register: mail, deliver, or email your registration form (one per child) and \$20 registration fee (per family) to:

- HT Kids Place, Box 427 80 Edward St. S. Pierz, MN 56364
- [htkp.director@holytrinitypierz.org](mailto:htkp.director@holytrinitypierz.org)

Days My Child Will Attend:		Mon.	Tues.	Wed.	Thur.	Fri.
Before School	\$4	___	___	___	___	___
After School	\$6	___	___	___	___	___
Early Childhood / K Day Program		___	___	___	___	___
\$25 Full Day (over 5 hrs) \$17 Half Day (under 5 hrs)						
<b>Non School Day Program</b>		\$25 Full Day (over 5 hrs) \$17 Half Day (under 5 hrs)				
___ September 28	___ October 18 & 19	___ December 14 (Pioneer only)				
___ December 26, 27, 28	___ January 18	___ February 15 & 18	___ March 22			
___ April 19 & 22						

**Closed:** November 23, December 24 & 25 & 31, January 1, May 27

\_\_\_\_\_ Schedule will vary and HT Kids Place will be notified at 320-232-5775 or [htkp.director@holytrinitypierz.org](mailto:htkp.director@holytrinitypierz.org) when child will attend.

Comments:

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Listed below are the available payment options. Please check what payment schedule works best for you. Invoices will be emailed on Monday of the week following care. Account balances must be paid weekly.

- \_\_\_\_\_ Weekly Cash / Check payments - at childcare site.
- \_\_\_\_\_ Recurring payments using the credit card. (Additional 2.5% will be added to cover credit card fee)  
 \*Please complete Recurring Payment Authorization Form on back page. Recurring payments will occur the first business day of each week.

I understand that if I miss the selected payment schedule of my choosing, there will be a \$5 late charge added to my account each week my account is delinquent. If payment is not received within 1 week, children cannot attend until account is paid in full.

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

**RECURRING PAYMENT AUTHORIZATION FORM**

Schedule your payment to be automatically charged to your Visa or MasterCard. Funds will be withdrawn the first business day of the week.

**Here's How Recurring Payment Work:**

You authorize regularly scheduled charges to your credit card. You will be charged the amount indicated on the weekly invoice that you will receive via email. A receipt for each payment will be emailed to you and the charge will appear on your bank statement. You agree that no prior-notification will be provided unless the date or amount changes - a revised invoice will be emailed to you.

**Please complete the information below:**

I \_\_\_\_\_ (full name) authorize HT Kids Place / Holy Trinity Catholic School to charge my credit card indicated below for the amount indicated on teh invoices that I will recieve each week for fees accrued through HT Kids Place.

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Name (as it appears on credit card) \_\_\_\_\_  
Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone \_\_\_\_\_  
Visa \_ MC \_ Card# \_\_\_\_\_ Vin# \_\_\_\_\_ Exp Date: \_\_\_\_\_

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I have given authority to HT Kids Place / Holy Trinity Catholic School to deduct ongoing payments for childcare dues as indicated by weekly invoices. I understand that the charges applied to my credit card will be for attendance fees, credit card fee, and late fees, if applicable. When my account is charged, such action will constitute my receipt for the payment. In the case of a HT Kids Place / Holy Trinity Catholic School transaction being rejected for Non Sufficient Funds (NSF), I understand that HT Kids Place / Holy Trinity Catholic School will contact the payer to receive updated payment information. If updated payment information is not received within 5 business days, a charge of \$10 will be added to the account and the child cannot attend HT Kids Place until all fees are paid in full. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms in this authorization form. I understand that HT Kids Place / Holy Trinity Catholic School has the right to submit any unpaid accounts to a Collection Agency to obtain payment.

**I have read and agreed to the above conditions of the Recurring Payment Agreement. I also agree that I have received a copy of the Recurring Payment Agreement.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_