

2025/2026 SCHEDULE OF FEES

Annual Registration Fee: \$50.00 per child

Kindergarten ~ 7th Grade

PROGRAM	MONTHLY PAYMENT			
	1 Day	2 Days	3 Days	5 Days
Before and After School 6:30 drop off & 6:30 pick up	\$185.00	\$370.00	\$555.00	\$695.00
Before School 6:30 drop off	\$105.00	\$210.00	\$315.00	\$410.00
Before School 7:30 drop off	\$70.00	\$140.00	\$210.00	\$278.00
Before School 8:30 drop off	\$26.00	\$52.00	\$78.00	\$103.00
After School 4:30 pick up	\$26.00	\$52.00	\$78.00	\$103.00
After School 5:30 pick up	\$70.00	\$140.00	\$210.00	\$278.00
After School 6:30 pick up	\$105.00	\$210.00	\$315.00	\$410.00
Full Time Parochial After School ~ 6:30 pick up	\$148.00	\$296.00	\$444.00	\$560.00
VACATION DAYS	\$75.00 minus your daily rate			

Preschool ages 3, 4 & 5

PROGRAM	MONTHLY PAYMENT
4 Hour Program ~ 9:00-1:00	
2 days	\$320.00
3 days	\$451.00
5 days	\$636.00
6 Hour Program	
2 days	\$424.00
3 days	\$636.00
5 days	\$902.00
9 Hour Program	
2 days	\$636.00
3 days	\$902.00
5 days	\$1114.00
12 Hour Program	
2 days	\$743.00
3 days	\$1050.00
5 days	\$1221.00

\$10.00 extended per hour

Annual Registration Fee: \$50.00 due at time of enrollment

*** In extreme and unforeseen circumstances, we reserve the right to raise prices. If such an extreme circumstance should arise, a thirty-day notice will be given. Before such measures become necessary, we will do all things possible to trim our costs to work within our budget ***

DISCOUNTS

10% OFF THE TOTAL AMOUNT

You must have 2 children attending The Hide Out Full Time ~ M-F
6:30 am drop off and/or 6:30 pm pick up

15% OFF THE TOTAL AMOUNT

You must have 3 or more children attending The Hide Out Full ~ M-F
6:30 am drop off and/or 6:30 pm pick up

PAYMENT SCHEDULE

Payment is due on the 1st of each month attending. You are given a grace period to the 5th of the month. If your account is not paid in full by the 5th of the month, your account will then be charged \$5.00 *per day* (excluding weekends) until the 10th of the month. If your account is not paid in full by the 10th of the month, your child will be dismissed from the program as of the 11th of the month. If paying by credit card and the 1st falls on a weekend, your card will be charged the Friday before.

TO REGISTER

1. Complete and return all forms.
2. Submit a \$50.00 Non-Refundable registration fee per child.
3. *All payments are to be made payable to: The Hide Out*
4. Provide a copy of your child's health form(unless we have an updated one on file)
5. Read online parent manual / print & sign the "I have read the manual: page.
6. All parents of school age children must inform the school of their child's participation in The Hide Out Program.

PRESCHOOL ENROLLMENT ELIGIBILITY

- ~ Children must be at least 32 months through 5 years of age to attend our program.
- ~ Children **MUST** be potty trained and in underwear only. Pull-ups are not considered underwear.
- ~ Registration opens each January for the following school year. Current enrollment will be given first opportunity (1 month from start of open registration) to re-register for the next school year.
- ~ **Children must be 3 by September 1st** of the attending year to be in our pre k 3 program. However, we can accept children who are 2.9 years old by September 1st of the attending year, but they would have to repeat pre k-3 the following year. **No exceptions.**
- ~ **Children must be 4 by September 1st** of the attending year to be in our pre k 4 program. **No exceptions.**
- ~ **Children must be 5 by September 1st** of the attending year to be in our pre k 5 program. **No exceptions.**

Family Information

<u>Child</u>	Name _____	D.O.B. _____	
	Address _____	Age _____ Yrs. _____ Months	
	_____	<small>(As of September 2025)</small>	
<u>Mother</u>	Name _____	Employer _____	
	Address _____	Address _____	
	Home Phone _____	Work Phone _____	
	Email _____	Cell Phone _____	
<u>Father</u>	Name _____	Employer _____	
	Address _____	Address _____	
	Home Phone _____	Work Phone _____	
	Email _____	Cell Phone _____	

Educational Information

School Age: Before School _____	Drop off: 6:30am	7:30am	8:30am	(circle one)
After School _____	Pick Up: 4:30pm	5:30pm	6:30pm	(circle one)
School: _____	Grade: _____	Days Attending: M T W Th F		
		<small>(Circle days attending)</small>		
Vacation/Snow Days only _____				
<hr style="border-top: 1px dashed black;"/>				
Preschool: 4 hour	or	Your Choice	Days Attending: M T W Th F	
9:00 - 1:00		_____ to _____	<small>(Circle days attending)</small>	

Emergency / Medical Information

Emergency/Alternate Pick Up: The following people **must be local** and cannot be one of the child's parents. The Hide Out has permission to call these people in the event of an emergency or when you cannot be reached. These people may also pick up your child at any time. This is State required.

	(Name)	(Relationship to Child)	(Phone #'s)
1. _____	_____	_____	_____

Physician: Name _____ Phone # _____

Insurance: Carrier _____ **Policy #** _____

Allergies: _____

In the event of a medical emergency, I _____ grant my permission to The Hide Out to administer first-aid, if needed, and to obtain medical treatment for my child _____ . I hereby authorize The Hide Out to contact on my behalf an ambulance and/or E.M.T. service to transport my child to the nearest or most appropriate emergency facility, and to treat accordingly in their professional judgment. I will assume any medical and transportation cost incurred.

Signed _____ **Date** _____