



## Hot Springs Community Learning Center

growing our community from the seed

[www.HSCLC.org](http://www.HSCLC.org)

Hello!

Thank you for your interest in **Hot Springs Community Learning Center**. We are a non profit organization offering quality programs in Preschool, Transitional Kindergarten, After School program, and Home School support in Hot Springs, NC. We are a four star licensed child care facility, with a whole-child centered, community based educational mission. We have a few options for financial aid to help with tuition costs. If you have not done so already, please visit our web site for more program information, current events, and donation opportunities.

To begin the Enrollment Process, please review and fill out the sheets enclosed in this package. You will need to obtain a copy of your child's **immunization record** (or ask us for an exemption waiver), make an appointment for your child's **health assessment**, and if you are interested in a **subsidy vouchers** from DSS, you will need to contact them to make an appointment. \*More info in this package.

Once you have the above ready, contact the center so that we can determine the status of your child's placement. Upon acceptance we will schedule an appointment for your Welcome Interview. Then together we will create your child's file and take a little time to get to know one another.

Please be reminded that all children must be no younger than 3 years old and they must be potty trained. We are not licensed to work with diapers at this time, and we simply can not accept students until they have reached this bench mark.

We appreciate your interest HSCLC, and hope that you will feel welcome to become a part of our learning community in Hot Springs!

Deborah DeLisle  
HSCLC Program Director

Call the center at (828) 622-9575 with any questions  
Visit us online at: [www.hsclc.org](http://www.hsclc.org)

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# Rate & Service Information

## **Pre-School & TK Programs**

Ages: 3 –5 year olds

**Program Hours: 7:45 am-5:15 pm**

Available: Monday — Friday

### **Full Time**

Five Days: \$535 per month

**Part Time (monthly rates) \*Tue, Wed, Thur. only**

Three Full Days per week: \$396

Two Full Days per week: \$265

Includes: two snacks, milk at lunch and one hot meal per week.

**Early Drop Off:** Before 7:45 am > \$4 flat rate

<b>Extra Fees:</b>	
Registration (once per program year)	\$25
Late Pick-Up Fee, first 15 minutes	\$5
Late Pick-Up Fee, every minute after the first 15	\$1 per minute
Late Tuition Payment, after the 10th of the month	\$10
Late Tuition Payment, after the 15th of the month	\$20
Late Tuition Payment, after the 20th of the month	\$30
Late Tuition Payment, after the 25th of the month	\$40
HSCLC Packed Lunch	\$2 per lunch
HSCLC Supplement to a packed lunch	\$2 per day

## **After School Program 5–12 yrs old**

**Program Hours 2:45 pm—6:15 pm**

Available: Monday — Friday

### **Full Time**

Five Days \$340 per month

**Part Time \*Tue, Wed, Thur. only**

Three Days \$227 per month

Two Days \$160 per month

### **By the day (any amount of days)**

**\$18 per day, pre-paid 1 month in advanced**

Rates include: A healthy, nutritious snack, help with homework, and all art supplies.

**Emergency Days : \$20 per day**

Billed at the end of the month

<b>Extra Fees:</b>	
Registration (once per program year)	\$25
Late Pick-Up Fee, first 15 minutes	\$5
Late Pick-Up Fee, every minute after the first 15	\$1 per minute
Late Tuition Payment, after the 10th of the month	\$10
Late Tuition Payment, after the 15th of the month	\$20
Late Tuition Payment, after the 20th of the month	\$30
Late Tuition Payment, after the 25th of the month	\$40



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## Learning Center Application

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

### Student Information (one application per child)

First & Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**Program:** School Year 2010—2011

(circle one) Pre School (3 & 4) TK (4 & 5) After School (5—12 yrs old)

**Preferred Schedule:** Full Time Part Time:  
**Preferred Days:** \_\_\_\_\_

### Parent or Guardian Contact Information

**Mothers** First & Last Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ PO Box: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Fathers** First & Last Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ PO Box: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Basic Personal Information about this child:

Known allergies: \_\_\_\_\_

Unique behaviors : \_\_\_\_\_

Any other important characteristics: \_\_\_\_\_

\_\_\_\_\_

Fill out and Send or bring back to:  
**HSCLC** PO Box 94 Hot springs, NC 28743

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## Financial Aid Options

### DSS

Madison County Department of Social Services is here to provide financial assistance with your child care needs. This option is for parents who either work or go to school full time, and fit within the income level parameters.

- Call **DSS at (828) 649-2711**, ask for **Nancy Messer** to schedule an appointment NOW.

### Smart Start

If your income level is too high to qualify for DSS, you can try Smart Start Partnership for Children and Families. They also subsidize tuition costs and can offer assistance.

- Call (828) 649-0266 and ask to speak with **Beth McDonald**.

### Community Scholarship Program

HSCLC has created its own scholarship program for those still in need of assistance after DSS and Smart Start options. We can further help with the Parent Fee portion of tuition.

- Simply fill out the form below to discuss CSP options during your Welcome Interview

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I will be applying for subsidy through either DSS or Smart Start. I understand that they will assess the parameters of my income and work or educational plans to determine how much they will provide, and how much I will provide to cover the cost of my child's tuition.

I am interested in the Community Scholarship Program.

**Student First & Last Name:**

**Parent or Legal Guardian**

\_\_\_\_\_

\_\_\_\_\_

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## Discipline and Behavior Management Policy

Date Adopted: August 2008

Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive, non-violent, understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline.

*\*Please see pages 4-5 in your Parent Handbook or detailed wording of the HSCLC staff responses to basic challenging behavior.*

Based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy:

### **We DO :**

1. Praise, reward, and encourage the children
2. Reason with and set limits for the children
3. Model appropriate behavior for the children
4. Modify the classroom environment to attempt to prevent problems before they occur
5. Listen to the children
6. Provide the children with natural and logical consequences of their behaviors
7. Provide alternatives for inappropriate behavior to the children
8. Treat the children as people and respect their needs, desires, and feelings.
9. Ignore minor misbehaviors
10. Explain things to children on their levels
11. Use short supervised periods of "time out"
12. Stay consistent in our behavior management program.

### **We DO NOT:**

1. Spank, shake, bite, pinch, push, pull, slap or otherwise physically punish the children
2. Make fun of, yell at, threaten, make sarcastic remarks about, use profanity or otherwise verbally abuse the children
3. Shame or punish the children when bathroom accidents occur
4. Deny food or rest as punishment
5. Relate discipline to eating, resting or sleeping
6. Leave the children alone, unattended, or without supervision.
7. Place the children in locked rooms, closets, or boxes as punishment
8. Allow discipline of children by children
9. Criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups.



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## Health Assessment Form

- This form can be completed and signed by a Physician, Certified Nurse Practitioner, or a Public Health Nurse

### Student Information (one assessment per child)

First & Last Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

#### Physical Examination

Ht: \_\_\_\_\_ Wt: \_\_\_\_\_

<input type="checkbox"/>	Head	_____
<input type="checkbox"/>	Eyes	_____
<input type="checkbox"/>	Ears	_____
<input type="checkbox"/>	Neck	_____
<input type="checkbox"/>	Heart	_____
<input type="checkbox"/>	Skin	_____

<input type="checkbox"/>	Nose	_____
<input type="checkbox"/>	Teeth	_____
<input type="checkbox"/>	Throat	_____
<input type="checkbox"/>	Chest	_____
<input type="checkbox"/>	Abd/GU	_____
<input type="checkbox"/>	Neurological System	_____

Please Check:

Results of Tuberculin Test, if given:

Type: \_\_\_\_\_ Date: \_\_\_\_\_ Normal \_\_\_\_\_ Abnormal \_\_\_\_\_

Should activities be limited? No \_\_\_ Yes \_\_\_\_\_

If Yes, explain: \_\_\_\_\_

Any other recommendations regarding this child's health:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Examination: \_\_\_\_\_ Phone: \_\_\_\_\_

Print Name of Authorized Examiner : \_\_\_\_\_

Signature of Authorized Examiner / title: \_\_\_\_\_

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## Medical Health History

Is this child allergic to anything? No  Yes  if yes, what?

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Does this child have any physical disabilities No  Yes  if yes, please describe:

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Does this child have any mental disabilities No  Yes  if yes, please describe:

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Is this child currently under a doctors care? No  Yes  if yes, for what reason?

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Is this child taking any continuous medication? No  Yes  if yes, what?

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Is there a history of significant diseases or recurring illnesses? No  Yes  If yes, what? (diabetes, heart trouble, convulsions)

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Any other pertinent information regarding this child's health:

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Signature of Parent or Legal Guardian: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_