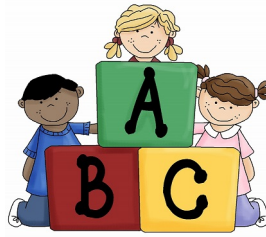


"In The Beginning" Early Learning Program



Hill Country Cowboy Church

Mondays and Wednesdays

8:30 am – 3:00 pm

(512) 847-9526

Ages 1 – 4 years old \$200.00 monthly per child.
Registration fee of \$50.00 per child or \$70.00 per family.

Our program follows the Wimberley I.S.D. 2017 – 2018 Calendar. Feel free to download the registration form from the Hill Country Cowboy Church website. You may also call 512-847-9526 or stop by the church office at 120 Green Acres Dr. Wimberley, TX. In order to be enrolled & registered the non-refundable registration fee must be paid and the form submitted.

Our Vision and Purpose

Hill Country Cowboy Church's Early Learning Program offers a loving, safe, and secure atmosphere for children; a caring, supportive ministry to parents and families in our community. Our age-appropriate curriculum "Share Faith" is designed to enlighten young minds. We also facilitate early math, pre reading and writing curriculum as well as a fun and interactive phonics program.

ITB - Director Brenda Guillory or Yvette Smith assistant

For questions or more information please contact Brenda or Yvette at 512-847-9526 or through email at itb.hccc@gmail.com

Hill Country Cowboy Church is located at 120 Green Acres Dr. Wimberley, TX 78676

Drop-In Care

Offered Depending on Availability

Drop-In Care services are available on Mondays and Wednesdays with a 24 hr notice of care needed. Once you have registered your child, we are available to care for your child(ren) on an as needed basis. The drop-in care rate is a daily rate of \$25.00 based on the slot your child will hold for that day, not the number of hours attended. We do not charge hourly for our services; however, you may drop off or pick up your child when you need.

Follow us on Facebook ~

Hill Country Cowboy Church

120 Green Acres Drive

512-847-9526

Wimberley Texas, 78676



In the

Beginning

Early Learning Program (ages 1-4)

Mondays and Wednesdays 8:30am-3:00pm

Registration Form: Fall 2017- Spring 2018

Child's Name _____ (Female/Male) DOB: ___/___/___

Parent Name 1 _____ Parent Name 2 _____

Address: _____ Address: _____

City: _____ State: ___ Zip: _____ City: _____ State: ___ Zip: _____

Home Phone # (____) _____ Home Phone # (____) _____

Cell Phone # (____) _____ Cell Phone # (____) _____

Work Phone # (____) _____ Work Phone # (____) _____

Email Address _____ Email Address _____

Emergency Contact 1

Name _____ Phone # (____) _____ Relationship _____

Emergency Contact 2

Name _____ Phone # (____) _____ Relationship _____

Allergies _____