



## The Harvest School Enrollment Application and Agreement

Date \_\_\_\_\_ First Day of Attendance \_\_\_\_\_  
Classroom Assignment \_\_\_\_\_

### Child Information

Last, First, M.I. _____	Sex: M / F _____
Date of Birth: _____	Age: _____
Address: _____	
City: _____ State: _____ Zip Code: _____	
Has your child been previously enrolled in a preschool, child care or group play program? <input type="checkbox"/> Y <input type="checkbox"/> N	
Is your child toilet trained? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> In progress	
Does your child speak another language? <input type="checkbox"/> Y <input type="checkbox"/> N Specify _____	

### School Age Children

Will The Harvest School transport your child to/from elementary school? <input type="checkbox"/> Y <input type="checkbox"/> N
Name of Elementary School: _____
Teacher's Name: _____ Grade: _____ Pick-Up Time: _____
Drop-Off Time: _____

### Parent/ Guardian Information

Name: _____	
Driver's License #: _____	
Address: _____	
City: _____ State: _____ Zip Code: _____	
Home Phone#: _____	Cell Phone: _____
Email: _____	
Employer Name: _____	
Employer Address: _____	
City: _____ State: _____ Zip Code: _____	
Work Phone #: _____	

### Secondary Guardian Information

Name: _____	
Driver's License #: _____	
Address: _____	
City: _____ State: _____ Zip Code: _____	
Home Phone#: _____	Cell Phone: _____
Email: _____	

Employer Name:
Employer Address: _____ City: _____ State: _____ Zip Code: _____
Work Phone #:

With Whom Does The Child Reside? _____
Please explain status of Custody/Guardianship Agreement: _____ _____ _____

**Authorized “Pick-Up” Information**

List two individuals other than parent or guardian.

Name:
Address: _____ City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Name:
Address: _____ City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

**Emergency Information**

Should my child become ill or suffer an accident, I hereby authorize The Harvest School to administer, call for, and secure the necessary emergency care or medical attention as deemed necessary by The Harvest School. I understand that an effort will be made to contact myself or the designated persons possible, before any action is taken. I also understand that any expense incurred will be accepted by me. <b>Initial Here</b> _____
Child’s Physician: _____ Phone: _____
Physician’s Address: _____ City: _____ State: _____ Zip: _____
Preferred Emergency Medical Facility: _____ Phone: _____
Facility Address: _____ City: _____ State: _____ Zip: _____
Please list any medical problems or chronic illness which the school should be aware of: _____ _____
Please list any food allergies or diet restrictions: _____ _____
Prior to enrollment, I must provide the center with updated medical and immunization information for my child. This information must be updated in accordance with state child care licensing regulations and kept current. I understand that children without appropriate current medical records may not attend the center. _____
I agree to promptly provide information to the center regarding any conditions, illnesses, allergies, or attention and agree to provide additional documentation as needed. _____

# **The Harvest School Policies and Procedures for Parents and Guardians**

## **Registration**

In order to reserve a space for your child for enrollment in The Harvest School, please complete and return this form with your child's non-refundable registration fee in the amount of \_\_\_\_\_.

This annual registration fee is due and payable at the time of enrollment and each year after and during the anniversary of your enrollment. The fee includes processing your child's application and your child's Accident Insurance Premium. \_\_\_\_\_

## **Center Hours of Operation**

The Harvest School is open Monday through Friday, January through December, between the hours of 6:30am to 6:30 pm. The school will be closed for the following holidays: New Year's Day, Martin Luther King Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, day after Thanksgiving, and Christmas Day.

The School's hours and holiday schedule are set and posted annually, but may change at any time. There is no reduction in tuition as a result of the center's closures.

The procedure for notifying families should severe weather or other conditions prevent the center from opening on time or at all will be posted, announced on Channel 11 Alive News and also on our website. If it becomes necessary to close early, it shall be the parent's responsibility to arrange for their child's early pick-up. There will be no tuition credit for any time the school is closed. \_\_\_\_\_

## **Withdrawal**

Should it become necessary to withdraw your child for any reason, a two week written notice must be submitted to the school office. Verbal notice will not be considered withdrawal notification. Tuition is due and payable during the two weeks notice period. \_\_\_\_\_

## **Daily Sign-In**

Parents/Guardians must complete the sign-in/ sign-out process for their child at the front desk each day. Children must be escorted daily to and from their classroom by their parent/guardian. \_\_\_\_\_

## **Illness**

Children who become ill, or retain a temperature of 100 degrees or higher may not remain at school, nor will an ill child be admitted. Children who have been exposed to or have contracted serious communicable diseases or infectious disease may not return until the disease is no longer contagious and a note from the child's physician is given to the director. \_\_\_\_\_

## **Medication**

All medication must be signed in at the front desk. No medication may be placed in the child's tote bag. Only prescription medication will be administered. Over the counter medication will not be administered unless accompanied by a doctor's note. Medication will only be administered at 12 noon. \_\_\_\_\_

## **Tuition**

In order to ensure quality programming and high quality staffing, your tuition is due even when your child is absent. Tuition is paid weekly. Weekly tuition is due Friday of the proceeding week. If your tuition is not paid in a timely manner, a late fee of \$10 on Tuesday will be added. An additional late fee of \$10 will be added on Thursday if tuition payment is not paid by this time. Failure to stay current in your child's tuition fees may result in the loss of your child's space at The Harvest School and will constitute a default which will entitle The Harvest School to all remedies as prescribed by law, including attorney's fees and collection fees. \_\_\_\_\_

The tuition for your child's program is \$ \_\_\_\_\_. Fees are due and payable regardless of weather conditions that may not affect the schools' opening and closing.  
Tuition fees are not subject to pro-ration for illness, holidays, or emergency closure of the center.

\_\_\_\_\_

If a check is returned unpaid by the bank, a service charge of \$35.00 will be assessed. \_\_\_\_\_

Payment from customers with outstanding unredeemed returned checks must be in the form of a money order or cashier's check. The Harvest School will not accept checks from customers who have submitted two or more unredeemed checks in a period of one year. \_\_\_\_\_

**Late Pick-Up Fee**

A late pick-up fee of \$1 per minute will be assessed when a child is left beyond the center's operating hours. The late pick-up fee does not constitute an agreement to provide after hour service, nor will the late fee be applied toward tuition. Chronic lateness may be ground for termination of service. \_\_\_\_\_

**After school Policy**

There is no additional charge for early release days. There is a \$25 charge per day for Holidays. Additional fees apply for Field trips and In-House Field trips. \_\_\_\_\_

**Walking Trips**

I give permission for my child to leave the center for outdoor exercise and educational purposes, with the understanding that my child will be accompanied by center staff and under proper staff supervision at all times. \_\_\_\_\_

**Transportation**

I give permission for my child to participate in and to be transported while under proper staff supervision at all times for field trips, to and from school, educational excursions and other center sponsored activities. I will be given a specific permission slip for each off site field trip. Off-site field trips and all transportation of children will meet state child care licensing regulations and enter policies including minimum-age requirements. \_\_\_\_\_

**Water Activities**

I give permission for The Harvest School to include my child in supervised water activities, including water activities at the center. I will be given a specific permission slip for all off-site water activities. \_\_\_\_\_

**Photographs/ Videotape**

I give permission for my child to be photographed and videotaped in the center and during program functions and field trips. I understand that photographs/videos may be taken by center staff or by other parents/guardians. I will be notified if any photos/videos taken by center staff are to be used for public relations purposes and understand I have the right to refuse permission for such use. \_\_\_\_\_

<b>Acknowledgement</b>	
I, _____, agree that I have read and understand the terms and agreements listed herein. I am in receipt of and agree to comply with all "Policies and Procedures" set forth by The Harvest School, and I agree to the provisions which are incorporated herein, by reference and are a part hereof.	
Parent/Guardian: _____	Date: _____
Parent/ Guardian: _____	Date: _____
Director/Designated Staff Member: _____	Date: _____