



Harvest Time Academy Preschool

Enrollment Application 2016-2017

Today's Date: _____ Desired Start Date: _____
 Child's Name: _____ Parent Name: _____
 Address: _____
 Phone Number _____
 Child's Birthday: _____ Days Needed: M T W Th F

Fee Contract

****I understand that the "ideal enrollment date" is not a guarantee. Actual enrollment is based on a first come, first serve basis.**

Waiting List Information

- There is absolutely no guaranteed start dates.
- A family will be placed on the waiting list based on the date the fee contract was signed.
- I understand that priority is given to families with children already enrolled in HT Kids Academy, those who are members of Harvest Time Church, and those needing full time care.
- HT Kids Academy will call a family when a vacancy becomes open and the child is able to start. At that time, the registration fee is due and the vacancy will be secured when the deposit is paid.
- Once the registration fee is paid the child must begin within two weeks and weekly billing will begin.

Fee Information (Please Initial)

- I understand that the "ideal enrollment date" is not a guarantee for getting my child in.
- I understand that my child must be dropped off by 10:30 a.m. every day, or they may be denied care for the day. Allowances may be made for doctor appointments and family emergencies.
- I understand that a late pickup fee of \$5 will be charged per child after 6:00 p.m., and \$1 per minute after 6:15.
- I understand that the registration/supply fee is non-refundable.
- I understand that my execution of the Sex Offender Certification Statement is a pre-requisite to the Fee Contract becoming effective.
- I understand that my tuition payments are due the **Friday before** the week my child is scheduled to come.
- I understand that a \$25 late fee may be assessed to my account if my account becomes delinquent.
- I understand my child may be photographed periodically and have their picture posted on the HT website and Facebook page.
- I understand that HT Kids Academy may be closed for some holidays and weather conditions, and I will still be responsible for payment on those closed days. (We follow Ft. Smith Public Schools weather closings.)
- I understand that a two week notice is required to withdraw my child. I will be billed for those two weeks.
- I understand that I will be billed for days scheduled, and I am responsible for payment even if my child does not attend.

Parent Signature _____

Registration Fee \$ _____ Cash \$ _____ Check# _____ \$ _____ Debit/Credit \$ _____ Bill Account: _____
 Staff Initials _____ Billing Set Up _____ Notes: _____

Harvest Time Academy Preschool Statement of Faith

Please read the following beliefs held by Harvest Time and Harvest Time Academy and complete the information below.

- We believe the Bible to be the only inspired, infallible, and authoritative Word of God.
- We believe in one God in three manifestations: Father, Son, and Holy Spirit.
- We believe in the deity of Jesus Christ, in His virgin birth, in His atoning death, His bodily resurrection, and His ascension to the right hand of the Father.
- We believe in evangelistic and missionary fervor and endeavor.
- We believe in salvation through the redeeming blood of Christ.
- We believe in water baptism by immersion.
- We believe the believer is kept by the power of God by faith unto salvation.
- We believe that divine healing is obtained on the basis of atonement.
- We believe in sanctification and holiness of heart and overcoming life as Scriptural requirements for the bride of Christ.
- We believe in the baptism of the Holy Spirit and the present ministry of the Spirit in and through the believer manifested in the five ministries as they are being restored in end-time revival, the gifts of the Spirit, and the fruit of the Spirit.
- We believe in Christ's personal return in power and great glory, in His reign, and everlasting dominion.
- We believe in the resurrection of both the saved and the lost; they that are saved unto resurrection of eternal life, and they that are lost unto resurrection of eternal punishment.
- We believe the Holy Bible is the final authority on all matters concerning conduct, lifestyle, and behavior.
- We believe in the priesthood of the individual believer and the use of their gifts to edify the local church body and that each is qualified or disqualified spiritually, morally, domestically and doctrinally based upon the Holy Bible.

Name of Church Student

Attends: _____

(Church Name)

(City, State)

(Pastor's Name)

I have read and understand the Statement of Faith of Harvest Time. I understand that all classroom instruction, chapel services, devotions, and Bible curriculum will uphold this Statement of Faith, and I will support the instruction of HTA, which is aligned accordingly.

Father/Guardian Signature

Date

Mother/Guardian Signature



HARVEST TIME
ACADEMY

Date

Harvest Time Kids Academy



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Parent Information

Enrolling Parent/Guardian: _____

Relationship to Child: _____ Cell Phone # _____ Carrier: _____

Address: _____ City: _____ State: _____ Zip _____

Employer: _____ Work Phone: _____ Ext _____

Standard Work Hours _____ Driver's License # _____

Email address: _____

Other Parent/Guardian: _____

Relationship to Child: _____ Cell Phone # _____ Carrier _____

Address _____ City: _____ State: _____ Zip: _____

Employer: _____ Work Phone _____ Ext _____

Standard Work Hours _____ Driver's License # _____

Email address: _____

Primary Residence (Circle One) With Both Parents With Mother With Father With Guardian

Parent's Marital Status (Circle One) Married Single Divorced

If divorced, who has legal custody? _____

May the non-custodial parent pick up the child? _____

**If yes, include in release section. If no, documentation from the court is required.

Non-custodial parents are also required to complete the Certification Statement for Parents attached to this application and must follow all procedures for secure code issuance applicable to custodial parents.



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Medical Information

Child's Physician: _____ Phone # _____

Food Allergies: _____

Other Allergies: _____

Hospital Preference: _____

Medical History

Frequent Ear Infections: _____ Frequent Throat Infections: _____

Frequent Colds: _____ Sunburn Sensitivity: _____

Diabetes: _____ Seizures: _____

Disabilities: _____ Dietary Restrictions: _____

Other: _____

Routine medications: _____

Frequency: _____ Medical Condition: _____

Is your child potty trained? _____

What does your child say to use the bathroom? _____

Have people other than the parents cared for your child? _____

What are some of your child's favorite things? _____

Tell us a little about your child: _____

HIPPA Release Form Allergy and Medical Postings

I, _____, parent/guardian of _____
(print name) (print child's name)

authorize HT Kids Academy to post my child's allergy/medical alert in their assigned classroom, in the kitchen and other areas as needed. I understand that this information will be posted to ensure all staff members are aware of my child's allergy/medical needs.

Parent/guardian signature

Date

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Immunization Policy

**I understand that a copy of the child's immunization records must be provided for ages 3 months-5 years of age within 15 days of enrollment. According to Arkansas DHS Regulations we cannot have a child in our care that has not provided one of the following:

1. Proof of current and up to date immunizations.
2. Proof of scheduled doctor's appointment to receive immunizations that are due.
3. Proof of Exemption from Health Department.

Parent Signature

Parent Authorization Form Emergency Medical Action & First Aid

I, _____, parent/guardian of _____, do hereby request and give consent to Harvest Time Kids Academy, or its duly appointed representative, for said child to receive such medical or surgical aid as may be deemed necessary and expedient by duly licensed or recognized physician or surgeon in case of an emergency when the parents can't be reached.

Parent/guardian name (print)

Parent/guardian Signature

Date

---This Section to be Notarized---

State of _____ County of _____

Subscribed and sworn before me on this _____ day, 20____. Who is personally known by me or has produced _____ for identification.

Who did/did not take this oath.

Notary Public Signature

Notary Public Print Name

My commission number is: _____

My commission expires on: _____

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Sex Offender Certification Statement

Harvest Time Kids Academy is committed to maintaining a safe and secure environment and protecting every child from harm or the potential risk of harm. In furtherance of this goal, the Academy does not permit registered sex offenders to enter upon its premises at any time. The following certification statement ensures this policy is enforced. Each parent or guardian must complete this certification prior to his/her child's enrollment in the Academy, and prior to security code issuance, and must re-certify compliance with this statement once per year, as outlined below.

By my signature below, I certify that I am not currently required to register as a sex offender in the State of Arkansas or any other state. For purposes of this certification, "sex offender" means being classified as a Level 2 (Moderate Risk), Level 3 (High Risk), or Level 4 (Sexually Violent Predator) offender in Arkansas, previously being required to register under the Habitual Child Sex Offender Registration Act, former Arkansas Code Annotated §12-12-901, or being adjudicated guilty or pleading nolo contendere to any sex offense in any other state. I further certify that I have not been acquitted on the grounds of mental disease or defect of a sex offense in Arkansas or any other state.

I understand that a false or misleading certification is grounds for immediately excluding my child's enrollment in HT Kids Academy from consideration and/or could result in my child being immediately dismissed from the Academy following his or her enrollment. False or misleading certifications may result in a report to law enforcement. The Academy reserves the right to revoke security codes at any time and for any reason.

I further acknowledge that I am required, and hereby agree, to photocopy my driver's license or government issued photo identification card prior to any security code being issued. I also acknowledge and agree that, following my child's/children's enrollment, I will be required to have my driver's license or government issued photo identification card copied in August of each subsequent year that my child remains enrolled.

1. _____

Parent Name

Relationship to Child

Signature

Date

2. _____

Parent Name

Relationship to Child

Signature

Date



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Authorized Pickup Form

Please list up to two additional authorized people you wish to pick up your children and have a security code other than Mom and Dad.

1st Person

Name: _____ Relationship to Child: _____

Phone # _____ This person may have unfettered access to my child. Yes No

2nd Person

Name: _____ Relationship to Child: _____

Phone # _____ This person may have unfettered access to my child. Yes No

3rd Person

Name: _____ Relationship to Child: _____

Phone # _____ This person may have unfettered access to my child. Yes No

4th Person

Name: _____ Relationship to Child: _____

Phone # _____ This person may have unfettered access to my child. Yes No

5th Person

Name: _____ Relationship to Child: _____

Phone # _____ This person may have unfettered access to my child. Yes No

*Security codes may be issued for up to two additional authorized people. Authorized people that are designated to receive security codes must complete the Certification Statement for those authorized to pick up your child(ren) and must come to the Academy in person to have their driver's license or government issued photo identification copied prior to being issued a security code.

Emergency Contact

Name of person to call if parents cannot be reached.

Name: _____ Phone: _____

Relationship to Child: _____

Is this person authorized to take the child from the facility? Yes No

Parent/Guardian Signature: _____ Date: _____

Witness: _____

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Security Code Policy

*Any additional authorized people to pick-up your child(ren) will not be issued security codes and will be required to report to the front desk to sign in and present a driver's license or government issued photo identification card to be copied at each visit prior to any child being released into his/her custody.

You may change your authorized pick up list at any time. Any changes to the authorized pick up list must be submitted to the Academy in writing by a parent/guardian. If a change is made to an authorized pick-up that has been issued a security code, his or her security code will automatically be revoked. If you wish for a security code to be issued to a new or existing authorized pick up, you must submit a Request for Additional Security Codes form for that individual (maximum of two authorized pick-ups will be granted security codes at any one time). Prior to any additional codes being issued, and prior to your child(ren) being permitted to leave with the desired authorized person, the individual you designate to receive a security code must come to the Academy in person to complete the Certification Statement for Authorized Pick Up Form and have his/her driver's license or government issued photo identification card copied.

Parent Signature

Date

Transportation Permission & Release from Liability

I hereby, give my child _____ permission to be transported by HT Kids Academy to attend any field trips and/or in the event of an emergency evacuation. I understand that an adult authorized by HT Kids Academy will transport my child.

I hereby release, indemnify and hold Harvest Time Kids Academy, Harvest Time Church, and any adult chaperone harmless from any claims from injuries to my child, which were not the result of gross negligence.

*In the event the school must evacuate due to severe weather conditions, fire, etc. the bus, if available, will be used to transport the children to a safe location. The HT Kids Academy evacuation site is Victory Temple.

Parent Signature

Date

Harvest Time Kids Academy



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Parental Permissions

I, _____, parent/guardian of _____, (please circle one)

- Give/Do Not Give Permission for photography of my child for publicity purposes.
- Give/Do Not Give Permission for my child to have diaper cream if needed.
- Give/Do Not Give Permission for my child to have antibiotic ointments, lotions, and chapstick if needed.
- Give/Do Not Give Permission for HT Kids Academy staff to use sunscreen on my child if necessary.
- Give/Do Not Give Permission for HT Kids Academy staff to access our immunization records from webIZ Arkansas Health Dept.
- Give/Do Not Give Permission for my child to have hydrocortisone cream on a rash or insect bite if needed
- I, The parent/guardian of this child, understand that I may ask for a conference with the caregiver(s) as needed.

Signature

Date

Nut Free Food Policy

Harvest Time Kids Academy is a nut free school. In order to protect students from an environment that may be harmful because of this type of allergy, the following policy is needed:

The school prohibits serving, selling, or distributing products containing peanuts or peanut butter (and any other product containing all forms of nuts). This will apply to all food provided for group functions including, but not limited to, class parties, birthday celebrations, assemblies, receptions, student organizations, and fundraisers. The point of entry and check-in for all consumable products for group functions will be in the HT Academy's office.

Note: This policy DOES NOT apply to personal lunches or snacks sent from home. Students have been reminded that they are not allowed to share lunch or snack items with other students. Any child with a peanut/tree nut allergy will be provided a peanut free table during lunch and snack times if necessary. Children will not be seated at a table by themselves.

Parent Signature

Date



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HT Kids Academy Advisory Council

The Advisory Council is a parent based volunteer organization that works on fundraising projects and special events throughout the year. If you would like to help us reach our goals to benefit the children, please let us know.

Please check one or more of the following areas you would be willing to help serve in.

_____ Fundraising: We have several small fundraisers each year to help us meet our goals.

_____ Special Events: HT Kids Academy will have several events throughout the year. Such as: Grandparents Day, the Christmas program, an Easter Egg hunt, Mother's Day, Father's Day, and our end of the year Graduation.

If you are unable to make our meetings but still want to help, you can join our mailing list and have information sent to you regarding our latest projects and needs. Thank you for volunteering! If you have any questions, please feel free to call:

Paige Niblett, Director
HT Kids Academy
479-434-3211
pniblett@harvesttime.net

Name: _____

Phone #: _____

Child's Name: _____

Email Address: _____

Harvest Time Kids Academy



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Harvest Time Family Rate Application

In order to qualify for the HT Family Rate, members are expected to attend worship services and tithe on a regular basis. Qualifications will be reviewed monthly by the Harvest Time Financial Department and findings will be reflected on your tuition statements. If you meet these qualifications please fill out the form below and submit to the HT Kids Academy office.

Harvest Time Church of Fort Smith is pleased to offer a discount to all active and tithing church members as a means of making quality Christian Care accessible to our families. HT Kids Academy is a ministry of Harvest Time and relies upon the financial support of its members. In appreciation we want to extend a discounted family rate to the parents and or guardians who have children enrolled at Harvest Time Kids Academy. The rates are listed in our enrollment packets and online.

Name: _____

Date: _____

Child's Name: _____

Birthday: _____

Child's Name: _____

Birthday: _____

Child's Name: _____

Birthday: _____

Approved by: _____

Date: _____

Reviewed by: _____

Date: _____

Financial Administrator

Authorization for Therapeutic Screening

A therapeutic screening, completed by a skilled clinician, is a way to access a child’s development age from a speech, occupational, or physical therapy evaluation. Screenings take about 15 minutes and are mostly an observation of your child. We observe your child’s language, speech, fine motor and gross motor abilities. We will ask you and your child’s teacher questions about your child’s tendencies (the way he/she plays, eats, socializes) to help us determine if he/she needs developmental evaluation. All screenings are done by Thera-Play Pediatrics free of charge.

I, _____ give Thera-Play Pediatrics permission to screen my child,
 (print name)
 _____ in the following areas.
 (print name)

- Gross Motor Development (ability to sit, crawl, walk, and coordinate movements of the legs and trunk)
- Fine Motor Development (ability to use both hands, feed independently, manipulate toys and other small objects)
- Language Development (ability to understand and express language)
- Speech Development (the ability to produce sounds accurately)
- Swallowing Development (any difficulties with sucking, swallowing, or tolerating certain food textures)

I understand that a referral for an evaluation DOES NOT indicate a problem, only a need for further, more formalized testing.

 Parent/Guardian Signature Date Phone

 Email address

**Please contact Thera-Play with any questions or concerns at 856-6400 or emily@thera-play.com

Participation Agreement

HiMama

Dear Parents,

We are super excited to offer a new way to communicate with you throughout the day! This is a paperless daily report that is emailed directly to you. You can also download the HiMama app free from the app store. Through this program, you can see pictures and videos of your child's daily activities, art, music, gymnastics, and notes from his/her teacher. Please fill out and sign this permission form to allow our teachers to have more time in the classroom with your children instead of filling out daily reports. Please know this is a completely safe and secure site. You will be given your own login so that only you are able to see your child's information. If you have any questions, please don't hesitate to ask. So far, with the parents who have tried this program out in our trial run, the feedback has been overwhelmingly positive. Parents are loving it! And, I can tell you, as a mom, I am too!

Paige, Harvest Time Kids Academy Director

To: Parent/Legal Guardian:

Please read this page carefully as it includes information about safety and security issues associated with privacy and behavior.

In the interest of safety and security we require parent permission for the publishing of children's work, photographs, or videos through a software program called HiMama (the Program). By signing this form you grant permission for us to photograph or video your child for the purposes of sharing this information with you through the program. You will also receive updates and information about your child through the program and to the email you have provided herein.

Note that sometimes other children in the center may feature in photos, videos, or stories of your child. By giving your consent you agree not to share photos or video of any child, other than your own, outside the program without permission.

To learn more about the program, please visit www.himama.com. Please complete and sign this form if you wish to participate. We encourage you to contact us if you have any questions.

I hereby acknowledge that I wish to voluntarily participate in the program HiMama.

My Child's Name: _____

My Name: _____

My Email: _____

Signature: _____

Today's Date: _____



Tuition Rates

Preschool Program 7:00am-6:00pm	Daily Rate	Weekly Rate Priority given to those needing a full week	*Harvest Time Church Family Rate 10% Discount & given priority enrollment
Infants	\$35 Limited # of days available	\$150	No discounts available
Wobblers	\$32 Limited # of days available	\$145	\$130.50
Toddlers	\$32 Limited # of days available	\$145	130.50
K3	\$32	\$135	\$121.50
K4	N/A	\$135	\$121.50
Jr. K	N/A	\$135	\$121.50
Character Kids Elementary After Care	\$10 per child 3:00p.m.-6:00p.m. \$25 all day rate	\$50 per week (3:00p.m.-6:00p.m.) \$120 per week All day rate	No Discounts Available

*HT Families that have children currently receiving a discount will remain at that rate as long as qualifications for discount are continuing to be met. This applies to existing children in the program only. Any new children or siblings will be enrolled at the current HT Family Discount Rate.

- Registration fees are non-refundable and due at time of registration.
- Preschool Registration fees are \$100
- Character Kids Registration fees are \$40; this includes a t-shirt for field trips

Name: _____ Phone # _____
 Birthday: _____ Class: _____
 Schedule: _____ Start Date: _____

	Enrollment Steps	Date	Staff Initials
	Tour of Center		
	Fee Contract signed and filed		
	Enrollment Form completed		
	Certificate statements signed		
	Parent's ID's copied		
	HT Membership Discount Form completed		
	Parent Handbook Authorization Signature Sheet		
	Emergency Contacts Filled Out		
	Parent Authorization notarized		
	Medical History Form Completed		
	Birth Certificate verified		
	Immunization Record submitted		
	Immunization Record entered into ProCare		
	Security codes assigned		
	Swipe cards issued		
	Legal Papers (if applicable)		
	Permissions: Hi Mama Form Signed		
	Permissions: Theraplay Form signed		
	HIPPA Release Signed		
	Kindergarten Readiness (ages 3 and up)		
	Shaken Baby Syndrome Signed		
	Child Info Sent to Teacher and Teacher Notified		
PTN	Allergies: entered in ProCare, Posted in Kitchen and Classroom		
PTN	Child Schedule Entered		
NS	Billing Set Up		

File Review:	Date:	Staff:
File Review:	Date:	Staff: