

Harvest Time Kids Academy

Enrollment Application 2015 - 2016

Child's Name: _____

Child's Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Date of Birth: _____ Sex: Male Female

Desired Start Date: _____ Days Needed: M T W TH F

HT Character Kids Elementary After School program 3:00-6:00pm: M T W TH F
(Also Available all day during breaks)

School Pick up Location: _____

Parent Information

Enrolling Parent/Guardian: _____

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

Address: _____ City/State: _____ Phone#: _____

Employer: _____ Work Phone: _____ Ext: _____

Standard Work Hours: _____

Driver's License #: _____ E-mail Address: _____

Other Parent/Guardian: _____

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

Address: _____ City/State: _____ Phone#: _____

Employer: _____ Work Phone: _____ Ext: _____

Standard Work Hours: _____

Driver's License #: _____ E-mail Address: _____

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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 security code issuance applicable to custodial parents.

Medical Overview:

Child's Physician: _____ Phone: _____

Food Allergies: _____

Hospital Preference: _____

Information about Your Child:

Is the child potty trained? _____ What does your child say when he/she has to use the bathroom? _____

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

Has your child ever been enrolled in a preschool/daycare facility before? _____

If yes, where _____ and when _____

Favorite Game: _____ Favorite Toy: _____

Favorite Story: _____ Favorite Food: _____

Should we be aware of something your child dislikes? _____

What are your child's strengths? _____

Notes: _____

I _____ parent 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.

Signature of Parent/Guardian

Parent/Guardian Name (please print)

Today's Date

State of

County of

Subscribed and sworn before me on this _____ day _____, 20_____.

Who is personally known to me or has produced _____ for identification.

Who did/did not take this oath.

Notary Public (Signature)

Notary Public (Print)

My commission number is: _____

My commission expires on: _____

Medical History Form

Child's Name: _____

Date of Birth: _____ Sex: _____

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 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.

Medical History and Special Needs:

Frequent Ear Infections: _____ Frequent Throat Infections: _____

Frequent Colds: _____ Sunburn Sensitivity: _____

Diabetes: _____ Seizures: _____

Allergies: _____ Routine Medications: _____
(If yes, please complete section below)

Disabilities: _____ Dietary Restrictions: _____
(A doctor's note must be provided for allergies)

Other: _____

Does your child have an IEP? _____ Does your child have IFSP? _____

Routine Medication(s): _____
Frequency: _____
Medical Condition: _____

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

Authorized Pick Up Form

Child's Name: _____ Class: _____

Parent/Guardian Name: _____

Authorized Pick Up List:

Please list up to two (2) additional authorized people in whom you wish to pick up your children and have a security code other than Mom & Dad. *

Requesting Codes For:

First Person

Name: _____ Relationship to Child: _____

This person is authorized to have unfettered access and may pick up my child at anytime: Yes No

Second Person

Name: _____ Relationship to Child: _____

This person is authorized to have unfettered access and may pick up my child at anytime: 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.

Additional Authorized Pick Up/Emergency Contact Form

**Additional people authorized to pick up other than the parents*
Will not be issued security codes***

Name: _____ Phone: _____

Relationship to Child: _____

Name: _____ Phone: _____

Relationship to Child: _____

Parent/Guardian Signature: _____ Date: _____

Witness: _____

*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.

Transportation Permission And Release From Liability

HT Kids Academy

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 children to a safe location. The HT Kids Academy evacuation site is Victory Temple.

Parent Signature

Date

Parental Permissions

I, _____, parent/guardian of _____

(Please circle one to indicate your preference)

- (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 the webIZ Arkansas Health Department.

- (Give/Do not give) permission for my child to have hydrocortisone cream on a rash or insect bite if needed.
- (Give/Do not give) permission for my elementary aged child to leave the building for short walks to the playground behind the Harvest Time youth building. (Character Kids Only)

(Parent/Guardian Signature)

(Today's Date)

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's Signature

Date

Peanut-Free Food Policy

Harvest Time Kids Academy is a peanut free school. Please read and initial at the bottom.

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. 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 Kids 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 allergy will be provided a peanut free table during lunch and snack times if necessary. Students will not be seated at a table by themselves.

Parent Signature

Date

**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 below areas of interest.

_____ 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, a Grandparents Day Celebration, a Christmas Program, an Easter Egg Hunt, Mother's Day, Father's Day and our End of Year Graduation, just to name a few.

If you can't make our meetings but still want to help, 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, feel free to call:

Michelle Sloan, Director

HT Kids Academy
479-434-3211
Michelle@harvesttime.net

Name: _____

Phone Number: _____

Child's Name: _____

Email: _____

**Harvest Time Kids Academy
Fee Contract**

Name: _____

Child's Name: _____

Address: _____

City, State, and Zip: _____

Phone Number: _____

Ideal Enrollment Date: _____

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.
- HT Kids Academy will call a family when a vacancy becomes open AND the child is able to start. At this time the registration fee is due and the vacancy will be secured when deposit is paid.

Fee Information:

- HT Kids Academy is open Monday - Friday from 7:00 a.m. to 6:00 p.m.

- I understand that a late pick up fee of \$5.00 will be charged per child for every 15-minute increment after 6:00 p.m.
- I agree to pay the registration/supply fee upon (re)enrollment.
- I understand that the registration/supply fee is non-refundable.
- I understand that I will be charged for some holidays even if the Academy is closed.
- I agree to follow all HT Kids Academy policies and procedures covered in the Parent Handbook. I understand that my execution of a Sex Offender Certification Statement is a pre-requisite to the Fee Contract becoming effective.
- I understand my tuition payments are due the Friday before scheduled week.
- I understand a \$25.00 late fee will be assessed to my bill if my tuition is more than a week behind.

Registration Fee \$ _____ Cash \$ _____ Check # _____ \$ _____ CC \$ _____

Parent Signature: _____ Date: _____ Staff Initials _____

Harvest Time Kids Academy HT Family Rate Application

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.

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.

Name: _____ Date: _____

Child's Name: _____ D.O.B. _____

Child's Name: _____ D.O.B. _____

Child's Name: _____ D.O.B. _____

Approved by: _____ Date: _____

Reviewed by: _____ Date: _____
Financial Administrator

Enrollment Checklist

(For Office Use Only)

Child's Name: _____	Phone #: _____
Birth Date: _____	Classroom Assignment: _____
Start Date: _____	Program Days: _____

Complete (v)	Step	What	Staff Initials
	1	Tour of the center	
	2	Fee Contract signed and filed	
	3	Enrollment Form completed	
	4	Certificate Statements signed and parent ID's photocopied	
	5	Child's Photo entered into ProCare	
	6	Parent/Guardian(s) Photos entered into ProCare	
	7	HT Membership Discount Form completed (if applicable)	
	8	Parent Handbook Authorization Signature sheet	
	9	Parent Authorization/Emergency Care Form notarized	
	10	Medical History Form completed	
	11	Birth Certificate verified	
	12	Immunization Record submitted	
	13	Immunization Record entered into ProCare	
	14	Getting Ready for Kindergarten Signature Sheet (list due date – based on when child will enter preschool)	
	15	Parental Permission Form Signed	
	16	Additional security codes assigned (if applicable)	
	17	Pass code assignment	
	18	Account and billing set-up completed	
	19	Copy of paperwork sent to teachers	
	20	Custody papers (if applicable)	
	21	HIPPA Release Form	

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File completion date:	Individual completing and filing file:	
Audit date:	Auditor:	Findings:
Audit date:	Auditor:	Findings:
Audit date:	Auditor:	Findings:

Harvest Time Kids Academy

Fee Schedule 2015-2016

PRESCHOOL PROGRAM 7:00 a.m. – 6:00 p.m.	Per Day	Per Week	*HT Family Rate
Infants	\$35 Limited number of days available	\$150	No Discounts Available
Wobblers	\$32.50 Limited number of days available	\$140	\$105
Toddlers	\$32.50 Limited number of days available	\$140	\$105
K3	\$30 Limited number of days available	\$130	\$97.50
K4	N/A	\$130	\$97.50
Jr. K	N/A	\$130	\$97.50
Elementary After School Care 3:00-6:00	\$10 per child	\$45	N/A

*HT Families that have children currently receiving a 35% 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.

Registration Fees are non-refundable and due at time of registration.

Preschool registration fee: \$100 per child

HT Character Kids Elementary After School Program: \$40 per child includes T-Shirt for field trips