



# Character Kids Enrollment Application 2018-2019

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

#### Fee Information (Please Initial)

- I understand that a late pickup fee of \$5 will be charged per child after 6:00pm and \$1 per minute after 6:15.
- I understand that the registration fee is non-refundable.
- I understand that my execution of the Sex Offender Certification Statement is a prerequisite 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 will 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 Harvest Time 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.
- I understand that if my child uses Harvest Time Academy transportation for after-school care and I choose to withdraw my child from the program, I am responsible for payment until that space is filled or until the end of the school year.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### Parent Information

Enrolling Parent/Guardian: \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
 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.

### OFFICE USE ONLY

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

# Harvest Time Academy Character Kids Enrollment Application 2018-2019

## 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: \_\_\_\_\_

Have people other than the parents cared for your child? \_\_\_\_\_

## Parent Authorization Form

### Emergency Medical Action & Aid First

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, do hereby request and give consent to Harvest Time Academy Preschool, 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 (signature) \_\_\_\_\_ 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 signature \_\_\_\_\_

Date \_\_\_\_\_

# Harvest Time Academy

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### 2018-2019

#### Sex Offender Certification Statement

Harvest Time Academy Preschool 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 recertify 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 Harvest Time Academy Preschool 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

#### Nut Free Food Policy

Harvest Time Academy Preschool 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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## 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 antibiotic ointments, lotions, and chapstick if needed.
- Give/Do Not Give      Permission for Harvest Time Academy Preschool staff to use sunscreen on my child if necessary.
- 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

## Transportation Permission & Release from Liability

I hereby, give my child \_\_\_\_\_ permission to be transported by Harvest Time Academy Preschool 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 Academy Preschool, 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 Harvest Time Academy Preschool evacuation site is Victory Temple.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

# Harvest Time Academy

## Character Kids Enrollment Application

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#### Authorized Pick-up 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.

##### 1<sup>st</sup> Person

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

##### 2<sup>nd</sup> Person

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

##### 3<sup>rd</sup> Person

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

##### 4<sup>th</sup> Person

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

##### 5<sup>th</sup> 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: \_\_\_\_\_

**\*if we cannot contact parents or guardians, emergency contacts will be called in case of illness or emergency.**

#### 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.

# Harvest Time Academy Enrollment Checklist -office use only-

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

	Enrollment Steps	Date	Staff Initial
	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		
	Medical History Form Completed		
	Security codes assigned		
	Legal Papers (if applicable)		
	HIPPA Release Signed		
	Child Info Sent to Teacher and Teacher Notified		
	Allergies: entered in ProCare, Posted in Kitchen and Classroom		
	Child Schedule Entered		
	USDA Food Program		
	Billing Set Up		

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