



Student Information

Student's Legal Name (Last) (Middle) (First) (Preferred Name)
Current Grade Level _____ Age _____ SSN _____ - _____ - _____ DOB _____

Physical Address _____ City _____ State _____ Zip Code _____
Male Female (Circle One)

Place of Birth (City, County, State)
Ethnicity (Optional; Circle One): Hispanic African American Native American Asian Caucasian Other

Parent/Guardian Information

Full name of Father/Guardian _____

Address _____ City _____ State _____ Zip Code _____
Home Phone (_____) _____ Cell Phone (_____) _____ Work Phone (_____) _____
Email address _____ Employer _____

Full name of Mother/Guardian _____

Address _____ City _____ State _____ Zip Code _____
Home Phone (_____) _____ Cell Phone (_____) _____ Work Phone (_____) _____
Email address _____ Employer _____

Custody Information

Check all that apply:

- Student lives with both parents
- Parents are separated
- Parents are divorced
- Father is deceased
- Mother is deceased
- Joint custody of student is held between _____ and _____
- Custody arrangements have been court adjudicated. (If applicable, a notarized copy of such adjudication must be filed along with the application before enrolling the student.)

Tuition Payment Information

I am applying for financial assistance. YES NO (Circle One)

*Please attach a letter describing your financial need, why you want to attend Harvest Time Academy and how much you are able to pay.

Person Responsible for payment of tuition and fees:

_____ Name

_____ Address

_____ Phone number

_____ Email Address



Educational History

Current and previous school(s) attended, dates, and reasons for leaving: (If needed, please continue on a separate page.)

School	Dates	Reason for Departure
School	Dates	Reason for Departure

Student Information

What does your child like best about school? _____

What does your child like least about school? _____

What are your child's favorite hobbies or free-time activities? _____

What do you believe is your child's greatest strength:

Socially? _____

Academically? _____

Spiritually? _____

What do you believe needs improvement in your child's development:

Socially? _____

Academically? _____

Spiritually? _____

Has/is/does the applicant: (Circle One)

Yes/No Repeated a grade? If yes, what grade(s)? _____ Name of school _____

Yes/No Been suspended or expelled (or been recommended for suspension or expulsion) from any school for any reason?

Yes/No Been denied admission to a school? If yes, please explain: _____

Yes/No Been home-schooled? If yes, give dates, grade level(s), and curriculum used: _____

Yes/No Had a clinical diagnosis of a learning disability, If yes, please explain: _____

Yes/No Participated in regular, standardized achievement testing.

Yes/No Been recommended for any special testing or services; whether or not that recommendation was followed?

Yes/No Explain circumstances: _____

Yes/No Undergone psychiatric, emotional, or behavioral testing, treatment, or counseling.

Yes/No If yes, please explain _____

Yes/No Been prescribed any behavior-modifying drugs. If yes, please include name(s) of medication(s): _____

Yes/No Currently taking prescription medication(s)? If yes, please list and their purpose: _____

Yes/No Sought help for or been diagnosed with mental or emotional instability? If yes, please explain: _____

Yes/No Demonstrated negative social behavior (i.e. disrespect, fighting, name calling)? If yes, please explain: _____

Yes/No Participated in advanced classes? If yes, in which area(s): _____

*If the applicant has any physical limitation or chronic illnesses of which we should be aware, please explain. (You may attach a separate page explaining his/her special needs _____



Medical History

Child's Name _____ DOB _____ Male Female

Allergies _____

Daily Medications: Yes No If Yes, Please List _____

Special Instructions _____

Parental Permissions

I, _____, parent/guardian of _____

(Please circle 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 be transported by Harvest Time Academy from school to facility, for field trips, and in instances of emergency situations.

Give/Do Not Give Permission to access immunization records from Web IZ Ark. Health Dept. or OSIIS.

Parent/Guardian Signature

Date

Emergency Medical Action and First Aid

I, _____, parent of _____, do hereby request and give consent to Harvest Time 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 emergency when the parents can't be reached.

Parent/Guardian Name (please print)

Parent/Guardian Signature

Today's Date

Notice of Nondiscriminatory Policy as to Students

Harvest Time Academy admits students of any race, color, nationality, and ethnic origin to all rights, privileges, programs, and activities generally afforded or made available to students at the school. It does not discriminate on the basis of color, nationality, and/or ethnic origin in the administration of its educational policies, admissions policies, and/or school-administered programs.

Note: This application does not assure admission. Once all paperwork is returned and the enrollment steps are completed, eligible candidates will be contacted and the tuition deposit will be due. When all forms are completed and received, and the tuition deposit is paid, a space will then be held for that student. Initially, acceptance is given on a provisional basis until records from the student's former school have been received and reviewed.

Authorized Pick Up Form

Please list three-five additional authorized people who you wish to pick up your child/children.

First Person

Name _____ Relationship to Child _____ Phone # _____

This person is authorized to have unfettered access and may pick up my child at any time. YES NO

Second Person

Name _____ Relationship to Child _____ Phone # _____

This person is authorized to have unfettered access and may pick up my child at any time. YES NO

Third Person

Name _____ Relationship to Child _____ Phone # _____

This person is authorized to have unfettered access and may pick up my child at any time. YES NO

Fourth Person

Name _____ Relationship to Child _____ Phone # _____

This person is authorized to have unfettered access and may pick up my child at any time. YES NO

Fifth Person

Name _____ Relationship to Child _____ Phone # _____

This person is authorized to have unfettered access and may pick up my child at any time. YES NO

**Authorized people to pick up your child(ren) will not be issued car tags 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.

Emergency Contact Form

First Person

Name _____ Relationship to Child _____ Phone # _____

This person is authorized to have unfettered access and may pick up my child at any time. YES NO

Second Person

Name _____ Relationship to Child _____ Phone # _____

This person is authorized to have unfettered access and may pick up my child at any time. YES NO

Parent/Guardian Signature _____ Date _____

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

I affirm that all the information in this application is true and accurate to the best of my knowledge. I understand that providing false information or omission of pertinent information could be reason for rejection of the application or dismissal of my child from Harvest Time Academy. I also understand that I may be asked to provide additional written information.

Father/Guardian Signature _____ Date _____

Mother/Guardian Signature _____ Date _____

Honor Code

- I will faithfully attend and participate in scheduled services at Harvest Time or a similar Bible-believing church.
- I will strive to discover my God-given talents, develop them fully, and devote those talents to a lifetime of learning, serving, and honoring God.
- I will honor God by keeping my heart, mind, and actions pure.
- I will refrain from the use of profanity, vulgarity, or any other type of writing, print material, images, or conversation, which is inappropriate for a Christ follower.
- I will not lie, steal, cheat or tolerate such activity.
- I will show respect for authority and submit myself to the teachers and administration of Harvest Time Academy, realizing that attendance at HTA is a privilege, not a right.
- My dress and appearance will comply with the dress code of HTA, and reflect Christian values.
- My relationship with other students will be based on Christ's love. I will show care and concern for others in my speech and my actions.
- I will support the Harvest Time Statement of Faith as it is applied to instruction throughout the curriculum.
- I will uphold this Honor Code the full twelve months of the year, both at school and outside of school.

Harvest Time Academy 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.

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

Father/Guardian Signature

Mother/Guardian Signature

Student Signature

Date

Name of Church Student Attends: _____

(Church Name)

(City, State)

(Pastor's Name)

Student actively involved in _____

(Department or area or service)

- Attend one or more church(es) but not committed to one particular church.
- Student has made a profession of faith in Jesus as Savior.



Permission to Release School Records

Student Name _____ Grade _____

I grant permission to: _____
Name of student's previous school

To release a copy of my child's school record, including the following information:

- Report Card
- Official Administrative Record (name, address, DOB, grade level completed, grades, class standing, attendance).
- Standardized Test Achievement Scores
- Teacher and/or Counselor observations and comments
- Intelligence and aptitude test scores
- Medical records
- Psychological testing, diagnostic, and evaluation reports
- Any other information that would affect the student's ability to be successful at Harvest Time Academy which would include disciplinary and behavioral records
- Other _____

Parent Signature Date

Pastoral Recommendation

This Pastoral Recommendation Form is to be filled out for every applicant by a member of the pastoral staff, the children's pastor, or the youth pastor who knows the applicant well.

I release all such references from liability for any damage that may result from furnishing such evaluations of my child to Harvest Time Academy and I waive any right that I have to inspect the references provided on my child's behalf.

Parent Signature Date

1. How long has the applicant's family attended your church? _____
2. Circle the level of participation that most describes this family:
*rarely attends *occasionally attends *consistent attendance, but doesn't volunteer *consistently attends and volunteers
3. Please circle the terms which best describe the applicant's attitude toward the church and it's activities:
optimistic pessimistic consistent respectfulcritical inconsistent enthusiastic passive
4. Is the applicant's influence on his/her peers: positive negative neutral

Please Circle One: *I recommend *I recommend with reservations *I do not recommend

Name Phone Position

Name of Church/Denomination/Address

Signature Date



Fee Contract

Child's Name: _____

Parent's Name: _____

Tuition Total: _____

(___HT Discount ___HTA Scholarship Amt: _____)

Please select one of the following tuition payment plans.

___ Full payment of _____ by August 1st.

___ 2 Half year payments of _____ due August 1st and January 15th.

___ Monthly payments of _____ due by the 1st of each month

___ Weekly payments of _____ due every Friday of the month starting August 1st and ending May 15th.

___ Biweekly payments of _____ due every 2 weeks starting August 1st and ending May 15th.

Please read and initial the terms of Harvest Time Academy Tuition policy listed below.

Student Withdrawal Policy

If it becomes necessary to withdraw a student, parents must notify HTA in writing by completing a Withdrawal Form. Parents must also complete the appropriate forms indicating that all books and school property have been returned in good condition and that all financial obligations have been met. No records will be released to parents, or to any other school, until this process is complete. Tuition for the entire month is due for students attending any portion of the month of withdrawal. There is a \$500 early withdrawal charge, for parents withdrawing between July and April.

Continuous Enrollment Policy

Continuous Enrollment means that HTA students will be automatically re-enrolled unless the office is told otherwise. Parents have until February 1st each year to notify Harvest Time Academy's Business Office of any changes for re-enrollment. All enrollment permissions, agreements, and financial contracts signed in the previous school year will apply to all years going forward. The non-refundable re-enrollment deposit for the following year will be automatically billed each year on February 1st. As stated in the withdraw policy, there is a \$500 withdrawal fee for withdrawing after July 1st.

___ I understand that I will incur a \$25 late fee for every week I fall behind on my tuition payment.

___ I understand that the deposit is non-refundable.

___ I understand that there is a \$500 withdrawal fee during the school year between July and April.

___ I have read and understand the withdrawal policy, and tuition for the entire month is due for students attending any portion of the month.

___ I understand that final payments must be received by the last day of school before academic records and reports will be released.

___ I understand that if my child is not picked up by 3:30 he/she will be placed in our after school program (Character Kids).

All registration fees and daily tuition charges will apply.

___ I have read and understand the continuous enrollment policy.

Parent Signature

Date

Business Administrator Signature

Date

--Office Use Only--

Deposit \$ _____ Cash _____ Check# _____ Debit/Credit _____ Date Received _____

_____ Billing Box Entered _____ Staff Initials _____ Notes: _____



Name: _____
Phone # _____
Class: _____

Parents Names: _____
Birthday: _____
Start Date: _____

Enrollment Steps

*All boxes to be completed before start date

Date

Staff
Initials

Tour of Center

Fee Contract signed and filed

Pastor Recommendation

Parent's ID's copied

HT Membership Discount Form completed (if applicable)

Authorized pick up form

Passed out car tags and added to car tag list

Emergency contacts filled out

Parent authorization and medical action plan filled out

Birth Certificate verified

Immunization Record submitted or available on WebIZ

Immunization Record entered into ProCare

Previous school records received

Special testing (if applicable)

Legal Papers (if applicable)

Permissions: field trips, photography, walks behind building

Allergies: entered in ProCare, Posted in Kitchen and Classroom

Character Kids enrollment form (if applicable)

Child info sent to teachers

Child schedule entered

Billing Set up

All information recorded in ProCare under Elementary Tracking

Bloomz, Handbook, Tech Agreement, Child Custody, Continuous Enrollment

Office Use Only

File Review:

Date:

Staff:

File Review:

Date:

Staff: