



Student's Legal Name (Last) _____ (First) _____ (Middle) _____ (Preferred Name) _____

Student's Current Grade Level: _____ Student Applying for Grade Level: _____

Age _____ Birth Date _____ Social Security Number _____ (_____) _____
Primary Phone

Address _____ City _____ State _____ Zip _____

Place of Birth (City, County, State) _____ Male Female

Name of Public school your child is zoned to attend: _____

Student's Ethnic Background (Optional): Hispanic African American American Native Asian Caucasian Other

Full Name of Father/Guardian (Include Title: Mr., Pastor, Dr., etc.): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____ Work Phone: (_____) _____

Primary Email Address: _____ Secondary Email Address: _____

Occupation: _____ Employer: _____

Highest level of education: _____

Full Name of Mother/Guardian (Include Title: Mrs., Pastor, Dr., etc.): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____ Work Phone: (_____) _____

Primary Email Address: _____ Secondary Email Address: _____

Occupation: _____ Employer: _____

Highest level of education: _____

Yes No

I am applying for financial assistance.

*Please attach a letter describing your financial need, how much assistance you are requesting, and a copy of last year's W-2.

APPLICATION FOR ADMISSION

Please check all that apply: Student lives with both parents Parents are separated

Student lives with Father Student lives with Mother Parents are divorced

Father has custody Mother has custody Grandparent(s) has(have) custody

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.)

Person responsible for payment of tuition and fees:

Name Address (_____) Phone number

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

Name of School:	Dates:	Reason For Leaving:
_____	_____	_____
_____	_____	_____

Names, ages, grades, and current schools of all siblings: *(If additional writing space is needed, please continue on a separate page.)*

Name of Sibling:	Age:	Grade:	Current School:
_____	_____	_____	_____
_____	_____	_____	_____

Has/is/does the applicant:

Yes No *(If additional writing space is needed, please continue on a separate page.)*

- Repeated a grade? If yes, what grade(s)? _____
- Been suspended or expelled (or been recommended for suspension or expulsion) from any school for any reason?

If yes, explain and include the dates and the name of the school and principal: _____

- Been denied admission to a school? If yes, explain: _____

- Been home-schooled? If yes, give dates, grade level(s), and curriculum used: _____

- Had a clinical diagnosis of a learning disability? If yes, please explain: _____

- Had any additional testing or tutoring? If yes, please explain: _____

APPLICATION FOR ADMISSION

Yes No

- Participated in regular, standardized achievement testing?
- Been recommended for any special testing or services, whether or not that recommendation was followed?

Explain circumstances: _____

- Undergone psychiatric, emotional, or behavioral testing, treatment, or counseling? If yes, explain _____

- Been prescribed any behavior-modifying drugs? If yes, explain and include name(s) of medication(s): _____

- Currently taking prescription medication(s)? If yes, list name(s) of medication(s) and their purpose: _____

- Sought help for or been diagnosed with mental or emotional instability? If yes, please explain: _____

- Demonstrated negative social behavior (i.e. disrespect, fighting, name calling)? If yes, explain: _____

- Participated in advanced classes? If yes, in which area(s): _____

Which of the following would best describe the grades typically received by the applicant?

- A's A's and B's B's and C's C's and D's D's D's and Failing Grades

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

Please use the space below for other pertinent information about your child or family situation that you think could help the school to meet your child's needs, or if you prefer, you may attach a separate page.

Reason for applying to Harvest Time Academy:

Harvest Time Academy was recommended by: _____

APPLICATION FOR ADMISSION

What does your child like best about school? _____

Least? _____

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? _____

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 race, 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 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.

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 _____

APPLICATION FOR ADMISSION

Authorized Pick Up Form

Child's Name: _____ Class: _____

*Parent/Guardian Name: _____

Authorized Pick Up List:

Please list up to three additional authorized people in whom you wish to pick up your child/children and have a car tag other than parent/guardian listed to receive pass point entry card.

First Person

Name: _____ Relationship to child: _____

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: _____

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: _____

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

* Authorized people listed above are designated to receive car tags only.

*Authorized people that are designated to receive car tags 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 Form

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 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 to be copied at each visit prior to any child being released into his/her custody.

APPLICATION FOR ADMISSION

Medical History Form

Child's Name: _____

Date of Birth: _____ Sex: _____

Medical History and Special Needs:

Allergies: _____

Other Medical Needs: _____

Special Instructions:

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 be transported by Harvest Time Academy from school to facility, for field trips and in instances of emergency situations.
- (Give/Do not Give) permission for my child to leave the building for short walks to the playground behind the Harvest Time youth building.

(Parent/Guardian Signature)

(Today's Date)

APPLICATION FOR ADMISSION

Parent Authorization Form 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 an emergency when the parents can't be reached.

Signature of Parent/Guardian

Parent/Guardian Name (please print)

Today's Date

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: _____

State of _____ County of _____

APPLICATION FOR ADMISSION

Harvest Time Academy Church Member Discount Application

Harvest Time Church of Fort Smith is pleased to offer a discount to all active and contributing church members as a means of making quality Christian Education accessible to our families. In order to qualify for this discount, members are expected to attend worship services and contribute to our tithes and offerings. Qualifications will be reviewed periodically.

If you meet the above criteria and would like to be considered for the Harvest Time Family discount, please fill out the information below and return it to the Harvest Time Academy office. When your application has been approved, you will be notified.

Parents Name: _____ Date: _____

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

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

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

Office use only:

Approved by: _____ Date: _____

Reviewed by: _____ Date: _____

Financial Administrator

APPLICATION FOR ADMISSION

Harvest Time Academy Pastoral Recommendation

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

Applicant's Name: _____ Grade in 2016-17: _____

Parents: Please print the applicant's name and grade to enter in 2016-17 above, sign the waiver below, and provide a stamped envelope addressed to "Harvest Time Academy, 3300 Briar Cliff Ave., Fort Smith, AR 72908" for the member of your current pastoral staff or children's/youth pastor completing this form.

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's Signature: _____ Date: _____

Pastor: Each applicant seeking admission to Harvest Time Academy must submit recommendations. Serious consideration will be given to your comments, therefore we ask that you complete this form carefully and return it directly to Harvest Time Academy within ten working days. This recommendation form can also be faxed to (479) 434-3411.

1. How long has the applicant's family attended your church?

- Less than 3 months 7 to 12 months 3 or more years
 3 to 6 months 1 to 2 years I don't know this family.

2. Check the level of participation that most describes this family:

- Rarely attends Consistent attendance, but does not volunteer
 Occasionally attends Consistently attends and volunteers
 Other: _____

3. Please check the terms which best describe the applicant's attitude toward the church and its activities:

- Optimistic Pessimistic Consistent
 Respectful Critical Inconsistent
 Enthusiastic Passive Other _____

4. Has this family been involved in any conflict within your church or church family? _____

5. To the best of your knowledge:

- Yes No
 Has the applicant accepted Jesus Christ as his or her personal Savior?
 Has the applicant been baptized in water?

6. Is the applicant's influence on his/her peers: Positive Neutral Negative

I recommend. I recommend with reservation. I do not recommend.

Please print the information requested below:

Name: _____ Phone: _____ Position: _____

Name of Church and Denomination: _____

Address: _____ City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

APPLICATION FOR ADMISSION

STATEMENT OF FAITH

Please read the following beliefs held by Harvest Time and Harvest Time Academy and complete the information on this form.

- 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 as 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 the 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.

Please check all that apply:

rName of Church Student Attends: _____
(Church Name) (City, State) (Pastor's Name)

rStudent actively involved in _____
(Department or Area of Service)

rAttend one or more church(es) but not committed to one particular church

rStudent has made a profession of faith in Jesus as Savior

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 instruction at HTA, which is aligned accordingly.

Student Signature Date

Father/Guardian Signature Date

Mother/Guardian Signature Date

APPLICATION FOR ADMISSION



3300 Briar Cliff Ave.

Fort Smith, AR 72908

Telephone: 479-434-6003

Fax: 479-434-3411

Permission to Release School Records

(For New Applicants)

Students Name _____ Grade _____

I grant permission to: _____

Name of student's previous school

Street Address

City

State

Zip

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

Report Card

Official Administrative Record (name, address, birthdate, grade level completed, grades, class standing, attendance record)

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's Signature

Date

Parents: Please sign and return this form to Harvest Time Academy office.



HONOR CODE

1. I will faithfully attend and participate in scheduled services at Harvest Time or a similar Bible-believing church.
2. 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.
3. I will honor God by keeping my heart, mind and actions pure.
4. 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.
5. I will not lie, cheat, or steal, or tolerate such activity.
6. 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.
7. My dress and appearance will comply with the dress code of HTA, and reflect Christian values.
8. 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.
9. I will support the Harvest Time Statement of Faith as it is applied to instruction throughout the curriculum.
10. I will uphold this Honor Code the full twelve months of the year, both at school and outside of school.

Student Signature

Parent Signature

APPLICATION FOR ADMISSION

Harvest Time Academy Fee Contract 2016-2017

Child's Name: _____ Parent's Name: _____

Payments can be made with cash, check, ACH auto payments, debit, credit, or online using Tuition Express.

Full payments paid by August 1 will receive a 10% discount.

*If tuition payments fall behind, you may be assessed a \$25.00 late fee. If problems arise and tuition payment will be late, please call the office and make arrangements with the Business Administrator.

Total Tuition: _____

I would like to pay tuition using the following method:

- _____ Full payment of _____ due August 1st
- _____ 2 Half year payments of _____ due August 1st and January 15th
- _____ Monthly payments of _____ due by 1st of each month
- _____ Weekly payments of _____ due every Friday of the month

_____ I understand that the deposit/registration fee is non-refundable.

_____ I understand that there is a \$500 withdrawal fee.

_____ I have read and understand the withdrawal policy.

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

Parent Signature: _____ Date: _____

Director Signature: _____ Date: _____

*For office use only

_____ Billing Box entered _____ Staff Initials

Registration Fee \$ _____ Cash \$ _____ Check# _____ \$ _____ Debit/Credit \$ _____

APPLICATION FOR ADMISSION

Harvest Time Academy
Elementary Enrollment Checklist
-office use only-

Name: _____ Phone # _____

Birthday: _____ Class: _____ Start Date: _____

	Enrollment Steps	Notes	Staff Initials
	Tour of Center		
	Fee Contract signed and filed		
	Enrollment Form completed		
	Pastor Recommendation		
	Statement of Faith		
	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 Medical Action form notarized		
	Medical History Form Completed		
	Birth Certificate verified		
	Immunization Record submitted		
	Immunization Record entered into ProCare		
	Previous school records received		
	Special testing (if applicable)		
	Legal Papers (if applicable)		

APPLICATION FOR ADMISSION

	Permissions: Field trip, Photography, Walks behind building		
	Allergies: Entered in ProCare, and Posted in Kitchen and Classroom		
	Partners in Education agreement		
	Character Kids enrollment form (if applicable)		
	Child Info sent to teachers		
	Child Schedule entered		
NS	Billing Set up		
Audit #1	Staff Initials	Date	
Audit #2	Staff Initials	Date	