

Today's Date: _____ Desired Start Date: _____
 Child's Name: _____ Parent Name: _____
 Address: _____
 Phone Number: _____
 Child's Birthday: _____ Days Needed:

Fee Contract

****I understand that the "ideal enrollment date" is not a guarantee.**

Harvest Time members receive priority enrollment

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 \$5 for every 5 minute after.
- 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 Preschool 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 _____

Date _____

Class	Daily Rates	Weekly Rates (Priority for Full Time)	Harvest Time Church Family Rate (10% Discount and priority enrollment)
Newborn	\$40	\$185	No Discount
Infant	\$35	\$150	No Discount
Wobblers	\$35	\$150	No Discount
Toddlers	\$35	\$147	\$123.30
K3's	\$35	\$137	\$123.30
K4's and JrK	Full Week Program Only	\$137	\$123.30
Character Kids	\$10 per child 3:00-6:00 \$25 summers/breaks	\$45 per week 3:00-6:00 pm	Free After School Care

OFFICE USE ONLY

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

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 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

Date

Harvest Time Family Rate Application

Harvest Time Academy is a ministry of Harvest Time Church. HT is a generous church that is the financial strength of our school. Priority enrolment and discounted tuition rates are intended to be a blessing to families of Harvest Time that invest their time, talent, and treasure in this local church.

Harvest Time church members may pick up a family rate application in the office of Harvest Time Academy. They are due August and January of each school year.

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 than 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

Preschool Enrollment Application 2017-2018

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.				

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 _____

Security Code Policy

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 Harvest Time Academy Preschool staff to use sunscreen on my child if necessary.
- Give/Do Not Give Permission for Harvest Time Academy Preschool staff to access our immunization records from webIZ,
- Arkansas Health Dept. and OSIIIS, Oklahoma 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 _____

Harvest Time Academy Preschool Enrollment Application 2017-2018

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: _____

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 _____

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

Preschool Enrollment Application 2017-2018

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

Harvest Time Academy

Preschool Enrollment Application 2017-2018

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: _____

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

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		
	Birth Certificate verified		
	Immunization Record submitted		
	Immunization Record entered into ProCare		
	Security codes assigned		
	Key Fobs issued		
	Legal Papers (if applicable)		
	HIPPA Release Signed		
	Kindergarten Readiness (ages 3 and up)		
	Shaken Baby Syndrome Signed		
	Child Info Sent to Teacher and Teacher Notified		
	Allergies: entered in ProCare, Posted in Kitchen and Classroom		
	Child Schedule Entered		
	Child Custody Policy		
	USDA Food Program		
	Billing Set Up		

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