



Harvest Time Academy Preschool

Wait List

Today's Date: _____ Child's Name: _____ M F
 Desired Start Date: _____ Phone # _____
 Birthday: _____ Parent/Guardian Name: _____
 Days Needed: M T W Th F

How did you hear about Harvest Time Academy Preschool? _____

Are you a member of Harvest Time Church? _____

Waiting List Information

- There is absolutely no guaranteed start date.
- A family will be placed on the waiting list based on the date the fee contract was signed.
- Priority is given to families with children already enrolled in HT Kids Academy, those who are members of Harvest Time Church, and those needing full time care.
- HT Kids Academy will call a family when a vacancy becomes open and the child is able to start. At that time, the registration fee is due and the vacancy will be secured when the deposit is paid.
- Once the registration fee is paid the child must begin within two weeks and weekly billing will begin.

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 \$1 per minute after 6:15.
- I understand that the registration/supply fee is non-refundable.
- I understand that my execution of the Sex Offender Certification Statement is a pre-requisite 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 may 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 HT Kids 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.

Parent Signature _____

Office Use Only

_____ Staff Contact _____ Placed on Wait List _____ Enrolled As Of _____
 _____ Removed From Wait List _____ Staff Notes: _____