

Today's Date: _____ Desired Start Date: _____
 Child's Name: _____ Parent Name: _____
 Address: _____
 Phone Number _____ T-Shirt Size: _____
 Child's Birthday: _____ Parent Email: _____
 Days Needed: M T W Th F Harvest Time Member: **YES** **NO**

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 a late pickup fee of \$5 will be charged per child after 6:00 p.m., and \$5 for every 5 minutes 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 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 School 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 my child may be photographed periodically and have their picture posted on the HTA website and Facebook page
- ___ I understand that if my child uses Harvest Time Academy transportation for after-school care and I choose to withdraw my child from the weekly program, I am responsible for payment until that spot is filled or until the end of the school year.

Parent Signature _____ **Date** _____

Tuition / Payment Information:

Current Tuition Amount: _____ [] Weekly [] Monthly [] Other

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

OFFICE USE ONLY

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

Parent/Guardian Information

Mother/Guardian First Name: _____ M.I. ____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Hours: _____ Cell Phone: () _____

Custodial Parent (If married, mark both parents) Email: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Race What is your race? (One or more categories may be selected) American Indian Alaska Native

Black or African American Asian Indian Chinese Filipino Japanese Korean

Vietnamese Other Asian White Other Race _____

Father/Guardian First Name: _____ M.I. ____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Hours: _____ Cell Phone: () _____

Custodial Parent (If married, mark both parents) Email: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Race What is your race? (One or more categories may be selected) American Indian Alaska Native

Black or African American Asian Indian Chinese Filipino Japanese Korean

Vietnamese Other Asian White Other Race _____

Child Information

First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____ Child's S.S. #: _____

_____ List any existing medical conditions, medication and/or special attention your child may require? _____

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

2nd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

3rd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

4th Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

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.

Additional Comments & Information:

Is there is any other information that that would be helpful to our management and teaching staff?

Signature:

Parent's Signature: _____ Date: _____

**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 _____

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

Signature Date

Medical History

Frequent Ear Infections: _____ Frequent Throat Infections: _____
 Frequent Colds: _____ Sunburn Sensitivity: _____
 Diabetes: _____ Seizures: _____
 Disabilities: _____ Dietary Restrictions: _____
 Other: _____
 Routine medications: _____
 Frequency: _____ Medical Condition: _____

**HIPPA Release Form
Allergy and Medical Postints**

I, _____, parent/guardian of _____
(print name) (print child's name)

authorize Harvest Time 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

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

3. _____

Authorized Pick Up Name

Relationship to Child

Signature

Date

4. _____

Authorized Pick Up Name

Relationship to Child

Signature

Date

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 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, 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 evacuation site is Victory Temple.

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

(This Form Must Be Completed By Office Before Start Date)

	Enrollment Steps	Date	Staff Initials
	Tour of Center		
	Fee Contract signed and filed		
	Enrollment Form completed		
	Certificate statements signed		
	Parent's ID's copied (Mother / Father / Guardian)		
	HT Membership Discount Form completed		
	Parent Handbook Authorization Signature Sheet		
	Emergency Contacts Filled Out		
	Medical History Form Completed & Entered into ProCare		
	Legal Papers (if applicable)		
	HIPPA Release signed		
	Child Info sent to teacher and teacher notified of start date		
	Allergies: entered into ProCare, given to teachers/kitchen		
	Child Schedule entered		
	Child Custody Policy signed		
	USDA Food Program Forms turned in		
	Bloomz information sent to parents		
	Fee Contract submitted to Business Administrator		
	ACH Form turned in and submitted to Business Admin		
	Registration Payment Secured		
	Billing Set Up		

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

