

Today's Date: \_\_\_\_\_ Desired Start Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number \_\_\_\_\_

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 the "ideal enrollment date" is not a guaranteed enrollment date.
- \_\_\_ I understand that my child must be dropped off by **9:30 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 minutes 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 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.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Class	Daily Rates	Weekly Rates (Priority for Full Time)	Harvest Time Church Family Rate (10% Discount and priority enrollment)
Infant	\$35	\$165	No Discount
Wobblers	\$35	\$150	No Discount
Toddlers	\$35	\$147	\$132.30
K3's	\$35	\$137	\$123.30
K4's and JrK	Full Time Program Only	\$137	\$123.30

**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.

**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.

\_\_\_\_\_  
\_\_\_\_\_

**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 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 OSIS, 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 \_\_\_\_\_

**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: \_\_\_\_\_

**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 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 REGISTRATION FORM

Name: \_\_\_\_\_ Phone# \_\_\_\_\_  
 Birthday: \_\_\_\_\_ Class: \_\_\_\_\_  
 Schedule: \_\_\_\_\_ Start Date: \_\_\_\_\_

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

	<b>Enrollment Steps</b>	<b>Date</b>	<b>Staff Initials</b>
	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		
	Birth Certificate Verified & Copied		
	Immunization Record Submitted		
	Immunization Record entered into ProCare		
	Security codes Assigned		
	Key Fobs issued		
	Legal Papers (if applicable)		
	HIPPA Release signed		
	Kindergarten Readiness (K3, K4, JrK)		
	Shaken Baby Syndrome signed (Infants & Wobblers)		
	Permission to Feed Puffs (Infants)		
	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		
	Child entered in KidReports		
	Welcome Letter sent to parents through KidReports		
	Billing Set Up		
	Fee Contract submitted to Business Administrator		
	ACH Form turned in and submitted to Business Admin		
	Deposit & first Weeks Payment Secured		

<b>File Review:</b>	<b>Date:</b>	<b>Staff:</b>
<b>File Review:</b>	<b>Date:</b>	<b>Staff:</b>