

# **HARVEST MORNING PLAYSCHOOL**

## **Application & Policies**

### **2025-2026 School Year**



At Harvest, we value children. We want your children to have a safe and caring place to receive a solid foundation in Biblical Truths. At our Morning PlaySchool, your child will be provided these Biblical Truths as well as a foundation to begin school. Plus, you get some time to yourself.

**SEE OUR SCHOOL POLICIES ON THE REVERSE SIDE OF THIS SHEET.**

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# HARVEST MORNING PLAYSCHOOL

## Policies & Procedures | 2025-2026



### CLASSES:

- We offer classes for children from 6 months through 4K.
- Our four-day program is available for all ages and our two-day program is available for 2K & under.
- All programs are 9 am - 1 pm. The four-day program is Mon-Thurs. The two-day program is either Mon/Wed or Tues/Thurs.
- There is one teacher and one assistant in each classroom. Teaching staff is First Aid/CPR certified.
- Students must bring a bag lunch (*NO glass bottles or containers allowed*). We provide a mid-morning snack.
- Parents are not permitted to stay during PlaySchool. This can disrupt the classroom and distract the children.
- Outside doors to the Morning PlaySchool are locked at all times.

### CURRICULUM INCLUDES:

- Imaginative play with others
- Bible Verse and Bible Truth
- Singing, Musical Instruments, Rhythm and Dance
- Building, Art, Finger and Body plays, Stories, Puzzles, Floor Play, Sharing, Respect, Taking Turns, Responsibility
- Counting, Sorting, Classifying, Coloring, Shapes, Manipulatives
- Language, Social and Emotional Skills, Gross and Fine Motor Skills, Memory
- Kindergarten Readiness Curriculum (*Liberty Press*)

### TUITION, REGISTRATION, & ADDITIONAL FEES:

- There is a non-refundable registration fee of \$75 per child, payable when the application is turned in.
- Tuition fees are paid monthly. Infants & toddlers (*under 2K*): two-day program: \$270; four-day program: \$320. 2K: two-day program: \$240/mo, four-day program: \$280/mo. 3K-4K: four-day program: \$280/mo.
- Discounts: \$10 discount each month for direct withdrawal (*ACH*); \$30 discount each month for second child in four-day program; \$15 discount each month for second child in two-day program.
- Diapers/Pull-ups, extra clothes (*including underwear*), and lunch are to be provided by the parents daily. If we have to provide for your child, additional fees will be added per day: \$8 for diapers/pull-ups, \$5 for clothes/underwear, \$5 for lunch.
- Tuition is automatic withdrawal only. It's drafted between the 5<sup>th</sup>-15<sup>th</sup> each month. There is a \$30 NSF fee if ACH is returned.
- A \$10 late fee will be charged each time your child is picked up more than 5 minutes late.
- There is NO discount for children NOT attending, whether it's for vacation, illness, or family related issues.
- A 30-day notice must be emailed to [playschool@the-harvest.org](mailto:playschool@the-harvest.org) when you withdraw your child from the program or you will be charged the next month's tuition.
- If your child will be absent for a month or more, you will be asked to pay \$50 per month to hold your child's spot.

### SICK CHILDREN:

- Sick children canNOT attend school.
- Children canNOT have a colored discharge from the nose or eyes.
- Children must be without a fever and without any vomiting and/or diarrhea for 24 hours before returning to school.
- If a child is put on an antibiotic, you must wait 24 hours before bringing them to school.

### AGGRESSIVE BEHAVIOR:

- Aggressive behavior includes, but is not limited to biting, hitting, kicking, choking and scratching.
- First offense, the teacher will reprimand and talk to the child.
- Second offense, the director will reprimand and talk to the child.
- Third offense, the parent will be called and asked to come get the child.

**NOTE: WHEN CALLED TO COME PICK UP YOUR CHILD FOR ANY REASON, WE ASK THAT YOU COME WITHIN 30 MINUTES. OTHERWISE A FEE OF \$10 WILL BE CHARGED.**



# HARVEST MORNING PLAYSCHOOL

## 2025-2026 SCHOOL YEAR APPLICATION

PLEASE INCLUDE A NON-REFUNDABLE REGISTRATION FEE OF \$75 PER CHILD WITH APPLICATION.

### CHILD'S INFORMATION

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City & Zip Code \_\_\_\_\_

Mom's Name \_\_\_\_\_ Preferred Number \_\_\_\_\_

Dad's Name \_\_\_\_\_ Preferred Number \_\_\_\_\_

Preferred Parent Email \_\_\_\_\_

Allergies & Food Restrictions \_\_\_\_\_

### EMERGENCY CONTACTS

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

## PROGRAM FEES

### TUITION

#### in-fant-toddler

|               |               |
|---------------|---------------|
| 2-day program | \$270 monthly |
| 4-day program | \$320 monthly |

#### 2K

|               |               |
|---------------|---------------|
| 2-day program | \$240 monthly |
| 4-day program | \$280 monthly |

#### 3K-4K

|               |               |
|---------------|---------------|
| 4-day program | \$280 monthly |
|---------------|---------------|

### OTHER FEES

|                         |              |
|-------------------------|--------------|
| Registration            | \$75 yearly  |
| Supply Fee              | \$20 monthly |
| Late Pickup             | \$10 daily   |
| Spare diapers/pull-ups  | \$8 daily    |
| Spare clothes/underwear | \$5 daily    |
| Lunch not provided      | \$5 daily    |





# **HARVEST MORNING PLAYSCHOOL SICK POLICIES**

If your child is experiencing or has experienced any of the following symptoms in the last 24 hours, please DO NOT send them to school:

- Fever of 100° or more (*child must be fever free for 24 hours without using fever reducing medicine*)
- Vomiting
- Diarrhea

We also encourage that you keep your child at home if they have colored discharge coming from their nose and/or eyes along with other cold/flu symptoms (*low grade fevers, cough, fussiness, etc.*).

If your child is put on an antibiotic, for their safety, we request that you wait 24 hours before sending them to school.

We will call you to pick up your child if:

- Your child begins to run a fever of 100° or higher
- Your child has 3 or more episodes of diarrhea
- Your child vomits

We ask that you promptly pick up your child when you are called. They will sit with Mrs. Alfreda or Mrs. Brittany until you arrive, which takes that staff away from their duties. If you are not here to pick your child up within 30 minutes of a call, you will be charged \$10 to pay for individual care for your child.

We have these policies in place to prevent passing illnesses to other children and our teachers.

Thank you for entrusting us with your children, and as always, please let us know if you have any questions or concerns.

# **MORNING PLAYSCHOOL SUPPLY FEES**



## **INFANTS/TODDLERS: \$20/MO**

Covered supplies:

- Sanitizer/disinfectants
- Batteries
- Dishwasher supplies
- Trash can liners
- Tissues & gloves
- Laundry supplies (*blankets, bibs, linens*)
- Craft supplies
- Water and snacks
- Replacing and procuring of equipment (*toys in rooms and recess equipment*)

Non-covered supplies (*parents are responsible for providing*):

- Diapers and wipes
- Lunch and/or formula
- Juice/water cup
- Change of clothes

## **2K-4K: \$20/MO**

Covered supplies:

- Sanitizer/disinfectants
- Batteries
- Dishwasher supplies
- Trash can liners
- Tissues & gloves
- Toileting supplies (*toilet paper, paper towels, hand soap*)
- Water and snacks
- Teaching/craft supplies
- Curriculum expense
- Replacing and procuring of equipment (*toys in rooms and recess room*)

Non-covered supplies (*parents are responsible for providing*):

- Lunch
- Change of clothes
- Diapers/pull-ups and wipes
- Special teacher requests (extra activities)



# CHILD RELEASE FORM

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

We understand there will be times when you as parents are not able to pick up your child. This form is to let our staff know who is allowed to pick up the child other than the parent/legal guardian. This is not the same information that will be used for emergency contacts.

The following individuals are allowed to pick up my child:

- |                |                     |
|----------------|---------------------|
| 1. Name: _____ | Phone Number: _____ |
| 2. Name: _____ | Phone Number: _____ |
| 3. Name: _____ | Phone Number: _____ |
| 4. Name: _____ | Phone Number: _____ |

The following individuals are NOT allowed to pick up my child:

- |                |                     |
|----------------|---------------------|
| 1. Name: _____ | Phone Number: _____ |
| 2. Name: _____ | Phone Number: _____ |
| 3. Name: _____ | Phone Number: _____ |
| 4. Name: _____ | Phone Number: _____ |

We realize there are some children who have additional needs and are undergoing therapy. If these services occur during the hours of Playschool, the therapist is required to present a professional identification upon arrival. We also need authorization from the parent for the child to be released for treatment.

|                                  |                                  |
|----------------------------------|----------------------------------|
| Therapist Name: _____            | Therapist Name: _____            |
| Phone Number: _____              | Phone Number: _____              |
| Day/Time of services: _____      | Day/Time of services: _____      |
| Company associated with: _____   | Company associated with: _____   |
| Supervisor's Phone Number: _____ | Supervisor's Phone Number: _____ |

Parent Printed Name: \_\_\_\_\_

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



# HARVEST MORNING PLAYSCHOOL

## ACH Payment Authorization Form

I authorize The Harvest to initiate a debit entry from my checking account in payment of my monthly tuition for the Harvest Morning Playschool. This authorization will remain in effect until I notify The Harvest in writing of its termination. Notification must be received five business days in advance of termination date to permit the church reasonable time to act upon it.

Account holder's name: \_\_\_\_\_

Financial institution name: \_\_\_\_\_

Financial institution City/State: \_\_\_\_\_

Financial institution Routing number: \_\_\_\_\_

Checking account number: \_\_\_\_\_

Child/Children's name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return form along with a voided check. Please keep a copy of this authorization form for your records.



# WAIVER AND RELEASE OF LIABILITY AGREEMENT

The undersigned is the legal parent/guardian of \_\_\_\_\_  
(child's full name) and agrees to the following:

I understand and agree to a full and complete waiver and release of any and all liability ("Liability Release") on the part of the Harvest Morning Play School in connection with my Child's attendance at the Play School and participation in all Play School activities, including, but not limited to, play area activities, classroom activities in connection with the Preschool. I understand and agree that this Liability Release will apply to the entire duration of my Child's attendance at the Play School and participation in all Play School activities.

I further authorize anyone working at the Play School to obtain medical care for my Child or to transport my Child to a clinic or hospital if, in the opinion of the director or coordinator working at the Preschool, medical attention is needed for my Child. I agree that if the Play School releases my Child to me, my designee, an ambulance or other medical transport, a medical facility, a clinic or a hospital, that the Play School staff shall not have any further responsibility for my Child. I agree to pay all costs associated with such medical care and related transportation for my Child and indemnify and hold the Harvest, its representatives and agents harmless from any costs incurred in connection with such medical attention or any related claims.

This Liability Release may only be revoked in a writing that is signed by both myself and the Director of the Play School. I acknowledge that I have carefully read this Liability Release and understand its contents.

Print Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_



# **MINOR PHOTO RELEASE FORM**

I, (print name) \_\_\_\_\_, parent/legal guardian of

(child's name) \_\_\_\_\_, hereby grant permission to the Church of The Harvest, Inc. (hereafter Ministry) representatives, to take and use: photographs, media footage and/or digital images of my child for use in news releases and/or materials as follows: printed publications or materials, marketing materials, electronic publications, media footage or web sites. I acknowledge the Ministry's right to crop or treat the photograph(s) and/or media footage at its discretion. I also acknowledge that the Ministries may choose not to use my child's photograph(s) or media footage at this time but may do so at its own discretion at a later date.

I agree that my child's name and identity will not be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints and digital reproductions shall be the property of Ministry.

I also understand that once my child's image is posted on the Ministry's website, the image can be downloaded by any computer user. Therefore, I agree to indemnify and hold harmless the Ministry, the church, its trustees, pastor, associate pastors, employees, deacons, its members and designees from any claims arising out of the use of my child's photograph(s) or media footage. The Ministry reserves the right to discontinue use of any photograph(s) or media footage without notice.

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Signature of Parent/Legal Guardian

Date



## **CLASS DOJO INSTRUCTIONS**

At Harvest Morning Playschool, we utilize Class Dojo as our primary communication tool. We've found that it's an effective way to not only communicate what's happening in our school (*such as posting about "special days", weather closings, etc*), but it's also a great class management tool for our older classes that will allow you to see how your child's day/week has been.

Signing up for Class Dojo is simple. You give us your email address, and we'll send you an invite. Then you can then confirm and set up an account. You will need to download the free mobile app for iOS or Android. For more information go to [www.classdojo.com/LearnMore](http://www.classdojo.com/LearnMore).

Please provide the information below and we can get you started with Class Dojo! Feel free to ask any questions.

Student Name(s): \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Parent/Guardian Email(s): \_\_\_\_\_

\_\_\_\_\_



# Permission for Prescription Medication

FOR PLAYSCHOOL USE ONLY

\_\_\_ routine \_\_\_ PRN

Start date: \_\_\_\_\_

When possible, medications should be given to children before or after Playschool hours by the parent or guardian. Prescription medicine will only be administered with a written statement from a doctor. Medications must be provided to the Playschool by parent or guardian in the original container. Please note, the Harvest Morning Playschool has the right to reject requests to administer certain medications at the facility.

Please complete a separate form for each medication to be given. If the medication is to be given to more than one of your children, please complete a separate form for each child.

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Is your child allergic to any medication, food, or other items? If yes, please list allergies:

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

Name of medication: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Amount to be given: \_\_\_\_\_ Time to be given: \_\_\_\_\_

Notes/special instructions: \_\_\_\_\_

Child's Health Care Provider's name, address and phone number: \_\_\_\_\_

\_\_\_\_\_

I give permission for the medication(s) listed above to be given to my child while in the care of Harvest Morning PlaySchool. I give permission for the Directors of Harvest Morning Playschool to contact the health care provider named above to discuss this medication as well as my child 's health. I understand the Harvest Morning PlaySchool requires that I agree to the facility rules about medication before this medicine will be administered to my child and that I am responsible for notifying them of any changes to my child's medications.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Printed Name

\_\_\_\_\_  
Phone number

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Amount: \_\_\_\_\_

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Signature of person administering medication

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Amount: \_\_\_\_\_

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Signature of person administering medication

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Amount: \_\_\_\_\_

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Signature of person administering medication

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Amount: \_\_\_\_\_

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Signature of person administering medication

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Amount: \_\_\_\_\_

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Signature of person administering medication

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Amount: \_\_\_\_\_

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Signature of person administering medication

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Amount: \_\_\_\_\_

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Signature of person administering medication