

Harvest Preschool Enrollment Form



2017-2018

Today's Date: _____

Infants _____
 Toddlers _____
 Preschool _____
 PreKindergarten _____

Fee's	Payment & Notes
_____ Start Date	_____
_____ Enrollment Fee	_____
_____ Annual Fee	_____
_____ Weekly Tuition	_____
_____ ACH Bank Draft	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
_____ Sibling Discount	_____

CHILD INFORMATION: Date of Birth _____ Male _____ Female _____

Name _____ Name child is called by _____
 Social Security # _____ CODE WORD _____
 Home Address _____
Street City Zip

*Responsible party to appear on billing statements? _____

*Who has legal custody of the child? Both ___ Mom ___ Dad ___ Other _____

FATHER OR GUARDIAN INFORMATION: Marital Status: Married ___ Seperated ___ Divorced ___ Single ___

Name _____ E-mail _____
 Address _____
(If Different form child's) Street City Zip
 Social Security # _____ Driver License # _____
 Place of Employment & Occupation _____
 Date of Birth ___ / ___ / ___ Work _____ Home _____
 Cell _____ Cell Carrier _____

MOTHER OR GUARDIAN INFORMATION: Marital Status: Married ___ Seperated ___ Divorced ___ Single ___

Name _____ E-mail _____
 Address _____
(If Different form child's) Street City Zip
 Social Security # _____ Driver License # _____
 Place of Employment & Occupation _____
 Date of Birth ___ / ___ / ___ Work _____ Home _____
 Cell _____ Cell Carrier _____

CHILDS PERSONAL HISTORY: Is the child right-handed or left-handed? _____

Please list any other persons living with the child and their relationship (if any) to the child _____

Previous preschool experience? _____ Where and when? _____

Allergies? _____ If so, please list _____

Are there any medical or emotional problems of which we should be aware? _____

Please list other Information such as napping instructions, eating instructions, discipline, child's communication, unusual fears, etc.

Harvest Preschool Enrollment Form



EMERGENCY INFORMATION RECORD

Permission is granted to administer Tylenol if I am unable to be reached and his/her temperature is over 101.

yes no sign _____

In the event of an emergency and we are unable to reach you, please give another authorized contact:

Name _____ Relationship to Child _____

Address _____

Telephone _____ Social Security # or Driver's License # _____

Child's Physician _____ Telephone _____ Chart # _____

Address _____ Hospital Preference _____

In the event of an emergency in which I cannot be reached, the physician listed above and the local hospital are hereby authorized to provide any emergency care deemed necessary for my child. I understand that every effort will be made to contact me or my spouse before such action is taken. I will be responsible for the payment for such care or treatment.

Signature of Parent or Guardian _____ Date _____

PERSONS AUTHORIZED TO PICK UP CHILD

Name _____ Driver's License # _____

Name _____ Driver's License # _____

Name _____ Driver's License # _____

Name _____ Driver's License # _____

Name _____ Driver's License # _____

Name _____ Driver's License # _____

FINANCIAL AGREEMENT

The Harvest Daycare and Preschool is a non-profit Christian ministry of *church of* The Harvest. The daycare and preschool is completely dependent on the cooperation of the church members and parents who benefit from the kindergarten and daycare for its continuation.

Tuition Payments and Annual fees, we only offer ACH draft

- >>> Weekly ACH, tuition is drafted every Monday
- >>> Monthly ACH, tuition is drafted the 1st Monday of every month and includes a \$25 discount per family
- >>> If a federal Holiday falls on a Monday, the draft will be processed on Tuesday
- >>> \$30 fee for returned payments. Only Cash payment will be accepted to make up the payment.
- >>> I will give a two-week written notice should I decide to withdraw my child from daycare.
- >>> I understand that after one (1) year of continuous enrollment, my child will receive one (1) week vacation time, including a week my child is absent from daycare.
- >>> I will notify the office in writing two (2) weeks prior to vacation allowance.

Signature of Parent or Guardian _____ Date _____