

Harvest Center for Creative Learning

Pre-School Application for Enrollment

2012-2013

Thank you for choosing Harvest Center for Creative Learning Preschool for your child(ren). We are grateful for the opportunity to partner with you in educating your child. It is imperative that this Application for Enrollment be filled out completely.

General Information

Child's Legal Name: _____ Name Used: _____
Date of Birth: _____ Social Security #: _____ Age: _____ Sex: M F
Home Address: _____ City: _____ Zip: _____
Home Phone: _____ Church Child Attends: _____

First Parent (Receives All Mail & Statements)

Last Name: _____ First Name: _____ Relationship to Student: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Email Addresses: (Please list email addresses to where you would like center-wide announcements sent)
#1 _____ #2 _____
Occupation/Title: _____ Home Phone: _____
Business Name: _____ Business Phone: _____
Business Address: _____ Cell Phone: _____
City: _____ State: _____ Zip: _____ Beeper/Pager: _____
Marital Status: Married _____ Divorced _____ Separated _____ Single _____ Remarried _____ Widowed _____

Second Parent Contact

Last Name: _____ First Name: _____ Relationship to Student: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Email Addresses: (Please list email addresses to where you would like center-wide announcements sent)
#1 _____ #2 _____
Occupation/Title: _____ Home Phone: _____
Business Name: _____ Business Phone: _____
Business Address: _____ Cell Phone: _____
City: _____ State: _____ Zip: _____ Beeper/Pager: _____
Marital Status: Married _____ Divorced _____ Separated _____ Single _____ Remarried _____ Widowed _____

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Family Information

Student lives with: Both Parents _____ Mother Only _____ Father Only _____ Grandparents _____ Other _____

Names and ages of siblings: _____

Parents will be contacted first in case of an emergency. Please give additional contacts: It shall be the responsibility of the parents and/or guardians to ensure that the emergency contact information is current, accurate and reliable. The Office, only in writing, shall accept changes to the emergency contacts or pickup information.

Emergency Contacts

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Pickup Permission

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Medical Information/History of the Child (Please Indicate Dates of Illnesses)

Physician Name: _____ Phone Number: _____

Insurance Carrier: _____ Policy Number: _____

Insurance Carrier Address: _____ Phone Number: _____

Measles _____ Mumps _____ Chicken Pox _____ Whooping Cough _____ Flu _____ Meningitis _____ Convulsions _____

PHYSICAL DISABILITIES (LIST ALL ALLERGIES, ASTHMA, EPILEPSY, ETC.) Please explain in detail

Any evidence of Hearing Loss? _____ Vision Difficulties? _____ Speech Disabilities? _____

Hospitalizations: _____ Operations: _____

Other illnesses not covered above: _____

First Aid, Emergency Care & Health Records Transfer:

In the event of an emergency in which the parents cannot be reached or the above listed physician cannot be reached, it is agreed that Harvest Center for Creative Learning Preschool Staff is authorized to provide any emergency treatment deemed necessary for the life and health of the child. In addition to this, it is understood that first aid may be needed and Harvest Center for Creative Learning Preschool Staff is authorized to provide the necessary first aid. In the event of any emergency, the parents have authorized the transfer of the child's health records to the local hospital.

Special Medical Instructions: _____

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Terms and Conditions

Who is responsible for payment on this account?

Name: _____ Phone: _____

Address: _____

I/We certify that the information provided on this application is true and accurate. I/We understand and accept that failure on our part to disclose all relevant information during this process may result in my/our child(ren) being dismissed from the Center.

I/We will cooperate with HCFCL to my fullest capability and support its mission, goals, programs, administration and staff. I/We also understand that my child will not be placed in a classroom until all forms have been completed and submitted to the administration and all financial obligations are met.

I/We agree to pay our financial obligation to the Center according to arrangements made. I/We understand that we are required to use FACTS if we elect to pay tuition in installments. We agree to abide by the guidelines for payment of tuition as outlined in FACTS.

I/We understand the if tuition obligation is one month in arrears and that if we have not made payment of financial agreements; Harvest Center for Creative Learning has the right to dismiss our child from the Center. We also understand that we will be charged interest on the amount of tuition in arrears.

I/We understand that this contract may not be voided except by mutual agreement between the parents(s)/guardian(s) and the school. We understand this to mean that this contract will remain a binding financial obligation.

I/We have read the commitments and conditions of enrollment set forth above and understand to agree to them. I/We further agree that I/We are personally responsible for all financial obligations incurred relative to this enrollment.

(Both Parents' Signatures are required)

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

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NON-DISCRIMINATION POLICY

Harvest Center for Creative Learning Preschool admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the learning center. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, and other center-administered programs.



Come...Grow...Learn®

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