

# LITTLE HARVARD 2022-2023 SCHOOL YEAR

## Registration Form

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Mother/Guardian Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name and Number of your child's Pediatrician: \_\_\_\_\_

List any other siblings living in your home: \_\_\_\_\_

List any other persons in your home: \_\_\_\_\_

List any allergies your child may have such as bee stings, asthma, food allergies, or Medical Conditions (ex. seizures, asthma, developmental delay)

\_\_\_\_\_

Was your child born prematurely or were there any complications during birth that have affected your child's development? \_\_\_\_\_

Are there any special conditions we should be aware of (Divorce, Separation, Sibling with a handicap, Order of Protection, Custody Documents, etc.)

\_\_\_\_\_

What do you, as a parent; expect your child to gain from this school? What values do you think are most important for your child to learn?

\_\_\_\_\_

Has your child ever been in-group care? If so, where? Why did you terminate your enrollment?

\_\_\_\_\_

\_\_\_\_\_

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In the event of an emergency, the following persons are allowed to pick up my child if I am unable to do so:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Initials: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Initials: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Initials: \_\_\_\_\_

**Scheduled Days:** Please place an (F- Full Day or T- for Traditional day) in the box next to the days your child will be attending and an x next to the while in attendance at Little Harvard.

Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_

I \_\_\_\_\_ understand that Little Harvard will be supplying my child with breakfast, if my child arrives prior to 8:15 am, AM Snack, Milk, and PM Snack, any food provided by an outside source for lunch, breakfast, or snack **MUST** meet the CACFP guidelines, which have been provided to me.

Please choose 1 of the payment options below:

**Monthly Payment Schedule:** I, \_\_\_\_\_, agree to pay the sum of \$\_\_\_\_\_ dollars per month on the 28th of every month to Little Harvard as tuition for services rendered. I understand that payment after the 2nd of the month will subject me to a \$40.00 late fee. **There are 2 weeks per year that Little Harvard is closed, the week between Christmas and New Year's and the week of 4<sup>th</sup> of July. Parents will be liable for the tuition for 1 of those weeks, and Little Harvard will credit the tuition for the other.**

**Weekly Payment Schedule:** I, \_\_\_\_\_, agree to pay the sum of \$\_\_\_\_\_ dollars per week every Monday to Little Harvard as tuition for services rendered. I understand that payment after Tuesday at 6pm will subject me to a \$20.00 late fee per week. **There are 2 weeks per year that Little Harvard is closed, the week between Christmas and New Year's and the week of 4<sup>th</sup> of July. Parents will be liable for the tuition for 1 of those weeks, and Little Harvard will credit the tuition for the other.**

I understand that failure to pay my child's tuition in full after 30 days will result in my account being sent to collections and will result in an additional 40% charge to be added to my outstanding balance.

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

**Medical Release Form:** I, \_\_\_\_\_ agree to have my child, \_\_\_\_\_ receive Emergency Medical Treatment under the supervision of Little Harvard School. In the event of an Emergency, we reserve our right to call Emergency Medical Services, for the purposes of transporting your child to the nearest hospital or appropriate medical facility. Little Harvard will have permission to facilitate appropriate medical treatment for your child, until Emergency Medical Service arrives on the scene.

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

**Late Pick Up Fee:** I, \_\_\_\_\_ understand that if my child is unable to be picked up by the scheduled closing time/pick up time, that there will be a \$20.00 late fee assessed to my account for every 15 minutes beyond 1:00 pm for the half day program, 3:30 pm for the UPK program and 5:30pm for the full day program. Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Termination of Agreement:**

- **The agreement shall be terminated if the school in its sole and unfettered discretion determines that is unable to meet the needs of the child.**
- **Failure of the parent or guardian to cooperate with the school, which the school determines in its sole and unfettered discretion, is serious enough to warrant termination.**
- **Failure of the parent or guardian to honor the obligations listed in this agreement form or in any rule or handbook given by the school.**
- **The parent or guardian allows the account to become delinquent. If your account should become delinquent and require legal action, all legal fees shall be the responsibility of the parent or guardian.**
- **A Termination of Agreement policy will be signed once you have decided to take your child out of Little Harvard.**

**I have read and fully understand the contents of this agreement form, as well as any other presented to me at this time by the school, and I am in complete agreement with the said terms of these forms.**

**Signed: \_\_\_\_\_ Date: \_\_\_\_\_**