

RE-ENROLLMENT REGISTRATION

School Year 2019-2020



HARVEST CHRISTIAN ACADEMY

WHERE GROWTH HAPPENS

3720 Birch Street

Baker City, OR 97814

541-523-4233

The Re-Enrollment Process

- ❖ As you **re-enroll** your student a **Registration Packet** is given to you from our office which needs to be filled out for each student.
- ❖ To hold the student's spot in the classroom, the enrollment fee of **\$50.00 per student** will need to be paid as soon as possible along with this form.

Enrollment Fees (Non-Refundable)

Annual Enrollment Fee (per Child)

To be paid in March to reserve place before Open Enrollment

Per Student \$ 50.00

Curriculum Payable during month of July

3yr old - Kindergarten \$ 150.00

1st - 8th Grade \$ 275.00

9th - 12th Grade \$ 300.00

Standardized Test Fee to be paid for in November

1st - 11th Grade \$ 40.00

Diagnostic Test Fee if applicable

Per Child \$ 30.00

Sport Fee Payable at time of sport enrollment

Per Child/Per Sport \$ 70.00

Annual Tuition

GRADE	Annual Tuition	Harvest Church Student Investment Scholarship	Student Tuition
Preschool 3 year old - PK4	\$ 2,600	<\$ 1,000>	\$ 1,600
Kindergarten	\$ 2,900	<\$ 1,000>	\$ 1,900
1 st through 3 rd Grade	\$ 3,725	<\$ 1,000>	\$ 2,725
4 th through 8 th Grade	\$ 3,775	<\$ 1,000>	\$ 2,775
9 th through 12 th Grade	\$ 3,825	<\$ 1,000>	\$ 2,825

❖ Annual Tuition

Monthly payment Plan - 9 months starting September 1st

Monthly Payments must be paid prior to the 10th of each month

Late Payments (after the 10th) will receive a \$ 25.00 late fee

Available Discounts

Multiple Child

1 st Child (Oldest)	No Discount
2 nd Child	10%
3 rd Child	20%
4 th or more	30%

Payment in Full by September 1st 5%

Additional Scholarship applications are available at the front office. **APPLICATION DEADLINE IS MAY 15th**

RE-ENROLLMENT REGISTRATION FORM
School Year 2019-2020

Student Name _____

Date of Birth: _____

Grade of School starting in September? _____

Father (or Guardian) Name: _____

Address: _____

City: _____ State _____ ZIP _____

Contact: Home Phone: _____ Cell Phone: _____

Email: _____

Employment: _____

Work Phone: _____ (Can you receive calls at work?)

If divorced? Legal Custody Status? _____

Mother (or Guardian) Name: _____

Address: _____

City: _____ State _____ ZIP _____

Contact: Home Phone: _____ Cell Phone: _____

Email _____

Employment _____

Work Phone: _____ (Can you receive calls at work?)

If divorced? Legal Custody Status? _____

WHO IS APPROVED TO PICK UP YOU STUDENT

NAME	PHONE	RELATIONSHIP

*If you need someone to pick up your child that is not on this list please call the office ahead of time to make the arrangement.

RE-ENROLLMENT AGREEMENT

I agree to support Harvest Christian Academy (HCA) in the following areas:

In the case of un-enrollment, I understand that the **enrollment fee and curriculum fee are non-refundable**. In most cases these costs have already been incurred and therefore are non-refundable. Tuition fees **are** reimbursable and determined by figuring what percentage of the year is left (round down to nearest month) and refunding that portion of the tuition. If the student has not taken the standardized test then the standardized test fee will also be refunded.

Tuition payments are due on the 1st of each month with a 10 day grace period. A \$25.00 late fee will be applied to payments after the 10th. Payments that fall behind 15 days or more will result in the student(s) being unenrolled from the school unless other arrangements have been made and agreed upon by the administration.

Please initial: Parent

Please initial: Parent

Curriculum: Abeka curriculum is a fast-paced, advanced curriculum and it is not uncommon for transfer students to struggle with the rigors of the new curriculum. Please give your children time to adjust and expect that there may be more homework than usual within the first 6 weeks of enrollment.

Please initial: Parent

Please initial: Parent

Involvement: The tuition fees we charge are just enough to meet our basic expenses. Because of this we need to rely upon volunteer help and the involvement of parents in the school. We ask parents to help support and participate in fundraising events and to also be available for parent-teacher get-togethers.

We will have several fundraisers each year. These monies will be used to offset tuition costs, fund mission trips, scholarships, and student events. Your participation would be greatly appreciated.

Please initial: Parent

Please initial: Parent

I give permission for my student to take part in all campus activities, including P.E. class, except when affected by physical conditions described on this application or with a written doctor's note. I give permission for my student to take part in all school-sponsored trips away from campus for which he or she is eligible, with the understanding that the school will notify me of such trips ahead of time. I understand that my student must both receive my written permission and meet the school's academic eligibility requirements before being allowed to participate in inter-scholastic sports. I respect the moral standards of the school and will not tolerate in my home any profanity, obscenity, dishonor to the Godhead or the Word of God, or disrespect for school personnel. I agree to support all the rules of the school on my student's behalf, and authorize the school to carry out any discipline of my child that the school deems needful, in accord with school policy as published in the *Parent/Student Handbook*.

I agree that attendance in this school is a privilege, not a right, and that the school has the right to dis-enroll any student who fails to comply with school rules or discipline, or whose school bill remains unpaid.

Signature of Father

Date

Signature of Mother

Date



ACTIVITY PARTICIPATION AGREEMENT
School Year 2019-2020

Name (last): (first) DOB: Gender at Birth: M F Age: Grade:
Mailing Address: City: State: Zip:
Phone: Email:

What church do you attend:
T-Shirt Size (circle): Adult XXX XX X L M S Child X L M S

Health Information

Does Participant have any of the following?:
Heart trouble Diabetes Lung trouble Skin trouble
Ear trouble Asthma Sinus infection Date of last Tetanus:
Food Allergies: Medication Allergies:
Other allergies: List all medications & dosage:

All medication participant is presently taking, including over the counter, must be in original bottle from pharmacy indicating dosage, intervals and participant's name. **Please make sure all medication is turned in to designated personnel upon arrival!!

Does your child have any physical, mental illness or special needs? Yes No If Yes, please explain:

Emergency Contact: Emergency Number:
Emergency Contact: Emergency Number:

As Parent/Guardian, I hereby authorize and request any hospital emergency staffed physician to administer any procedure which in their judgment may be necessary. I also give permission to the First Aid Person to release pre-prescribed medication and non-prescribed medication such as aspirin.

Harvest Church has adopted an infectious disease policy; a copy may be obtained by contacting the Church Office. In general, rules of common sense hygiene are urged, such as regular washing of hands, no exchange of razors, toothbrushes, etc.

Name of Parent/Guardian: Policy Holder's Name:
Family Physician: Family Medical Insurance Co:
Ins. Address: Medical Policy #:

The family's individual policy is primary coverage with the sending church's policy as secondary.

I understand that my involvement in Harvest Church Activities is a privilege. In consideration of this privilege, I am signing this release & consent form.

DISCIPLINE/PROPERTY DAMAGE:

I understand that Harvest Church and its affiliates make rules and guidelines that my child will abide by while attending. I understand that if my child misbehaves and does not respond in a positive manner, I may be called to pick him/her up. Warnings will be given, but if inappropriate behavior continues, I will come and get him/her and no refund will be issued. In addition, I will pay for any damage that is done to the church property or to personal property belonging to another individual.

PHOTO & VIDEO RELEASE/PERMISSION TO USE PICTURES & VIDEOS FOR PROMOTIONAL PURPOSES:

The undersigned parent(s) or legal guardian(s), of my child, in consideration of the benefits of the Child participating in the activities of Harvest Church, hereby grants to Harvest Church the right to video/photograph said Child, and to use said video/photographs, regardless of the form thereof, which may include but not necessarily be limited to still format, digital format still or digital format video, to promote Harvest Church. It is understood and agreed that the video/photographic images taken by Harvest Church and used by Harvest Church for promotional purposes may be used in various forms, including but not necessarily limited to printed forms, transmission via internet, television or otherwise. The permission herein granted shall continue in effect unless revoked in writing.

ASSUMPTION OF RISK:

I understand that I may participate in any number of activities, some which include, but not limited to water sports, obstacle course activities, zip-line, rock wall climbing, skate park, basketball, and other games. I understand that there are certain risks of physical injury involved with all such activities some of which I may not presently be aware. I understand and acknowledge the physical nature of church activities. I understand that participation in these activities requires a certain level of physical fitness and abilities. By signing this release, I assure my child is physically fit and able to participate in all activities, except I request my child to NOT participate in the following activities:

I understand by signing this release form, I am assuming such risks that are both known and unknown to me at this time. I further release Harvest Church of the Assemblies of God, its trustees, employees, rental facilities, including its trustees, employees and agents from any claim that I may have against them as a result of my child's physical injury or illness during my child's participation in Harvest Church activities. This release of liability is also intended to cover all claims that members of my family, estate or heirs, representatives or assigns may present against Harvest Church of the Assemblies of God, employees, rental facilities, including its trustees, employees and agents. A claim may be based upon the sole and exclusive negligence of Harvest Church and the Assemblies of God. I further agree to defend, indemnify and hold Harvest Church of the Assemblies of God, employees, rental facilities, including its trustees, employees and agents, harmless from liability resulting from my child's participation in Harvest Church activities, including reasonable attorney's fees.

This release shall be effective and binding upon Harvest Church of the Assemblies of God and upon me. If a dispute over this agreement or any claim for damages arises, the Participant (and/or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (and/or parent/guardian) and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

I have read this Activity Participation Agreement and fully understand its items. I subsequently represent that I, the legal parent/guardian, have signed this form in authorization of these terms. I acknowledge that by signing this document, I am agreeing to release Harvest Church of the Assemblies of God and rental facilities, including its trustees, employees, and agents from liability. I have been advised to read this document carefully before signing. I have thoroughly read the contents of this release and agree to the terms stated in each area including disciplinary procedures, property damage, medical policies, emergency procedures, and release of liability. The information I have completed is accurate to the best of my knowledge.

PARENT/GUARDIAN SIGNATURE (Required)

DATE

MEDICAL RELEASE FORM

School Year 2019-2020

HARVEST CHRISTIAN ACADEMY

WHERE GROWTH HAPPENS

3720 Birch Street

Baker City, OR 97814

Office: 541-523-4233

Fax: 541-523-7911

Student Name: _____ Student DOB: _____

Name of physician: _____ Phone: _____

Insurance provider: _____ Policy #: _____

HCA cannot give medications (aspirin, Tylenol) to your child/children, unless a written note with parent /guardian signature.

Please check item of your choice, sign and return.

___ I DO NOT WANT ANY MEDICATION TO BE GIVEN.

___ I WANT TO BE CALLED FIRST.

___ ASPIRIN MAY BE GIVEN.

___ TYLENOL MAY BE GIVEN.

___ IBUPROFEN MAY BE GIVEN.

HCA needs to have a record of any medications, along with dosages, that have to be administered during the school day.

List any medical conditions, physical defects, or allergies? (Explain)

Our desire at HCA is to provide the best possible environment for students to learn. List any disabilities, emotional/behavioral problems, or special needs, which may be helpful to those interacting with your child.

Parent/Guardian: _____
Last Name First Name Middle Initial

Signature Date