

HARVEST CHRISTIAN ACADEMY

1001 Stone Canyon Dr.

Roseville, CA 95661

(916)259-2516

www.harvestchristianacademyroseville.com

SCHOOL ENROLLMENT APPLICATION

Student's Name: _____

Date of Birth: _____ Gender: _____ Male _____ Female

Home Address: _____

City: _____ Zip: _____ Home Phone: _____

Grade Entering In 2025: _____ Previous School: _____

Does your child have special needs? ____ No ____ Yes - Please explain: _____

How did you hear about Harvest Christian Academy? _____

Are you interested in after-care? ____ If so, what days and hours? _____

***We do NOT require vaccinations for enrollment!**

Tuition

Payment of registration fee is required at time of registration.

Registration fee = \$200

Monthly Tuition is due on the 1st of each month. Payments made after the 5th will also require a \$35 late fee.

Monthly Tuition = \$695

Harvest Christian Academy is for children Kindergarten through 3rd grade. Children with special needs may be admitted on an individual basis with due consideration to the program offered and the needs of the child.

Parent Information - Please complete for each living parent.

Father

Full Name: _____

Home Address (if different than above): _____

City: _____ State & Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Employer: _____ Work Phone: _____

Mother

Full Name: _____

Home Address (if different than above): _____

City: _____ State & Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Employer: _____ Work Phone: _____

Additional Parent Information (if applicable):

Stepfather

Full Name: _____

Primary Phone: _____

Stepmother

Full Name: _____

Primary Phone: _____

Student Lives With: _____ Both Parents _____ Mother _____ Father _____ Other

If "other" is marked, please explain relationship to student: _____

Conditions which will lead to termination of this agreement include:

1. Failure to pay tuition fees per terms set forth in the tuition contract.
2. Continuous behavioral problems on the part of the child that cannot be controlled in the classroom.
3. Failure to abide by ALL Harvest Christian Academy regulations.

**I have read Harvest Christian Academy's Admission and Tuition Policies.
I agree to support and adhere to all policies implemented by Harvest
Christian Academy.**

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

ASSUMPTION OF RISK-WAIVER OF LIABILITY-PHOTO RELEASE-MEDICAL AUTHORIZATION

I, _____, hereby acknowledge that I have voluntarily permitted myself and (if applicable) my family to participate in all activities under the direction of HARVEST CHRISTIAN ACADEMY, LLC.

In exchange for participant being permitted by HARVEST CHRISTIAN ACADEMY, LLC to participate in these activities and/or use of their facilities, I HEREBY AGREE THAT I WILL NOT MAKE A CLAIM AGAINST OR SUE HARVEST CHRISTIAN ACADEMY or any of its principals, stockholders, employees or agents, for injury or damage resulting from the negligence or other acts, howsoever caused, by any employee or agent of HARVEST CHRISTIAN ACADEMY as a result of Participant's participation in any activity under the direction of HARVEST CHRISTIAN ACADEMY.

I am aware that individual or group publicity photos and videos are taken from time to time, and in consideration for my, or my child's participation, I hereby grant my permission for my, or my child's likeness to be used in HARVEST CHRISTIAN ACADEMY'S publicity or advertising.

In addition, I hereby acknowledge and agree to release, defend, indemnify and hold harmless HARVEST CHRISTIAN ACADEMY, its principals, stockholders, employees and agents, and to assume full responsibility for any loss or damage for any claim, lawsuit or demand for loss or damage, on account of injury to participant, whether caused by the active, passive or sole negligence of HARVEST CHRISTIAN ACADEMY, its employees or agents, while participant is on the property of TINY TUMBLERS or is participating in any way in any activity under the direction of HARVEST CHRISTIAN ACADEMY.

I HAVE CAREFULLY READ THIS AGREEMENT AND RELEASE OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS.

PARENT SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

Class/Camp: _____

Date registered: _____

Payment Method: _____