

# REGISTRATION PACKET



6701 W. Charleston Blvd.  
Las Vegas, Nevada 89146  
702-876-1181  
NewHorizons.Vegas



## **New Horizons Center for Learning**

6701 W. Charleston Blvd. Las Vegas, Nevada 89146

702-876-1181 or Fax: 702-365-7807

### **Admissions Process**



Parents inquiring about NHCL can obtain registration materials including student information forms, and student development history questionnaire by mail, online, and from the school. School tours of our campus are encouraged and can be arranged by calling NHCL, 702-876-1181. If interested in pursuing admission, parents should meet with a school Administrator to discuss enrollment. A recommended student visitation prior to enrollment of 1 to 3 full days in a classroom situation is available. This can be a wonderful way to discover whether NHCL is the right school for your student.

List of forms to be returned to school prior to enrollment:

- Copy of birth certificate
- Immunization records
- Signed Reservation & Agreement/Enrollment Contract (4pgs.)
- Emergency Information
- Student/Parent Information sheet
- Authorization to Release Confidential Information
- Medical Authorization
- Off-Campus Activities Permit
- P.E. Permit/Accident Waiver
- Photo Release form
- Student Directory and Carpool List
- After Care Contract
- Prospective Student Background form (5pgs.)
- Signed Student Handbook Agreement
- Paid Registration Fee



**New Horizons Center for Learning**  
 6701 W. Charleston Blvd. - Las Vegas, Nevada 89146  
 (702) 876-1181 Fax: (702) 365-7807

**TUITION FEE SCHEDULE**

**Grades 1-5.....\$12,000.00 per school year**  
**Grades 6-8.....\$13,200.00 per school year**  
**Grades 9-12.....\$14,400.00 per school year**

**REGISTRATION FEES (Paid Annually).....\$750.00 per student**

The Registration Fees cover: Each student’s Chromebook computer, books and work books, all consumable materials and school supplies, technology assistance fees, and a school yearbook. Optional payment plans for the Registration Fee are available if you choose Tuition Plan C or D. Contact the school office for more information.

**2018-2019 School Tuition Contract and Financial Agreement**

**TUITION FEES MUST BE PAID IN ONE (1) OF FOUR PAYMENT PLANS: A, B, C or D**

|   |                                 |                                 |
|---|---------------------------------|---------------------------------|
| <b>Plan A – One (1) annual payment, due on or before: August 1, 2018</b><br><i>(includes a 5% discount off the full tuition amount)</i> |                                 |                                 |
| <b>Grades 1 – 5</b>   | <b>Grades 6 – 8</b>             | <b>Grades 9 – 12</b>            |
| <b>One Payment: \$11,400.00</b>   | <b>One Payment: \$12,540.00</b> | <b>One Payment: \$13,680.00</b> |

|   |                                 |                                 |
|---|---------------------------------|---------------------------------|
| <b>Plan B – Two (2) equal (semi-annual) payments, due on or before: Aug. 1, 2018 &amp; Jan. 18, 2019</b><br><i>(includes a 2% discount off the full amount)</i> |                                 |                                 |
| <b>Grades 1 – 5</b>   | <b>Grades 6 – 8</b>             | <b>Grades 9 – 12</b>            |
| <b>Two Payments: \$5,880.00</b>   | <b>Two Payments: \$6,468.00</b> | <b>Two Payments: \$7,056.00</b> |

|   |  |  |
|---|--|--|
| <b>Plan C – Ten (10) consecutive payments (August through May). All accounts are billed on the 1<sup>st</sup> of each month and late after the 10<sup>th</sup>. A Late Fee of \$50.00 will be automatically billed if it applies.</b> |  |  |
| <b>Grades 1 – 5</b>   | <b>Grades 6 – 8</b>                    | <b>Grades 9 – 12</b>                   |
| <b>10 Payments: \$1,200.00 per Mo.</b>  | <b>10 Payments: \$1,320.00 per Mo.</b> | <b>10 Payments: \$1,440.00 per Mo.</b> |

|   |  |  |
|---|--|--|
| <b>Plan D – Twelve (12) consecutive payments (August through July). All accounts are billed on the 1<sup>st</sup> of each month and late after the 10<sup>th</sup>. A Late Fee of \$50.00 will be automatically billed if it applies.</b> |  |  |
| <b>Grades 1 – 5</b>   | <b>Grades 6 – 8</b>                    | <b>Grades 9 – 12</b>                   |
| <b>12 Payments: \$1,000.00 per Mo.</b>  | <b>12 Payments: \$1,100.00 per Mo.</b> | <b>12 Payments: \$1,200.00 per Mo.</b> |

***Tuition payments may be paid by CASH, CHECKS or CREDIT CARD***

Required Registration Fees (\$750.00), and a Payment Plan choice amount MUST be paid before the student is officially enrolled. *(Please note that the registration fee is non-refundable.)*

\*A convenience fee of 3% will be added for any credit card charges

## NHCL POLICY STATEMENT

Each parent or legal guardian is required to sign the Financial Agreement and Contract on page four, which outlines the policies and obligations.

Accounts are due and payable by the **1<sup>st</sup> of each month and late by the 10<sup>th</sup> of each month**. Any payment received **after the 10<sup>th</sup>** of the month is considered delinquent and will include a **\$50.00 late fee. (All late tuition and fees MUST be paid in full before a student will be allowed to attend classes).**

Tuition payment can be made by cash, check or credit card. All checks should be made payable to: **New Horizons Center for Learning and should be mailed to New Horizons Center for Learning, 6701 W. Charleston Blvd., Las Vegas, NV 89146.** Any check returned by the bank will be assessed a returned check fee of \$30.00, regardless of the reason. The school will attempt to send reminder notices each month with current balances and issue receipts only upon request. ***Therefore, it is very IMPORTANT for parents to give their email address to the office. Most parent correspondence is done by email. However, it is the parent(s)/guardian's responsibility to see that the tuition is paid on time.***

Email address: \_\_\_\_\_ Initials: \_\_\_\_\_  
(Please Print)

Email address: \_\_\_\_\_ Initials: \_\_\_\_\_  
(Please Print)

## RESERVATION APPLICATION AGREEMENT AND ENROLLMENT CONTRACT

This Reservation Application and Agreement and Enrollment Contract ("Agreement") is made as of the Effective Date (as hereinafter defined), by and between New Horizons Center for Learning, a Nevada non-profit corporation ("NHCL"), and \_\_\_\_\_ (individually or collectively, "Parent").

**1. APPLICATION AND ADMISSION.** Parent hereby applies to NHCL for the admission of \_\_\_\_\_ as a student for the current academic year, and submits to NHCL herewith payment of all Registration Fees in the amount of \$750.00. Subject to the terms and conditions of this Agreement, NHCL (upon execution of this Agreement and delivery thereof to Parent) agrees to admit Student as a student at NHCL for said academic year and to provide Student with educational services in accordance with (and subject to) this Agreement and NHCL policies and procedures.

**2. AGREEMENT TO PAY TUITION AND REGISTRATION FEES.** Parent has selected for payment of tuition, and hereby jointly and severally agrees to be legally bound to pay all sums for tuition ("Tuition") contemplated by such payment plan, as well as all fees and costs designated as "Registration Fees". Parent represents and warrants to NHCL that the person(s) named above as "Parent" is/are the natural parents and/or legal guardians of Student.

**[PLEASE CIRCLE AND INITIAL ONE]:**      Plan "A"      Plan "B"      Plan "C"      Plan "D"

**3. CANCELLATION AND REFUND.** This Agreement may be terminated by Parent by written notice given to NHCL on or before September 4th of the current academic year. In the event of such termination, the Registration Fee, shall not be refunded, but any tuition paid by the Parent, shall be refunded in full.

Initials: \_\_\_\_\_

**Parent agrees and acknowledges that if they voluntarily withdraw their student before the current academic year ends**, or if the student is permanently suspended from attendance for the balance of the school year due to non payment of tuition, NHCL will sustain economic damages and losses of types and in amounts which are impossible and/or impracticable to compute and ascertain with certainty as a basis for recovery by the NHCL of actual damages, and that the liquidated damages stated herein represent a fair, reasonable and appropriate estimate thereof. Accordingly, in lieu of actual damages for a voluntary withdrawal of their child during the school year, the parent/guardian agrees that liquidated damages may be assessed and recovered by the NHCL as against the parent/guardian in the event of a voluntary withdraw during the current school year, without the NHCL being required to present any evidence of the amount or character of actual damages sustained on a monthly basis throughout the school year. Therefore it is agreed between the parties that the parent/guardian shall be liable to the NHCL for payment of liquidated damages in the amount of \$ 400.00 (four hundred) for each month remaining the in current school year. Such liquidated damages are intended to represent estimated actual damages and are not intended as a penalty, and the parent/guardian shall pay them to NHCL in one lump sum at the time of voluntary withdrawal of the student by parent, or after suspension for non payment for the balance of the school year, without limiting NHCL's right to terminate this agreement for default as provided elsewhere herein. This does not apply to students who have been requested to leave and/or expelled by NHCL due to behavior problems with the student which NHCL deems to be a risk to other students, themselves or with respect to a conducive learning environment.

Initials: \_\_\_\_ \_\_\_\_

#### **ADDITIONAL INFORMATION:**

**NHCL does not sub-divide tuition payments between divorced parents, or get into the middle of any decreed financial judgments made by the courts.**

Initials: \_\_\_\_ \_\_\_\_

**4. LATE CHARGES.** All payments made, with respect to Plan "C" or Plan "D", are due and payable by the 1<sup>st</sup> day of the calendar month. If any such payment, with respect to Plan "C" or Plan "D", is not paid by the 10<sup>th</sup> of the month, parent agrees to pay an additional late charge in the amount of **\$50.00** and student will not be allowed to attend classes until tuition is brought current. The second payment, with respect to Plan "B", shall be due on the **First Day of the 2nd Semester**. If such payment, with respect to Plan "B" is not paid by that time, parent agrees to pay an additional late charge of **\$100.00** with respect to such payment.

Initials: \_\_\_\_ \_\_\_\_

**5. SCHOOL'S RIGHT TO SUSPEND STUDENT UPON NON-PAYMENT.** In the event that Parent fails to make any payment required pursuant to Plan "A" or Plan "B", by the 10<sup>th</sup> of the months or in the event that Parent fails to make the monthly payments required by Plan "C" or Plan "D", NHCL may, at its option and in addition to any other right or remedy which NHCL may have, may refuse to admit Student into any classes or activities and cease to provide educational services to Student until and unless all delinquent payments (and all late charges applicable thereto) have been paid in full. In addition, NHCL shall have the right to refuse to furnish to any other school any transcripts or other evidence of

Student's attendance or performance at school until and unless all delinquent payments (and all late charges applicable thereto) have been paid in full.

Initials: \_\_\_\_ \_\_\_\_

**6. DISHONORED CHECK.** In the event that any check offered in payment of any obligation of Parent hereunder shall be dishonored by the bank on which it is drawn for any reason whatsoever (whether rightfully or wrongfully), Parent shall pay a return check fee of thirty dollars (\$30.00).

Initials: \_\_\_\_ \_\_\_\_

**8. EXPULSION, SUSPENSION, OR DISMISSAL OF STUDENT.** NHCL shall have the right to suspend, expel or dismiss Student for any activity which NHCL reasonably deems likely to endanger or harm any other student, teacher, or staff member at NHCL, or if the activities of Student are reasonably deemed by NHCL to be unreasonably disruptive of the educational process.

Initials: \_\_\_\_ \_\_\_\_

**9. EFFECTIVE DATE.** As used herein, the "Effective Date" shall be the date on which this Agreement is signed on behalf of NHCL by its director or dean of students.

Initials: \_\_\_\_ \_\_\_\_

**10. ATTORNEYS' FEES/LAW AND VENUE.** In the event that any action, whether in law or in equity, is brought by either party to enforce or interpret any of their rights relating to or arising under this Agreement, should NHCL prevail, NHCL shall be entitled to reasonable costs and legal expenses, including reasonable attorneys' fees, whether such action is prosecuted to judgment or not, and without regard to any affect of any offer of judgment under Rule 68 or any other similar rule or statute.. Any action brought by either party to enforce or interpret this Agreement shall be venued in any competent Court within the County of Clark, State of Nevada, and the laws of the State of Nevada shall govern the enforcement and interpretation of this Agreement, without regard to any conflicts of laws principals.

Initials: \_\_\_\_ \_\_\_\_

**11. Entire Agreement; No Waiver, Estoppel or Modification.** This Agreement constitutes the entire agreement between the Parties relating to the subject matter contained in it and supersedes all prior or contemporaneous agreements, representations and understanding of the Parties and that this Agreement is the full and entire understanding of the Parties. In other words, any other side agreements, conversations, promises or representations are hereby merged into this Agreement, and this Agreement is the final expression of the agreement between the parties. Furthermore, no waiver of any of the provisions of this Agreement shall be deemed, nor shall constitute, a waiver of any other provision, whether or not similar, nor shall any waiver constitute a continuing waiver, nor will NHCL be estopped from ascertain any provision herein based upon its non enforcement of that provision in the past. No supplement, modification or amendment of this Agreement shall be binding unless

executed in writing by all the Parties. The Parties expressly agree that the provisions of this section precluding modification of this Agreement except in writing may not be waived orally or by course of conduct, notwithstanding case law to the contrary.

Initials: \_\_\_\_ \_\_\_\_

**12. Severability.** If any term of this Agreement or the application of any term of this Agreement is held by a court of competent jurisdiction to be invalid, void or unenforceable, all provisions, covenants and conditions of this Agreement, and all of its applications, not held invalid, void or unenforceable, shall continue in full force and effect and shall not be affected, impaired or invalidated in any way.

Initials: \_\_\_\_ \_\_\_\_

We, the parents/guardians agree to abide by all the financial agreement and tuition contract policies as set forth in this agreement and fully acknowledge that this is a legal and binding contract with New Horizons Center for Learning for the current academic school year.

**WE HAVE CIRCLED OUR DESIRED FINANCIAL PLAN OF CHOICE - A, B, C or D.**

**List Person(s) Responsible for Tuition Payment, Return Signed Form to the School Office:**

\_\_\_\_\_ and \_\_\_\_\_  
Print Name(s)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

S.S. # \_\_\_\_\_

S. S. # \_\_\_\_\_

\_\_\_\_\_  
Director, New Horizons Center for Learning

Date: \_\_\_\_\_

\_\_\_\_\_  
Student's Name (Please print full name)

**NEW HORIZONS CENTER FOR LEARNING**  
 6701 W. Charleston Blvd.  
 Las Vegas, Nevada 89146  
 Phone: 702-876-1181

Student ID# \_\_\_\_\_  
 School Year \_\_\_\_\_  
 Grade \_\_\_\_\_

## STUDENT/PARENT EMERGENCY INFORMATION

**Student Information** *(Please Print)*

Student Name: \_\_\_\_\_ Age \_\_\_\_\_  
*FIRST* *LAST*

Student Social Security #: \_\_\_\_\_ Sex *(Circle)*: M or F Birth Date: \_\_\_\_\_

Student Lives with *(Circle)*: Both Parents    Mother Only    Father Only    Guardian(s)    Step-Parent

*Custody Papers Required: (Circle) Yes No*

**Parent/Guardian Information** *(Please Print)*

Mother/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone: *(Circle)* Work Cell Home Email Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone: *(Circle)* Work Cell Home Email Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION** (Persons to call when parents/guardians cannot be reached)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

*(Please be sure to complete the other side of this form, you must SIGN and DATE it appropriately.)*



*In case of accident or serious illness of my student and I cannot be contacted, I request New Horizons Center for Learning to contact those persons listed as Emergency Contacts. I also authorize the school to call the physician below and follow his instructions if I cannot be contacted. If it is impossible to contact this physician, the school may make whatever arrangements it deems necessary.*

\_\_\_\_\_ **Signature of Parent/Guardian** \_\_\_\_\_ **Date**

Physician \_\_\_\_\_ Office Phone \_\_\_\_\_

Address \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_

**PLEASE LIST ANY PERSONS OTHER THAN PARENTS, WHO MAY PICK UP YOUR STUDENT FROM SCHOOL:**

(Addresses are needed for identification purposes)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

-----

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

-----

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

-----

**List Siblings:** Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

New Horizons Center for Learning  
6701 W. Charleston Blvd. - Las Vegas, Nevada 89146  
(702) 876-1181 Fax: (702) 365-7807

## AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

I. STUDENT'S NAME: \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

I authorize release of all the following records: Psychoeducation Evaluations, Transcripts, Report Cards, Medical, and Health Reports, ADHD Evaluations, Disciplinary records, Behavioral records or/checklists.

I request that the information be kept confidential; used for professional reasons only and not be released to another individual or organization unless authorized by me. I understand that I have the right to inspect or receive a copy of the school records that are released.

Reasons for release: In order to plan an individualized education program for my child.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
 Parent or  Guardian

Requested by: \_\_\_\_\_  
 School Official     Psychologist  
 Other: \_\_\_\_\_

II. Information to be released from: \_\_\_\_\_  
(Name of School, Private Evaluator, Physician, other)

\_\_\_\_\_ Address

\_\_\_\_\_ City                      State                      Zip

\_\_\_\_\_ Fax

III. Information to be released to: \_\_\_\_\_  
**New Horizons Center for Learning**  
School

**6701 W. Charleston Blvd.**  
Address

**Las Vegas, Nevada 89146**  
City                      State                      Zip

**(702) 365-7807**  
Fax

### USE THIS FORM WHEN:

1. Releasing information to other organizations.
2. Obtaining information from other organizations.
3. Releasing information to parents, or adult age student (18 years or older).



**New Horizons Center for Learning**  
6701 W. Charleston Blvd. Las Vegas, Nevada 89146  
(702) 876-1181 Fax: (702) 365-7807

### MEDICAL AUTHORIZATION

Student's Full Name (Print): \_\_\_\_\_

Release made \_\_\_\_\_, 20\_\_\_\_. By \_\_\_\_\_  
(Date) (Parent/Guardian Name)

In consideration of the permission granted to my child by New Horizons Center for Learning to take medication during school hours, I hereby release New Horizons Center for Learning, its agents, officers, directors, and employees from all action, damages, claims, or demands which I, my child, my child's heirs, executors, administrators, or assignees may have against New Horizons Center for Learning, employees, administrators, officers, directors volunteers and agents and other above described parties for any adverse reactions or allergic affects which my child may incur by, or arise from, the administration of the following medication(s) in the dosages authorized by the parent/guardian to administer to the student by NHCL during the school day. If there is any change in any of the medications, dosage and administration of such medications listed below, parent/guardian will advise NHCL immediately.

Name of Medicine \_\_\_\_\_ Dosage \_\_\_\_\_ at (time) \_\_\_\_\_  
Name of Medicine \_\_\_\_\_ Dosage \_\_\_\_\_ at (time) \_\_\_\_\_  
Name of Medicine \_\_\_\_\_ Dosage \_\_\_\_\_ at (time) \_\_\_\_\_  
Name of Medicine \_\_\_\_\_ Dosage \_\_\_\_\_ at (time) \_\_\_\_\_  
Name of Medicine \_\_\_\_\_ Dosage \_\_\_\_\_ at (time) \_\_\_\_\_  
Name of Medicine \_\_\_\_\_ Dosage \_\_\_\_\_ at (time) \_\_\_\_\_

New Horizons Center for Learning is authorized to store and preserve said medicine upon the premises and facilities of the school building or as it deems appropriate. All medications in pill form *that are administered on a daily basis* must be contained in a single week long pill box allowing for at least five (5) separated and labeled days of the week. The appropriate dosage for each medication administration for each day and time shall be prepared by the parent and placed in the appropriate days in pill box. The parent/guardian shall either pick up the empty pill box(s) at the end of each school week or they can be sent home with the student at the end of the school week. The parent/guardian shall then be responsible to **walk in** the filled pill box at the beginning of each school week to the front office and deliver it to the appropriate NHCL employee who is responsible for their administration so that they can be immediately stored in their designated place. NHCL **strongly discourages** the parent or guardian to send the full pill boxes to school with their student for numerous reasons, one of which they could become lost or get into the hands of other students, especially the lower graders, **so the parent/guardian must ensure all medications get delivered directly into the hands of a NHCL employee responsible for their administration at the beginning of each week at the front desk.** NHCL will label all pill boxes with the student's name and the time(s) in which they are to be administered. If the student is to get medication administered at two different times of the day, then two (2) pill boxes will be necessary. This policy is implemented is to cut down any confusion with medication administration. Children who are not on a "daily" medication regimen and take medication "as needed" MUST have most recent prescription bottle, child's name, doctor's name and instructions as to the time to administer. Further, New Horizons Center for Learning is authorized to destroy said

medication upon expiration of this release, expiration of the prescription or completion of medication treatment, unless picked up by the parents, whichever occurs first. Please list any prescribed medications taken at home. In case of emergency, paramedics need this information to evaluate the student.

Please list anything your child is **allergic** to that we should be made aware of whether food or medication based:

---

List of **medications** taken at home:

---

**Do you want your child to have NON-PRESCRIPTION PAIN MEDICATION, such as IBUPROFEN (ADVIL) or ACETAMINOPHEN (TYLENOL), MOTRIN OR ALEVE ETC., for headaches, pain, etc...? Also: Antacid tablets (TUMS), Cough drops, Cold medicine, or Allergy medication.     YES     NO     Call me first**

I, the undersigned, have read this release and fully understand its terms. I executed it voluntarily and with knowledge of its significance.

---

*(Name of Parent/Guardian)*

---

*(Signature of Parent/Guardian)*



**New Horizons Center for Learning**  
**6701 W. Charleston Blvd. - Las Vegas, Nevada 89146**  
**(702) 876-1181 Fax: (702) 365-7807**

## **OFF-CAMPUS ACTIVITIES**

I understand that during the school year my child may take part in field trips and educational excursions by various means of transportation, including without limitation airplane, passenger train, public or private bus system, or by private automobile. I further understand that my child will be chaperoned by one or more adults reasonably believed by New Horizons Center for Learning at all times while on such trips or away from school, and that such adults will take precautions believed by them to be reasonable to protect my child from harm or injury. I nevertheless understand that my child could become ill or be injured on such field trip. Notwithstanding this, I hereby authorize and permit New Horizons to allow my child to participate in such field trips including (but not limited to) trips to public libraries, local parks, and any other trip organized and arranged by New Horizons Center for Learning.

In the event my child is injured or becomes ill while away from school on any of the aforementioned trips, I understand that the adult chaperone or chaperones may immediately seek such medical attention for my child as such adult chaperone or chaperone believes to be reasonable under the circumstances and will further make reasonable efforts to notify me of such illness or injury as quickly as possible in light of prevailing circumstances.

I understand that I may revoke this permit at any time and refuse to allow my child to take a field trip. If I desire to take action, I will notify the Director of New Horizons Center for Learning in writing of such revocation.

**I DO WISH** for my child to take part in the aforementioned field trips and excursions.

\_\_\_\_\_

*(Signature of Parent or Guardian)*

\_\_\_\_\_

*(Date)*

**I DO NOT WISH** for my child to take part in the aforementioned field trips and excursions.

\_\_\_\_\_

*(Signature of Parent or Guardian)*

\_\_\_\_\_

*(Date)*

**Please provide the name of personal insurance carrier providing medical insurance for your child.**

\_\_\_\_\_

*(Name of Insurance Company)*

\_\_\_\_\_

*(Policy Number)*

\_\_\_\_\_

*(Exp. Date)*



New Horizons Center for Learning  
6701 W. Charleston Blvd. - Las Vegas, Nevada 89146  
(702) 876-1181 Fax: (702) 365-7807

## **PHYSICAL EDUCATION PERMIT/ACCIDENT WAIVER**

I certify that my child \_\_\_\_\_ has full health and  
(Student's Name)

accident coverage with: \_\_\_\_\_  
(Name of Insurance Company)

\_\_\_\_\_  
(Policy Number)

\_\_\_\_\_  
(Expiration Date)

This policy covers any and all accidents and injuries that may be sustained while engaging in any physical education activity. In the event of cancellation of the above policy, I will immediately notify the school of such action. WHAT HAPPENS IF THERE IS NO HEALTH INSURANCE LISTED.

Signature of Parent/Guardian \_\_\_\_\_

---

## **EMERGENCY TRANSPORTATION APPROVAL**

This is to certify that I/we, the parent/guardians of \_\_\_\_\_ give full permission to New Horizons Center for Learning authorized staff to call ambulance services or otherwise provide emergency transportation to a hospital for medical treatment, if deemed necessary by the staff member in charge. Any medication that my child is taking at home or at school will be listed on Medication sheet kept in my child's cumulative record, available to emergency personal.

I/we understand that every effort will be made to contact us (parents/guardians) immediately-

PARENT/GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_



New Horizons Center for Learning  
6701 W. Charleston Blvd. - Las Vegas, Nevada 89146  
(702) 876-1181 Fax: (702) 365-7807

## PHOTO RELEASE

Student's Name \_\_\_\_\_ Date \_\_\_\_\_  
(Please Print)

I, the undersigned, agree to allow a photo of my child to be used in the New Horizons Center for Learning website, brochure, and/or general promotions of the school, which may involve an interview and my child's name to be mentioned.

Name of Parent/Guardian \_\_\_\_\_  
(Please Print)

Signature of Parent/Guardian \_\_\_\_\_

OR

I, the undersigned, agree to allow a photo of my child be used in LIMITED capacity as described below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_  
(Please Print)

Signature of Parent/Guardian \_\_\_\_\_



**New Horizons Center for Learning**  
**6701 W. Charleston Blvd. - Las Vegas, Nevada 89146**  
**(702) 876-1181 Fax: (702) 365-7807**

Dear Parents/Guardians:

New Horizons Center for Learning compiles a **School Directory** annually and a list of families interested in carpooling. The Directory is useful for general information sharing, for emergency purposes and to give you access to the parents of your students' friends at school.

Your cooperation in completing the form below is appreciated even if you decide not to participate in either activity. When all forms are returned, we will know that all families have had an opportunity to read and consider whether they wish to be included in the Directory.

Directories will **NOT** be given out to students; parents/guardians must pick them up from the school office. New student information will be listed in our newsletters as it occurs; then you can add it to your Directory, if needed.

---

Please indicate either **YES, I WOULD** (and include your information) or **NO, I WOULD NOT** (sign and date the form) and **RETURN** it to the school office. Any questions, please call 876-1181.

**Please Circle:**

**YES or NO** I (would/would not) like to be included in the New Horizons Center for Learning Directory. I would enjoy having a Directory list of all participating families and their students. I understand that I will need to pick up the Directory form from the school office when they are completed because the Directory will not be given out to students.

Student's Name \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

Address \_\_\_\_\_ ZIP \_\_\_\_\_

Primary Phone Number \_\_\_\_\_

**Please Circle: YES or NO** I (would/would not) like to be listed as interested in carpooling.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)





**New Horizons Center for Learning**  
**6701 W. Charleston Blvd. - Las Vegas, Nevada 89146**  
**(702) 876-1181 Fax: (702) 365-7807**

*NOTE: This form is required for ALL students in the event that the need for this care may arise.*

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_  
*(Please Print)*

Address \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Please list persons who may pick up your student from school or to be contacted in case of an emergency, in the event we are unable to contact the student's parents:

Name \_\_\_\_\_

Phone(s) \_\_\_\_\_

Name \_\_\_\_\_

Phone(s) \_\_\_\_\_

Name \_\_\_\_\_

Phone(s) \_\_\_\_\_

Name \_\_\_\_\_

Phone(s) \_\_\_\_\_

**After School Care Services:** available from 2:45 p.m. to 5:30 p.m.

Parent agrees to pay **\$8.00 per hour** or any fraction thereof for the days that the student remains at school after 2:45 p.m. and any additional overtime fee that may apply.

**Overtime Fee: \$5.00 per minute** past 5:30 p.m. Child Protective Services (CPS) will be called if any student left at school past 5:45 p.m.

***I, the undersigned, fully agree to the After Care policy and if I fail to pay New Horizons Center for Learning, I will be liable for "ALL" collection and legal fees associated with any past due balance.***

Name of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
*(Please Print)*

Signature of Parent/Guardian \_\_\_\_\_



New Horizons Center for Learning  
6701 W. Charleston Blvd. - Las Vegas, NV 89146

## PROSPECTIVE STUDENT BACKGROUND INFORMATION FORM

### FAMILY HISTORY

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

Child lives with: \_\_\_\_\_

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

Relationship to Child: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

You are the child's: (Please Circle One)      Natural Father      Step-Father      Foster Father      Guardian

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

Occupation/Employer: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Level of Education (Please Indicate highest grade/degree earned): \_\_\_\_\_

Health: (Please Circle One)      Excellent      Average      Poor

**Mother's Name:** \_\_\_\_\_

You are the child's: (Please Circle One)      Natural Mother      Step-Mother      Foster Mother      Guardian

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

Occupation: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Level of Education (Please Indicate highest grade/degree earned): \_\_\_\_\_

Health: (Please Circle One)      Excellent      Average      Poor

### Siblings:

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Natural/Step

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Natural/Step

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Natural/Step

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Natural/Step

Other relatives or persons living in the home? \_\_\_\_\_

With whom has the child lived with in the past? \_\_\_\_\_



New Horizons Center for Learning  
6701 W. Charleston Blvd. - Las Vegas, NV 89146

## PROSPECTIVE STUDENT BACKGROUND INFORMATION FORM

**PROBLEM BEHAVIOR INVENTORY for Student:** \_\_\_\_\_

The following are descriptions of many of the problems parents typically have with their children. Read each item carefully.

- Mark in the space to the right ( )
- " 0 " if the behavior does not occur at all
  - " 1 " if it occurs occasionally
  - " 2 " if it occurs frequently
  - " 3 " if occurs very frequently

**EXAMPLE:**

1. Walks in Sleep ( 0 )
2. Restless ( 1 )
3. Short Attention ( 3 )

**Sleep Problems:**

1. Restless, tosses and turns..... ( )
2. Nightmares..... ( )
3. Awakens at night..... ( )
4. Cannot fall asleep..... ( )
5. Hard to get child to bed..... ( )
6. Wanders around house late at night (awake)..... ( )
7. Walks in sleep..... ( )
8. Awakens early in the morning and disturbs family..... ( )

**Motor Tempo:**

1. Restless--overactive..... ( )
2. Does same thing over and over again..... ( )
3. Movements are slow, sluggish..... ( )

**Attention Span:**

1. Inattentive and easily distracted..... ( )
2. Fails to finish things..... ( )

**PROBLEM BEHAVIOR INVENTORY PG 2.**

**( 0 ) = Not at all      ( 1 ) = Occasionally      ( 2 ) = Frequently      ( 3 ) = Very frequently**

- 3. Moves-rapidly from one activity to another without completing activity..... ( )
- 4. Unable to maintain attention or concentration..... ( )

**Muscular Problems and Habitual Mannerisms:**

- 1. Twitches and jerks..... ( )
- 2. Lines up objects..... ( )
- 3. Carries soft toy or blanket around..... ( )
- 4. Sucks thumb..... ( )
- 5. Bites or picks fingernails..... ( )
- 6. Chews on clothes, blankets or other things..... ( )
- 7. Picks at things, such as hair, clothing, etc..... ( )
- 8. Walks on toes..... ( )
- 9. Rocking..... ( )

**Feelings and Emotions:**

- 1. Lets self get pushed around by other children..... ( )
- 2. Unhappy, sad..... ( )
- 3. Carries chip on his / her shoulder..... ( )
- 4. Says he / she feels lonely..... ( )
- 5. Says he / she feels like crying..... ( )
- 6. Says he / she wants to die..... ( )
- 7. Complains that he / she is not loved..... ( )
- 8. Threatens or has attempted suicide..... ( )
- 9. Complains that he / she is inferior or inadequate..... ( )
- 10. Erupts easily,..... ( )
- 11. Shows considerable animosity, contempt, belligerence toward other people..... ( )
- 12. Can suddenly go from calm or silly to sullen mood to screaming, crying and loud complaining... ( )
- 13. Unemotional..... ( )
- 14. Shows an apparent lack of feelings and emotional involvement..... ( )

**PROBLEM BEHAVIOR INVENTORY PG 3.**

**( 0 ) = Not at all      ( 1 ) = Occasionally      ( 2 ) = Frequently      ( 3 ) = Very frequently**

- 15. Shows blank or fixed facial characteristics in situations where strong emotions would be expected..... ( )
- 16. Always clowning and laughing: never takes things seriously..... ( )
- 17. Does not show response to painful stimuli, to hurts..... ( )

**Physical Complaints:**

Child complains of the following symptoms even when the doctor can find nothing wrong:

- a.      Headaches..... ( )
- b.      Stomach ache..... ( )
- c.      Vomiting..... ( )
- d.      Body aches and pains..... ( )

**Problems with Assertiveness:**

- a.      Bullying..... ( )
- b.      Bragging and boasting..... ( )
- c.      Sassy to grown-ups..... ( )
- d.      Bossy – always wants to be the boss..... ( )
- e.      Must have things his /her own way..... ( )
- f.      Fighting..... ( )

**Problems Making and Keeping Friends:**

- a.      Expresses fear that kids won't like them..... ( )
- b.      Feelings easily hurt by other children..... ( )
- c.      Causes hurt feelings in other children..... ( )
- d.      Plays poorly with other children..... ( )
- e.      Disturbs other children..... ( )
- f.      Wants to run things..... ( )
- g.      Picks on other children..... ( )
- h.      Must be the winner ..... ( )
- i.      Threatens other children..... ( )
- j.      How many fights does your child get into each week? ... ( )
- k.      Is picked on and bullied by other children..... ( )

**PROBLEM BEHAVIOR INVENTORY PG 2.**

**( 0 ) = Not at all      ( 1 ) = Occasionally      ( 2 ) = Frequently      ( 3 ) = Very frequently**

- l.** Prefers to be alone..... ( )
- m.** Avoids eye-to-eye gaze..... ( )
- n.** Interested in activities which require little, if any peer involvement (stamp collecting, watching TV, etc.)..... ( )

**Temper:**

- a.** Temper outbursts, explosive and unpredictable behavior..... ( )
- b.** Throws self around..... ( )
- c.** Throws and breaks things..... ( )
- d.** Pouts and sulks..... ( )
- e.** Yells and screams..... ( )
- f.** Uses profanity when angry..... ( )
- g.** Loses control of self when angry..... ( )
- h.** Erupts easily..... ( )
- i.** Uses weapons (knives, clubs) when angry..... ( )
- j.** Dangerous when angry..... ( )

**Compliance:**

- a.** Verbally refuses to do what is asked (says "no")..... ( )
- b.** Does the opposite of what he / she is told to do..... ( )
- c.** Defiant..... ( )

**Perfectionism and Compulsiveness:**

- a.** Requires that everything be just so..... ( )
- b.** Does some things the same way every time..... ( )
- c.** Shows excessive orderliness..... ( )



## **NHCL 2018-2019 YEAR SCHOOL CALENDAR**

**Coming Soon.....**