### HARRISON STREET ACADEMY ENROLLMENT FORM

**NOTE: Enrollment Application must be completed in its entirety in order to be officially accepted.**



Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Name M.I. Last

Nickname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_ Age: \_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_

Please Circle Applicable Enrollment times:

Full Day (8:30-3:30): M T W Th F

Half Day (8:30-12:30): M T W Th F

Before Care (7:00am-8:30am): M T W Th F

After Care (3:30pm-6:30pm): M T W Th F

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Parent/Guardian Name 1 Relationship

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

Street Address Home Phone Cell Phone

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

City State Zip Code

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

Employer Name/Address Work Phone

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lives with Child? \_\_\_Yes \_\_ No

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

Parent/Guardian Name 2 Relationship

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

Street Address (if different from First) Home Phone Cell Phone

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

City State Zip Code

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

Employer Name/Address Work Phone

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lives with Child? \_\_\_Yes \_\_ No



Does your child suffer from any medical problems, physical limitation or disabilities of which the school should be aware? (i.e. asthma, allergies, epilepsy, A.D.D., etc.) \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child take medication on a regular basis? \_\_\_\_\_\_ Will this need to be administered during school hours? \_\_\_\_\_\_\_\_\_\_\_\_

Student’s Primary Care Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Release:** Your signature below authorizes Harrison Street Academy to contact (at your expense) the physician listed to render necessary emergency treatment for serious injury or accident if neither parent/guardian can be reached. This further authorizes Harrison Street Academy to take your child to a local physician of the school’s choice if your physician is not available. In the event that emergency treatment is necessary, Harrison Street Academy will be held harmless in all decisions. In case of disaster, your child will only be released to those individuals you have designated on the emergency information card kept in the school office.

**Medications:** Should your child become ill after arriving at school, the school office will ONLY administer non-prescription medications (i.e. Tums, Pepto Bismol, Tylenol, Advil) if the parent/guardian listed on the emergency information card is reached for verbal approval. If your child has a fever, medicine can be administered to make him/her more comfortable until a parent/guardian arrives to pick up the child.

**Your Role:** Parent will notify HSA staff within 24 hours or next business day after child has developed a communicable illness or disease, as defined by the State Board of Health, except for Life threatening diseases, which must be reported immediately.



I grant \_\_\_\_ I do not grant \_\_\_\_ Harrison Street Academy permission to take pictures and post my child’s pictures on Harrison Street Academy website and HSA related marketing. I release and save harmless HSA from any liability in connection with the use of photographs taken of my child, and no compensation will be paid by HSA for the use of the photographs in marketing plans. HSA will only use photographs for HSA related marketing, and will not sell or use photographs in any other manner.

Last School Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Billing Preferences:**

You can access your invoices through Brightwheel at any time.

You can choose your payment cycle as well! Payment is due at the beginning of the cycle. You can bring a check to the office or pay through credit card on the app/desktop.

Please check the invoice frequency you prefer:

\_\_\_\_ Weekly

\_\_\_\_ Every Other Week

\_\_\_\_ Monthly (5% Discount)

\_\_\_\_ Full Semester (10% Discount)

How did you hear about Harrison Street Academy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If referred, who may we thank for your referral? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date Parent/Guardian Signature

**Office use only below this line:**

**Witness of Proof of Identity (circle one)**: (Certified Birth Certificate, Birth Registration Card, Passport, Copy of Foster Care placement agreement, Certification of Public School Attendance)

Document Number:

Date of Issue: Place of Issue: Confirm DOB:

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

Signature of Harrison Street Academy Representative