

HARRISON STREET ACADEMY

2019-2020 ENROLLMENT FORM

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

STUDENT INFORMATION

Student Name: _____
First Name M.I. Last

Nickname: _____ Gender: M/F Age: _____ DOB: _____

Please Circle Applicable Enrollment times:

2 Days per week options (for 2.5-3.5 yo only): Monday/Wednesday or Tuesday/Thursday

3 Days per week options: Monday/Wednesday/Friday or Tuesday/Thursday/Friday

4 Days per week: flexible

5 Days per week

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

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

Before Care: M T W Th F Drop off time: _____
(available 7:00am-8:30am)

After Care: M T W Th F Pick up time: _____
(available 3:30pm-6:00pm)

Notes: _____

PARENT INFORMATION

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

STUDENT'S MEDICAL INFORMATION

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? ___ Yes ___ No
Will this need to be administered during school hours? ___ Yes ___ No (if yes, please fill out a MAT form)

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.

OTHER INFORMATION

Last School Attended: _____

Reason for Leaving: _____

How did you hear about Harrison Street Academy? _____

If referred, who may we thank for your referral? _____

Photographs:

Brightwheel: HSA Staff **will take daily photographs of children and send through our private Brightwheel network**. Parents may not use, post, or share any pictures released through Brightwheel including any children other than their own without permission from their parents.

Marketing: 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.

Billing Preferences:

You can access your invoices through Brightwheel at any time.

You can choose your payment cycle as well! 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
- ____ Monthly (5% Discount)
- ____ Full Semester (10% Discount)

Date

Parent/Guardian Signature

Office Use Only:

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