

HARMONY SCHOOL ENROLLMENT PACKET
Kindergarten Program

Dear Parents:

Please complete, sign and return the following:

- Contract for Enrollment
- Parent Information Sheet
- Volunteer Driver Agreement (if applicable)
- Photo Release Agreement (if applicable)
- Medical Consent and Emergency Information Form
- Family Data Sheet
- DSS Form 2900 (General Record and Statement of Health)
- Up-to-date Immunization Record or Exemption (from pediatrician)
- Written Custody Agreement (if applicable)

Please give your completed forms to me in the office on the first day of school. If you have any questions about these forms, feel free to contact me anytime at 787-1899. Thank you!

Sincerely,

Shannon McDonald
Administrator

CONTRACT FOR ENROLLMENT 2010-2011
Harmony School Kindergarten Program

I/We acknowledge that I/we have read all of the provisions of this Enrollment Contract and that upon acceptance of this contract by Harmony School it will become a binding agreement. I/We hereby enroll as a student(s) at Harmony School for the 2010-2011 academic year:

Name: _____ Grade _____
Name: _____ Grade _____

Name: _____ Grade _____
Name: _____ Grade _____

In consideration of the acceptance of this Enrollment Contract by Harmony School, I/we agree(s) to pay all of the tuition and other fees to be paid hereunder, together with any interest or additional fees incurred, and to be bound by the terms and provisions of this Enrollment Contract.

1. I/We agree to pay tuition, in the amount of \$4,100.00 for the 2010-2011 academic year, as follows (please check one):

In one lump sum payment of \$4,100.00 which shall be due and payable on or before August 17, 2010; or

In ten (10) equal monthly payments of \$410.00, each of which shall be due on the first day of each month during the academic year (August through May).

2. In addition to the tuition payments set forth above, I/we agree to pay a nonrefundable registration/materials fee of \$120.00 per kindergarten student at the time of the execution of this Enrollment Contract, and a \$90.00 per kindergarten student field trip fee on or prior to the first day of school.

3. I/We understand that if I/we choose to pay tuition in ten (10) monthly payments, such payments are due on the first (1st) day of each month, with a grace period extending to the tenth (10th) day of that month. If payment is not received by the tenth (10th) day of the month, a late charge of \$10 will be applied to the total amount due for that month. Whenever an account becomes past due by 30 days, the student may be withheld from school until the delinquency is cured. If the delinquency is not cured within an additional 60 day period, the student may be dismissed.

4. I/We understand that once school has started, our obligation to pay the tuition for the full academic year is absolute and unconditional, that Harmony School, in assigning and reserving a place for this student, is relying upon our promise to pay the tuition, and that no portion of the tuition paid or due for the remainder of the academic year will be refunded or canceled notwithstanding the subsequent absence, withdrawal or dismissal of the student from Harmony School.

5. In the event Harmony School is required to pursue legal action to collect any amounts due hereunder, I/we agree to pay all costs of such action, including reasonable attorney's fees.

6. The student and the undersigned parent/guardian agree to abide by Harmony School's policies, rules, and regulations, and any adoptions or amendments thereto. It is understood that the student may be suspended or dismissed from school at any time if, in the opinion of the School's administration: (A) the student's academic progress is unsatisfactory; (B) the student's conduct at or away from the School is unsatisfactory or is detrimental to good order and discipline in the School; or (C) the student and/or the student's parents/guardians fail to abide by the School's policies, rules, and regulations or otherwise seriously interfere with the School's accomplishment of its educational purpose. It also is understood that Harmony School is a school committed to building positive and mutually respectful relationships. If this is not possible, the School may require a family to withdraw. Acceptance of the student for enrollment in any school year shall not obligate the School to accept the student in any succeeding year. The decision of the School to accept or refuse enrollment of any prospective student or to suspend or to dismiss any current student or family will be in the School's sole discretion, may be made at any time, and will be final.

7. The school will accept Enrollment Contracts for returning students only if tuition and fees for the current and prior school years are paid in full and all other obligations are current. If a student account has a past due balance, the School will first automatically apply any funds received to that balance.

IN WITNESS WHEREOF, the undersigned parent(s) or legal guardian(s) of the above-named student have executed this Enrollment Contract as of the date set forth below.

Signature of Parent(s) or Legal Guardian(s):

Date: _____

Date: _____

Accepted for Harmony School by: _____

HARMONY SCHOOL PARENT INFORMATION SHEET
Kindergarten Program

Birth History:

Any unusual circumstances for pregnancy or delivery? _____

Is the child adopted? Yes ___ No ___

Special comments _____

Developmental History:

Walked alone at: 0-18 months _____ 18 months - 2 yrs. _____

Talked at: 0 – 2 yrs. _____ 2 yrs. and up _____

Toilet trained at _____ months

Behavioral Characteristics: (check all that apply)

General temperament:

_____ shy _____ confident _____ active _____ passive _____ other

Usual mode of misbehavior _____

Does he/she become angry easily? Yes ___ No ___

How does he/she express it? _____

What kind of discipline is used? _____

Child's reaction to discipline? _____

Is there a shared role in raising the child(ren)? Yes ___ No ___

Is there an area of disagreement in child rearing? _____

Particular fears? _____

Pattern of the Day:

Arises: _____ o'clock Sleeps: _____ hours Naps: _____ hours

Playmates _____

Other day care / playgroup / school experiences? _____

Family History:

Are there other children in the family? Yes ___ No ___ If yes, how many? _____

Are the parents living together? Yes ___ No ___

If no, child is living with which parent? _____

Are there other adults in the household? _____

Has the family moved frequently? Yes ___ No ___ Recently? Yes ___ No ___

Parental Information:

Father's name: _____

Hobbies _____

Educational/professional background _____

Areas of knowledge in which we could ask for advice? _____

Mother's name: _____

Hobbies _____

Educational/professional background _____

Areas of knowledge in which we could ask for advice? _____

HARMONY SCHOOL
VOLUNTEER DRIVER AGREEMENT

When volunteering to drive Harmony children to and from field trips, I agree to adhere to all posted speed limits, to not drive under the influence of drugs or alcohol and to have a clean driving record as stated on page 13 of the Harmony School Parent Handbook.

Volunteer Driver's Name: _____

Driver's License Number and Issuing State: _____

Volunteer Driver's Signature: _____

Date _____

HARMONY SCHOOL
PHOTO RELEASE AGREEMENT

Harmony School has my/our permission to take photographs of:

(Child's Name)

May these photos be used in promotional materials for the school? Yes _____ No _____

Signature of Parent(s) or Legal Guardian

Date

X _____

X _____

**HARMONY SCHOOL
MEDICAL CONSENT AND EMERGENCY INFORMATION**

I (we), _____ (parent(s) or legal guardian), hereby grant permission to the Harmony School staff to give emergency treatment to include First Aid and CPR by a qualified staff member to seek medical attention for my (our) child, _____ (use full legal name), in the event such a treatment is deemed necessary and I (we) am (are) unable to be contacted. I (we) understand that every effort will be made to contact me (us) before any treatment is administered to my (our) child.

I (we) further consent to medical, and hospital care treatment and procedures to be performed for my (our) child by my (our) child's regular physician, or when that physician cannot be reached, by a licensed physician and/or hospital when deemed immediately necessary or advisable by a physician to safeguard my (our) child's health. I (we) waive the right of consent to such treatment.

I (we) also give permission for my child to be transported by ambulance to an emergency medical care center for treatment.

I (we) give permission to Harmony School to administer prescription and non-prescription medications to my child. I agree to supply to Harmony the dosage schedule of any prescription and non-prescription medication that is to be administered to my child.

EMERGENCY INFORMATION

Alternate Contacts:

Please list the name and daytime telephone number of three parties we may contact if you can not be reached in the event of an emergency.

1. _____
2. _____
3. _____

HARMONY SCHOOL MEDICAL CONSENT (continued)

Name of Child's Physician: _____ Phone: _____

Physician's Address: _____

Date of last physical exam: _____

Drug allergies: _____

Food allergies: _____

Medication taken regularly: _____

Chronic diseases/other health concerns: _____

Medical Insurance: _____ Employer: _____

Group #: _____ Membership #: _____

You can also provide Harmony School with a copy of your insurance card's front and back for his or her file.

Signature of Parent or Legal Guardian

Date

X _____

X _____

HARMONY SCHOOL FAMILY DATA SHEET

Child's Name _____ Date of Birth _____

Nickname _____ Gender _____

Address _____

Home Phone _____ E-mail _____

Address and home phone number if different from above

Mother's Name _____ Mobile Phone _____

Business Name _____

Business Address _____

Business Phone _____

Father's Name _____ Mobile Phone _____

Business Name _____

Business Address _____

Business Phone _____

Please describe any special needs or circumstances, which may affect your child at school.

Additional comments:

South Carolina Department of Social Services
 Child Care Regulatory Services
**GENERAL RECORD AND STATEMENT OF CHILD'S HEALTH FOR ADMISSION
 TO CHILD CARE FACILITY**

This form is to be completed for each child at the time of enrollment in the child care facility, updated annually thereafter, and maintained on file at the facility.

GENERAL INFORMATION: (to be completed by Parent or Guardian)

Name of Facility: _____ County: _____

Address: _____
Street Address – no Post Office Boxes City, State, Zip

Child's Name: _____
Last First Middle Initial Nick Name

Date of Birth: _____ Enrollment Date: _____

Child's Current Home Address: _____
Street Address City, State, Zip

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

You must have two individuals who have the authority to obtain emergency medical treatment for the child.

1. Person responsible if parent/guardian unavailable for emergency medical services:

Full Name Relationship
 Address: _____
Street Address City, State, Zip
 Telephone Number(s): _____ Family Code Word(s): _____

2. Person responsible if parent/guardian unavailable for emergency medical services:

Full Name Relationship
 Address: _____
Street Address City, State, Zip
 Telephone Number(s): _____ Family Code Word(s): _____

Is Child currently enrolled in school? (5K up to 6 years old) Yes No

My Child will regularly attend this facility **FROM** _____ am/pm **TO** _____ am/pm

If Child is a drop-in, indicate hours of care: **FROM** _____ am/pm **TO** _____ am/pm

Check all days Child will regularly attend this facility: Mon Tue Wed Thurs Fri Sat Sun

Check all meals Child will receive daily: Meals are not offered Breakfast Morning Snack Lunch

Afternoon Snack Dinner Evening Snack

HEALTH INFORMATION: (to be completed by Parent or Guardian)

Family Physician or Health Resource: _____
Name

Street Address City, State, Zip Telephone

Emergency Care Provider: _____
Emergency Facility Name

Street Address City, State, Zip Telephone

Dental Care Provider: _____
Name

Street Address City, State, Zip Telephone

Health Insurance Provider: _____

Certificate of Immunization: Yes No N/A Please explain: _____

My child has the following health conditions such as allergies, asthma, diabetes, epilepsy, etc., and/or takes the following medications on a regular basis:

Additional Comments: _____

I certify that to the best of my knowledge _____
Child's Name

is in good mental and physical health and able to participate in the child care program at

Name of Child Care Facility

Signature: _____ Date: _____
Parent or Guardian

Signature: _____ Date: _____
Director/Operator/Staff Designee