

Thank you for choosing Harrison Christian School. We praise God for the opportunity to serve you and your children with an environment embracing Christian ethics and high academic standards.

HCS is an inter-denominational place of learning, providing academic excellence on a foundation of faith.

PRESCHOOL ENROLLMENT FORMS

This packet contains:

1. Teacher Information Card (Blue Card) - one per student.
2. Application for Admission - one per student.
3. Child/Family History - one per student.
4. Medical Information and Release - one per student.
5. Parental Agreement to Tuition Payment - one per family.
6. Volunteer Roster Form - one per family.
7. Physician Report - one per student.

*****In addition, State Law requires a photocopy of your child's birth certificate in his/her records folder. Please turn this in with your registration packet.**

Reminder of Dates:

July 1 All student fees are due and all forms signed and returned to school office.

August 1 First tuition payment due.

August 1 Final due date for all required forms and Birth Certificate. We need all forms in by this date to assure a timely response to the State of Ohio.

August 24 - First day of school for 3 year old preschool (Tues/Thurs).

August 25 - First day of school for 4 year old preschool (Mon/Wed/Fri).

***Privacy Policy:** Harrison Christian School holds in trust the information provided for student enrollment. We will not provide information to vendors, organizations, suppliers, or individuals for solicitation purposes.

PRESCHOOL APPLICATION FOR ADMISSION

Office Use Only
Date & Time _____
Payment Plan _____
Registration fee _____
Transportation _____
Other _____

SCHOOL YEAR _____ NEW _____ OR RETURNING _____

Applying for: Pre 3's am ___ pm ___ Pre 4's am ___ pm ___

How did you hear about our school? _____

STUDENT INFORMATION:

STUDENT'S **LEGAL NAME** IN FULL _____
LAST FIRST MIDDLE

ADDRESS _____
NUMBER AND STREET CITY STATE

Birth Date ____/____/____ Male _____ Female _____

Zip _____ PHONE _____

If child is part of a joint custody, what days does student live with: Father _____ Mother _____

Other (Specify) _____ Stepmother _____ Stepfather _____

School district in which you live _____ County in which you live _____

FAMILY INFORMATION:

FATHER'S NAME _____ MOTHER'S NAME _____

ADDRESS _____ ADDRESS _____

CITY/STATE/ZIP _____ CITY/STATE/ZIP _____

HOME PHONE _____ HOME PHONE _____

EMPLOYER _____ EMPLOYER _____

BUSINESS ADDRESS _____ BUSINESS ADDRESS _____

WORK PHONE _____ WORK PHONE _____

CELL PHONE _____ CELL PHONE _____

If applicable, please tell us:

Stepfather's name _____ Stepmother's name _____

E-mail _____

OTHER EMERGENCY CONTACTS:

1. Name _____ Relationship _____

Address _____ City _____ Phone _____

2. Name _____ Relationship _____

Address _____ City _____ Phone _____

Who has permission to pick up your child this school year:

Physician _____ Phone _____

Dentist _____ Phone _____

Church you attend _____ Are you members? Yes No

BROTHERS AND SISTERS IN FAMILY **AGE** **GRADE** **ATTENDING**

Name _____

Name _____

Name _____

*Admission Statement: Harrison Christian School admits students of any race, color, national, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin

CHILD/FAMILY HISTORY RECORD

Has your child attended a preschool program previously? ____No ____Yes

If yes, where did your child attend?_____

Has your child ever been in a special school or class because of physical condition or health reason?

Yes or No Explain_____

Do you feel there are any characteristics relating to the health and personality of your child which would help the teacher and office to understand your child?_____

Indicate if any members of the immediate family have or have had the following illnesses:

Tuberculosis__ Diabetes__ Rheumatic Fever __ Epilepsy __ Cancer __ Mental Illness __

Other significant diseases _____

Speech, hearing, or visual handicaps (*indicate members affected*):_____

1. List all allergies and any special precautions or treatment for allergies: (e.g., foods, medications, or environmental allergies)_____

2. List medications, food supplements, modified diets, or fluoride supplements currently being administered to the child:_____

3. List any chronic physical problems and any history of hospitalization:_____

4. List any diseases the child has had:_____

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Emergency Medical Form

Name of Child _____ Age _____ Date _____
YEARS MONTHS

Please list any known allergies (Food, Medicine, Animals, etc.) _____

Possible adverse reactions we should know about _____

Will you supply necessary medication to counteract reaction? _____ If no, What should the School office know or do? _____

Please list any other medical condition that needs to be disclosed for the safety/well being of your child or other children/adults at this school _____

If you have a need for Prescription or Non-prescription medicine to be administered during school (including but not limited to Rx meds., Tylenol, cough drops, etc.) please fill out an additional form attached to application or located in the school office.

Authorization for Activities/Medical Agreement

I hereby give consent to have my child participate in field trips away from the school grounds to nearby points of interest. These trips will be supervised by HCS teaching staff.

I hereby authorize the Harrison Christian School to call an emergency ambulance in case of accident or acute illness, and to arrange for necessary emergency medical and surgical care in the event that I, as parent or guardian, am not immediately available. Any qualified physician, called by Harrison Christian School, may treat and do whatever is necessary for the health and well being of my child. It is understood that a conscientious effort must be made to notify me (parents or guardians) before such action will be taken. I also agree to accept responsibility for the cost of above medical services.

We release Harrison Christian School, Harrison Avenue Assembly of God, the Administrator, the teachers, the staff, the Pastor and the Board from any claim we may have resulting from illness or injuries sustained by our child while under school supervision, whether at school or away from school premises. We further agree to hold harmless Harrison Christian School, Harrison Avenue Assembly of God, the Administrator, the teachers, the staff, the Pastor and the Board from any injury or damage, which may be caused by our child.

PLEASE PRINT AND FILL OUT COMPLETELY.

Physician's Name _____ Phone _____
Dentist's Name _____ Phone _____
Hospital Preference _____ Phone _____
Mother or guardian _____ Day time phone _____
Father or guardian _____ Day time phone _____
Emergency Contact _____ Day time phone _____
Mother's Signature _____ Date _____
Father's Signature _____ Date _____
or legal guardian signature _____ Date _____

NOTICE: This form **must** have two signatures. IF your child is in the custody of one parent, please indicate and include any court documents indicating this.

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2010-2011
Parental Agreement
To
Tuition Payment

In order to help us keep accurate financial records, we request that you indicate the payment schedule you would like to use.

Student name(s) _____ Grade entering _____

If we have any billing concerns or questions please indicate person(s) paying for tuition.

Name _____ Address _____ City _____

State _____ Zip _____ Phone # _____ Relationship _____

TUITION PAYMENT

_____ 10 Month plan (August 1—May 1). Tuition due each month is 1/10 of the total amount of tuition.

_____ 12 Month plan (August 1—July 1). Tuition due each month is 1/12 of the total tuition.

According to the Student Handbook, on page 4, paragraph 5, "*Students with accounts 60 days past due will be recommended to the Official School Board for removal from school enrollment.*" The School Board reserves the right to take any action necessary for collection of any amount due HCS for educational services provided.

_____ Parent signature	_____ Date
_____ Address	_____ Phone #

2010-2011 Parental Agreement For Family Service Hours

The importance of volunteer service to Harrison Christian School can not be over emphasized. For that reason the Harrison Christian School Board requests that all HCS families volunteer a minimum of 1.5 hours per month (15 hours per year). We believe that the increased parental involvement will dramatically improve the success of our fundraisers and enhance the condition of our building and therefore contributing to the success of our students.

Please indicate your interest in the following areas by writing (F) father, (M) mother, and/or (O) other.

- | | |
|---|--|
| <input type="checkbox"/> Carpentry
<input type="checkbox"/> Electrical Work
<input type="checkbox"/> Right to Read Week
<input type="checkbox"/> Market Day
<input type="checkbox"/> School year cleaning
<input type="checkbox"/> Summer cleaning
<input type="checkbox"/> Box Tops for Education
<input type="checkbox"/> Field Day
<input type="checkbox"/> After-School Athletic Events
<input type="checkbox"/> Art Fair
<input type="checkbox"/> Campbell Soup Labels
<input type="checkbox"/> Career Day
<input type="checkbox"/> Teacher Appreciation Luncheon
<input type="checkbox"/> End of the Year Picnic | <input type="checkbox"/> Painting
<input type="checkbox"/> Christmas Parade
<input type="checkbox"/> Plumbing
<input type="checkbox"/> Book Fairs
<input type="checkbox"/> Website
<input type="checkbox"/> Lunchroom Helper
<input type="checkbox"/> Special School Work Days
<input type="checkbox"/> School pictures
<input type="checkbox"/> Yearbook
<input type="checkbox"/> Grandparent's Day
<input type="checkbox"/> Publicity
<input type="checkbox"/> Christmas Luncheon
<input type="checkbox"/> Lunchroom coordinator
<input type="checkbox"/> Other Interests |
|---|--|

We understand that we have a choice of performing at least 15 hours of service or using the cash-out option and paying \$250.00.

Father's Name _____ Day phone _____ Eve phone _____

Mother's Name _____ Day phone _____ Eve phone _____

Father's signature _____ Mother's signature _____

Student's First and Last Name (s) _____

If you have any questions about any of the activities please call the office.

Voluntary Roster Form

Dear Preschool Parents:

The Ohio Administrative Code, 3301-37-04, Item 8, specifies that we produce a roster of the names of children, parents, and their phone numbers. This roster will be prepared according to individual classes to encourage parents to communicate and fulfill volunteer responsibilities.

May we have permission to place your child's name and your name on the roster? Only those parents who answer "yes" will receive a roster.

Thank you.

_____ Yes, I give permission

_____ No, I do not give permission

Signed _____ Date _____

Names and phone numbers as you prefer them listed:
(Suggested way: Mom and Dad's first and last name, preschoolers name and the phone number where you would like people to contact you: usually home number.

PERMISSION TO ADMINISTER MEDICATION & PRESCRIPTION DRUGS

School personnel are not authorized to administer medicine to a student unless prescribed by a medical doctor or as recommended by the parents or guardian. In both instances, a permission form must be on file in the building principal's office.

It is requested that when medication is to be given 3 times per day, it should be scheduled in such a way that the

Name	
Address	
Phone	
School	
Grade Level	
a. Diagnosis	
b. Name of medication	
c. Dosage	
d. Time to be given	
e. Duration of time to be given	
f. Date medication started	
g. Possible severe adverse reactions	
h. Phone numbers where physician can be reached	1. 2.

medication can be taken at home.

Physician's Signature _____

All drugs must be received by the person authorized to administer the medication in the container in which it was dispensed by the prescribing physician or a licensed pharmacist.

School personnel are absolved of any liability in case of reaction to the prescribed medication.

As the parent or guardian of the above student, your signature on this form constitutes a written request for the listed drug to be administered to the student and an agreement to submit a revised statement signed by the physician if the previously provided information changes.

Parent's Signature _____

OHIO DEPARTMENT OF EDUCATION
 DIVISION OF EDUCATIONAL SERVICES
 EARLY CHILDHOOD EDUCATION SECTION

CHILD'S MEDICAL STATEMENT

This is to certify that I have examined (Child's name) _____ on

(Date) _____ and have found that s/he:

- Has had the immunizations required by Section 3313.671 of the OHIO REVISED CODE for admission to school, or has had the immunizations required by the Ohio Department of Health for infants and toddlers, or _____ is to be exempted from these requirements for medical or religious reasons.

IMMUNIZATION RECORD: Enter month/day/year of each immunization.

**If measles, mumps, rubella not given as MMR, give dates for each immunization:

DTP	1	2	3	4	5*
POLIO	1	2	3	4*	
MMR**	1	2			
HIB	1	2	3	4	
HEPATITIS B	1	2	3		
Varicella	1				

*The 5th DTP and 4th Polio should be administered just prior to preschool or school entrance.

**Measles _____ Mumps _____ Rubella _____

- Is free from apparent communicable disease and is in suitable condition to attend a pre-school program, based on his/her medical history and physical condition at the time of this examination.

Physician's Signature	
Physician's Name (Print)	
Address	
City, State, Zip Code	
Phone	
Parent's Name	
Child's Birth date	