

HORIZON CHRISTIAN SCHOOL SUMMER ENROLLMENT FORM 2019



Date _____

Child's Name _____ Sex _____ Age _____ Date of birth _____

Home Address (Street) _____

City _____ State _____ Zip _____

Home Phone Number _____

Father's Name _____ Home Phone Number _____

Social Security Number _____

Father's Home Address (if different from child's) Street _____

City _____ State _____ Zip _____

Cell Phone Number _____ Email Address _____

Father's Place of Employment _____ Work Phone _____

Employer's Street Address _____ City _____ State _____ Zip _____

Mother's Name _____ Home Phone Number _____

Social Security Number _____

Mother's Home Address (if different from child's) Street _____

City _____ State _____ Zip _____

Cell Phone Number _____ Email Address _____

Mother's Place of Employment _____ Work Phone # _____

Employer's Street Address _____ City _____ State _____ Zip _____

Child's Living Arrangements: (check one) () Both Parents () Mother () Father () other

Child's Legal Guardian(s):(check one) () Both Parents () Mother () Father () other

The child may be released to the person(s) signing this agreement or to the following:

*Name _____ Address _____
(Street-City State-Zip)

Telephone Number _____ Relationship to child _____

Relationship to Parent(s) _____ or Guardian _____

Other identifying information (if any) _____

*Name _____ Address _____
(Street-City State-Zip)

Telephone Number _____ Relationship to child _____

Relationship to Parent(s) _____ or Guardian _____

Other identifying information (if any) _____

*Name _____ Address _____
(Street-City State-Zip)

Telephone Number _____ Relationship to child _____

Relationship to Parent(s) _____ or Guardian _____

Other identifying information (if any) _____

Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name of other Public or Private School child attends, if any: _____

Child's doctor or clinic name _____

Doctor/clinic telephone # _____

My child has the following special needs _____

The following special accommodation(s) may be required to most effectively meet my child's needs while at the school:

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre- existing illness, allergies, seizures, or health concerns: _____

EMERGENCY MEDICAL AUTHORIZATION

Should (child's name) _____ Date of birth _____

suffer an injury or illness while in the care of **Horizon Christian School** and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

Parent/Guardian _____ :

Signature

Date _____

Facility Administrator/Person-In Charge _____

Signature

- Daily Camp 9:30-1:30 \$ 25.00/Day (Paid Weekly)
- ALL DAY Care (includes Camp) \$ 5000/Day
- ALL DAY Care Infants \$ 180.00/Week
- ALL DAY Care One Year \$ 175.00/Week
- ALL DAY Care Two Years \$ 170.00/Week
- ALL DAY Care Three Years \$ 165.00/Week
- ALL DAY Care Four Years-Fifth Grade \$ 160.00/Week



HORIZON HOT LUNCH PROGRAM \$4.00 per day

The hot lunch program is provided as a service to our students and parents. It is voluntary. You may choose any of the plans; you do not have to participate every day that your child/children attend. Meals include entrée, 2 side dishes, and milk, a vegetarian option is available each day. Monthly menus will be posted on the school website (www.horizonbaptist.net) and on the information bulletin board outside the school office at least one week in advance of the schedule. Hot Lunch fees are due in advance and are non-refundable.

Lunches brought from home **MUST** meet USDA guidelines.

By re-enrolling my child in Horizon Christian School, I have agreed to pay all fees by the first school day of each week. Tuition received more than ten days after the due date will be assessed a late fee of one dollar each day thereafter.

Parental Agreement with Horizon Christian School

I agree to support the administration and teachers of Horizon Christian School both publicly and privately regarding the aims, ideals and philosophy of the school. I will fully cooperate with the policies, procedures and rules of the school as described in the policy and procedure manuals and the parent handbook.

All school records, this statement and state health forms must be on file at the school before acceptance will be granted. I understand that all students are accepted on a nine-week trial basis. It is understood that my child's attendance is a privilege and not a right. If at any time his/her or my conduct, cooperation with the school authorities is not in keeping with the school's requirements, the school reserves the right to terminate, at its discretion, my child's enrollment.

I give my support and permission to use reasonable discipline in the correction of my child. I will be kept informed of disciplinary actions that may have been taken. I understand that corporal punishment (spanking) is **not** a part of any discipline plan used by Horizon Christian School.

I give my permission to Horizon Christian School to submit to the state of Georgia records needed to comply with state regulations.

I understand that tuition will be paid as stated on the financial policy included in the application for enrollment. I understand that there are penalties for late payment and a fee of \$30.00 on returned checks. Any family account having three or more returned checks will result in a "cash only" policy. In the event of termination, I will not expect my child's school records to be released until full payment is made. Should my child withdraw for any reason I understand that a **thirty day written notice is required and that books and materials remain the property of the school. I understand that all registration, application/book and materials fees are non-refundable.** I give permission for my child to take part in all school activities. I absolve the school from liability to myself or my child because of injury at the school or during any school activity on or off the premises. In case of an accident or injury, I will be notified first. If I am not accessible, I hereby authorize the school to call my physician and to follow his/her directions.

If it is impossible or unreasonable to contact the physician, the school may take whatever actions it deems are appropriate. I authorize the child care facility to obtain emergency medical care for my child when I am not available

Before any medication is dispensed to my child, I will provide a written authorization, which includes: date; name of child; name of medication; prescription number; if any; dosages; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

Should any legal action ever be taken against HCS or any employee or agent thereof on behalf of my child or myself, and the school or its agent are not found at fault, I agree to pay all attorney fees, court fees, damages or other costs that HCS or its agent should incur to defend against such action.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent (s), or facility personnel. Children must be signed in and out each day.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

I understand that the facility will advise me of issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities.

Signed: _____ Date: _____
(Parent/Guardian)

<i>Boxes to be completed by HCS office</i>	<i>ENROLLMENT FEE \$</i>	<i>CHECK #</i>	<i>CLASS</i>
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Please do not write in boxes

Signed: _____ Date: _____
(Facility Administrator/Person-In-Charge)

Horizon Christian School, a ministry of Horizon Baptist Church, 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 in administration of its educational policies, admissions policies, scholarship programs, athletic and other school administered programs

SEE BACK FOR SCHEDULE

CIRCLE ALL THAT APPLY

Week One	May 20-24	*Monday	*Tuesday	*Wednesday	Thursday	Friday
Week Two	May 27-31	*Monday	Tuesday	Wednesday	Thursday	Friday
Week Three	June 3-7	Monday	Tuesday	Wednesday	Thursday	Friday
Week Four	June 10-14	Monday	Tuesday	Wednesday	Thursday	Friday
Week Five	June 17-21	Monday	Tuesday	Wednesday	Thursday	Friday
Week Six	June 24-28	Monday	Tuesday	Wednesday	Thursday	Friday
Week Seven	July 1-5	Monday	Tuesday	Wednesday	*Thursday	Friday
Week Eight	July 8-12	Monday	Tuesday	Wednesday	Thursday	Friday
Week Nine	July 15-19	Monday	Tuesday	Wednesday	Thursday	Friday
Week Ten	July 22-26	Monday	Tuesday	Wednesday	Thursday	Friday
Week Eleven	July 29-Aug 2	Monday	Tuesday	Wednesday	Thursday	Friday
Week Twelve	August 5-6	*Monday	*Tuesday			

* Denotes days Elementary Schools are in session *DENOTES HOLIDAY CLOSING

Weekly Themes

May 20– Treasure Hunt

May 27–Penguins and Polar Bears Center Closed Monday May 27th Memorial Day

June 3 – Spa and Fitness

June 10 – Super Heros

June 17 – Time Travel

June 24 – The Mighty Jungle

July 1 – USA!! Center Closed Thursday July 4th

July 8 – Georgia Adventure

July 15 – Renaissance

July 22– Movin' & Groovin'

July 29– Myths & Legends

August– 5th & 6th Back to School