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## Enrollment Information Form

Date: \_\_\_\_\_

Child's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Birth Place: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Other Language: \_\_\_\_\_

Password: \_\_\_\_\_ Schedule: M T W H F AM \_\_\_\_\_ PM \_\_\_\_\_ FT \_\_\_\_\_ After School \_\_\_\_\_

Summer \_\_\_\_\_ Elementary School Name: \_\_\_\_\_ DOE: \_\_\_\_\_

### Mother/Guardian

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Main Phone #: (\_\_\_\_) \_\_\_\_\_ Work #:(\_\_\_\_) \_\_\_\_\_ Alternate #: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Occupation: \_\_\_\_\_

### Father/Guardian

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Main Phone #: (\_\_\_\_) \_\_\_\_\_ Work #:(\_\_\_\_) \_\_\_\_\_ Alternate #: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Occupation: \_\_\_\_\_

Parents Marital Status: Together \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

If not together, legal custody of children belongs to: Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

May the non-custodial parent pick up the children? \_\_\_\_\_ *If no, you must provide a copy of the custody papers.*

Notify in case of illness/emergency: Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardians/Other \_\_\_\_\_

### Emergency Contact Information/Release Form

**The child/children will only be released to the people listed in this section.**

1. Mother: Yes No (Circle one) or Legal Guardian/s (please list) \_\_\_\_\_

2. Father: Yes No (Circle one)

3. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Alt #: \_\_\_\_\_

Address: \_\_\_\_\_

4. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Alt #: \_\_\_\_\_

Address: \_\_\_\_\_

5. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Alt #: \_\_\_\_\_

Address: \_\_\_\_\_

## Medical Data and Information

Allergies / Medical Problems: \_\_\_\_\_

Child's physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last DPT or Tetanus Shot: \_\_\_\_\_

Child's medical insurance company: \_\_\_\_\_

Phone: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## Authorization for Emergency Medical Care

I hereby authorize the staff and Director of Harvard Academy to give consent for any and all emergency medical care for my child(ren) while he/she/they are in Harvard's care. I give consent to transport him/her/them by ambulance if necessary.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Insurance

Harvard Academy's insurance coverage is designed to work with your personal health insurance as a supplement. In the event of an accident, both you and the Director must complete the accident claim form. If the expenses for an accident are less than \$100.00, our policy will pay in full. If the expenses are over \$100.00, our policy will only pay for those expenses not paid by your health carrier. In order to collect the remainder of the expenses after payment from your health insurance, you must send the bill with your child's name and date of the accident to Harvard's insurance company. Please discuss concerns and questions with the Director.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Financial Obligations

Name of financially responsible party: \_\_\_\_\_

Name of financially responsible party: \_\_\_\_\_

I/We agree to pay tuition: \*\*Monthly \_\_\_\_\_ Weekly \_\_\_\_\_

***\*\*Private school only. Monthly payments are due the first of the month. Automatic late charges will be assessed according to the following schedule: Monthly payments not received by the 5<sup>th</sup> business day - \$40, weekly payments not received by Wednesday - \$25, Returned check fee: \$25 each. \*\****

I/We have read the Harvard Academy policy agreement and accept the conditions stated therein. I/We agree to pay a non-refundable fee at the time of enrollment to be renewed each August. I/We understand that it is very important that each family meet its financial commitment on time. Prompt payment of accounts assures that Harvard Academy can strengthen programs, faculty compensation, and operate with fiscal responsibility. The school is completely dependent upon tuition payments for its operation and it is very important that payments are received promptly when due. The school cannot assume financial responsibility for your child's tuition. If a student is absent, transfers, or withdraws from the school for any reason, he/she will be charged until the end of the current period. No credit on tuition is given beyond what is granted in our policy or the discretion of the director. The responsible party/parties agree to pay all reasonable costs of collection including, but not limited to attorney fees, court costs, and interest on the balance due - including late fees at the highest interest rate allowed by law.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Parent Authorization

1. I give permission to photograph my child(ren) for publicity purposes, ie social media, bulletin boards.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. I give permission for my child(ren) to be transported by Harvard Academy on field trips.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

3. I give permission for my child(ren) to be transported by Harvard Academy to and from \_\_\_\_\_ Elementary School.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

4. **FOR WEST PINE STUDENTS ONLY:** I give permission for my child(ren) to walk to and from West Pine Middle School. I understand that it is the child's responsibility to arrive on time.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

5. I give permission for my child(ren) to swim at Harvard Academy.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Emergency Procedures

Dear Parents and/or Guardians,

As ordered by the Sunrise Fire Marshall, the following is our policy for an early dismissal in the event of a natural disaster or weather emergency.

### **Hurricane Watch – Be Alert**

### **Hurricane Warning – Pick up your child(ren)**

It is your responsibility upon a hurricane watch to be on alert. Once a hurricane warning is issued, you must pickup your child. If a warning is issued before school opens, we are **NOT** permitted to accept children into school.

### **Lockdown Procedure**

If a lockdown notice is in effect for our area, we secure all children and staff in the building until local police gives the “All Clear”. **We cannot release or accept students into the building and parents will not be allowed to pick up.** Please check with local media to keep up-to-date about the latest information or call us. When the lockdown notification is lifted, we will open our doors again.

Please be sure to inform us of new addresses and telephone numbers for emergency contact.

I understand and have read the emergency procedure policy.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child’s Name: \_\_\_\_\_

### **Receipt and Acknowledgement of Registration, Tuition, Discipline, Sick, Physical Activity, Electronic Media, Nutrition and Food-Sharing Policies & Child Care Brochure Statement**

I have read and agree to the all the policies mentioned above in the parent manual and received a copy of the Know Your Child Care Brochure.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child’s Name: \_\_\_\_\_

## Child Care Discipline Policy

### Policy Statement

Praise and positive reinforcement are effective methods of behavior management of children. When children receive positive, nonviolent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief, **Harvard Academy** uses a positive approach to discipline and practices the following discipline and behavior management techniques.

### WE DO...

|   |  |
|---|--|
| Apply rules consistently.   | Communicate to children using positive statements.                 |
| Talk with children in a calm, quiet manner.                                 | Communicate with children on their level.                          |
| Explain unacceptable behavior to children.                                  | Give attention to children for positive behavior.                  |
| Model appropriate behavior.   | Set up the classroom environment to prevent problems.              |
| Give children opportunities to make choices and solve problems.             | Provide alternatives and redirect children to acceptable activity. |
| Listen to children and respect the children's needs, desires, and feelings. | Help children talk out problems and think of solutions.            |
| Use storybooks and discussions to work through common conflicts.            | Praise and encourage the children.                                 |
| Reason with and set limits for the children.                                | Provide appropriate words to help solve conflicts                  |

### WE DO NOT...

|  |   |
|--|---|
| Shame or punish children if a bathroom accident occurs.                                      | Use any strategy that hurts, shames, or belittles a child.  |
| Criticize, make fun of, or otherwise belittle a child's parents, families, or ethnic groups. | Use any strategy that threatens, intimidates, or forces a child.  |
| Place children in a locked and/or dark room.   | Use or withhold physical activity as a punishment.  |
| Allow discipline of a child by other children.   | Compare children.   |
| Use food as a form of reward or punishment.  | Inflict corporal punishment in any manner upon a child. (Corporal punishment is defined as the use of physical force to the body as a discipline measure. Physical force to the body includes, but is not limited to, spanking, hitting, shaking, biting, pinching, pushing, pulling, or slapping.) |
| Leave any child alone or unattended or without supervision.                                  |   |
| Embarrass any child in front of others.  |   |

Conferences will be scheduled with parents if particular disciplinary problems occur. If a child's behavior consistently endangers the safety of the children around him/her, then the Director has the right, after meeting with parents and documenting behavior problems and interventions, to terminate child care services for that particular child.

Note: If at any point, there is an indication/ suspicion that a child may have special needs, Harvard Academy will inform the family.

My signature below indicates that I have received a copy of the discipline policy, it has been reviewed with me, and I have read and understand this policy.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name of child** \_\_\_\_\_