



CHILD'S ENROLLMENT RECORD

DIRECTOR'S USE ONLY
Date enrolled _____

Child's full legal name _____
First Middle Last Nickname

Date of Birth _____ Sex _____

Primary Hours of Care From _____ To _____ Days of Week in Care _____

Child's Physical Address _____
Street Address (number, apartment #, street) City State Zip Code

Family Information: Child Lives with _____

Parent's Name _____ Parent's Name _____

Address: _____ Address _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone _____ Cell _____ Work Phone _____ Cell _____

Custody: Mother _____ Father _____ Both _____ Other _____ Name _____

Emergency Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the children's center in case of illness, accident or emergency, **if for some reason the custodial parent(s) or legal guardian(s) cannot be reached:**

Name _____

Home Phone _____ Cell Phone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Name _____

Home Phone _____ Cell Phone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Please use additional sheet of paper to list name, address and phone number of any other people authorized to pick the child up.

CONTINUED ON BACK
CHILD'S ENROLLMENT RECORD
(Back Page)

Medical Information:

Child's Physician/Health Resource _____

Telephone Number _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Hospital Preference _____

Name of Dentist _____ **Telephone** _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Meals typically served while in care: Breakfast AM Snack Lunch PM Snack Supper

Emergency Care Plan instructions (if applicable) _____

MISCELLANEOUS INFORMATION

List all known allergies _____

List all identifying scars, birthmarks, skin discolorations _____

Special medical or dietary needs of child _____

List any areas of concern _____

My signature below verifies that:

I give permission to consult the child's physician/health resource listed above in case of emergency if parent/legal guardian cannot be reached.

I have received a copy of the "Know Your Child's Children's Center" brochure.

I was notified in writing of the disciplinary and expulsion policies used by the children's center.

I was provided the food and nutrition policies used by the children's center.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

Signature of Custodial Parent or Legal Guardian

Date



EMERGENCY MEDICAL RELEASE

This form must contain only one child's name, and be the original notarized form.

A new notarized form is required when there is a change in legal guardianship.

Please Print Information

Child's Full Name: _____ Birthdate: _____

Allergies: _____

Medicines Routinely Taken: _____

Name of Custodial Parent(s)/Legal Guardian(s): _____

Address: _____
Street Address (number, apartment #, street) City State Zip Code

Home Telephone _____ Cell Telephone _____ Work Telephone _____

Family Physician's Name/Health Care Resource: _____

Address: _____
Street Address (number, apartment #, street) City State Zip Code

Telephone () _____

Hospital Preference: _____
Name City

Medical Insurance Company: _____

Policy #: _____ Expiration Date: _____

Emergency Contact (if custodial parent/guardian cannot be reached): _____

Address: _____
Street Address (number, apartment #, street) City, State, Zip Code

Home Telephone _____ Cell Telephone _____ Work Telephone _____

Sign in the presence of the Notary.

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child _____, in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

(Child's Full Name)

Signature of Custodial Parent/Legal Guardian (Affiant)

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ 20_____
(Month) (Day) (Year)

by means of physical presence or online notarization by _____ who is personally known
(Name of Affiant)

to me or has produced _____ as identification.
(Type of identification)

SEAL OF NOTARY

Signed: _____ (Signature of Notary)



FLORIDA CERTIFICATION OF IMMUNIZATION

Legal Authority: Sections 1003.22, 402.305, 402.313, Florida Statutes; rules 64D-3.046, 65C-20.011, Florida Administrative Code

LAST NAME	FIRST NAME	MI	DOB (MO/DA/YR)
PARENT OR GUARDIAN	CHILD'S SS# (optional)	STATE IMMUNIZATION ID# (optional)	

Directions:

- Enter all appropriate doses and dates below.
- Sign and date appropriate certificate (A, B, or C) on form.
- See "Immunization Guidelines Florida Schools, Child Care Facilities and Family Day Care Homes" for information and instructions on form completion. Guidelines are available at: http://us/disease_ctrl/immune/schoolguide.pdf.

VACCINE	DOE CODE	Dose 1 MO/DA/YR	Dose 2 MO/DA/YR	Dose 3 MO/DA/YR	Dose 4 MO/DA/YR	Dose 5 MO/DA/YR
DTaP/DTP	A	_____	_____	_____	_____	_____
DT	B	_____	_____	_____	_____	_____
Td/Tdap	C	_____	_____	_____	_____	_____
Polio	D	_____	_____	_____	_____	_____
Hib	E	_____	_____	_____	_____	_____
MMR (Combined) (Separate)	F	_____	_____	_____	_____	_____
	G, H,	_____	_____	_____	_____	_____
		<i>Measles (dose 1)</i>	<i>Measles (dose 2)</i>	<i>Mumps (dose 1)</i>	<i>Mumps (dose 2)</i>	_____
	I	_____	_____	_____	_____	_____
		<i>Rubella (dose 1)</i>	<i>Rubella (dose 2)</i>	_____	_____	_____
Hepatitis B	J	_____	_____	_____	_____	_____
Varicella	K	_____	_____	_____	_____	_____
Varicella Disease	L	_____	_____	_____	_____	_____
		Year _____	_____	_____	_____	_____
PneumoConju		_____	_____	_____	_____	_____

**Select appropriate box(es)
Certificate of Immunization for K-12**

Part A-Complete

Part A (Immunizations are complete for school entry and attendance and meet requirements for kindergarten and/or 7th grade (and for grades kindergarten through 12.) I have reviewed the records available, and to the best of my knowledge, the above named child has adequately been immunized for school attendance as documented above.) DOE Code 1

Temporary Medical Exemption Expiration date: _____

Part B-Temporary

Part B (For children in day care, family day care homes, preschool and kindergarten grades through 12 who are incomplete for immunization in Part A) Invalid without expiration date. DOE Code 2

Permanent Medical Exemption

Part C-Permanent

Part C (For medically contraindicated immunizations, list each vaccine and state valid clinical reasoning or evidence for exemption.) DOE Code 3 _____

I certify the physical condition of this child is such that immunization(s) as indicated in Part C above is medically contraindicated.

Physician or Clinic Name

Physician or
Authorized Signature: _____
Issued By: _____
Date: _____



STATE OF FLORIDA
School Entry Health Exam

To Parent/Guardian: Please complete and sign Part I — Child's Medical History.

State law for school entry requires a health examination by a legally qualified professional. Additional requirements may be determined by local school districts.

(Please Print)

Form with fields: Name of Child (Last, First, Middle), Birth Date, Sex, Address (Street), School, Grade, City and ZIP Code, Home Telephone Number, Parent/Guardian (Last, First, Middle)

PART I — CHILD'S MEDICAL HISTORY

To Parent/Guardian: Please check answers to questions 1 through 8 below in the column on the left.

(Please explain any "Yes" answers in the space provided below.)

- 1. Yes [] No [] Any concerns about general health (eating and sleeping habits, weight, etc.)?
2. Yes [] No [] Any other specific illness or social/emotional or behavioral problems?
3. Yes [] No [] Any allergies (food, insects, medication, etc.)?
4. Yes [] No [] Any prescription medication (daily or occasionally)?
5. Yes [] No [] Any problems with vision, hearing, or speech (glasses, contacts, ear tubes, hearing aids)?
6. Yes [] No [] Any hospitalization, operation, or major illness (specify problem)?
7. Yes [] No [] Any significant injury or accident (specify problem)?
8. Yes [] No [] Would you like to discuss anything about your child's health with a school nurse?

To Parent/Guardian: Please explain any "Yes" answers from above.

Four horizontal lines for writing answers to the questions above.

I am the parent/guardian of the child named above. I give permission for the information on PARTS I and II of this form provided about my child to be reviewed and utilized only by the staff of this school and any school health personnel providing school health services in the district for the limited purpose of meeting my child's health and educational needs.



Signature of Parent/Guardian

Date

Partnership for School Readiness Recommendations for Prekindergarten and Kindergarten

To Parent/Guardian: Please obtain the services listed below in order to find any problems. Please work with your health care provider to correct or treat any problems that may reduce your child's ability to learn in school. (These services are recommended but not required.)

Table with 3 rows: 1. Comprehensive Vision Examination (3-5 years of age), 2. Comprehensive Dental Examination, 3. Hearing Screening. Each row includes fields for Date of Exam, Results of Exam, Health Care Provider, and a box for corrective actions.

Name of Child (Last, First, Middle)	Birth Date
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PART II — MEDICAL EVALUATION

To be completed and signed by the Health Care Provider ONLY:

The child named above has had a complete history and physical exam on the following date:
(Exam must be within one year of enrollment)

Month _____ Day _____ Year _____

Screening Results:

Height: _____ Weight: _____ BMI%: _____ B/P: _____ Hct/Hgb: _____ Lead: _____ Urinalysis: _____

Vision - Without Glasses	Right 20/_____	Left 20/_____	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>	Hearing -- Right	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>
Vision - With Glasses	Right 20/_____	Left 20/_____	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>	Hearing -- Left	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>

- | | | | |
|-------------------------------|---------------------------------|-----------------------------------|-----------------|
| Gross dental (teeth and gums) | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | Refer/Tx: _____ |
| Head/scalp/skin | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | Refer/Tx: _____ |
| Eyes/Ears/Nose/Throat | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | Refer/Tx: _____ |
| Chest/Lungs/Heart | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | Refer/Tx: _____ |
| Abdomen | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | Refer/Tx: _____ |
| Postural assessment | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | Refer/Tx: _____ |

TB risk assessment done (Please review Targeted Testing Guidelines listed below.)

This child has the following problems that may impact the educational experience:

- Vision Hearing Speech/Language Physical Social/Behavioral Cognitive

Specify: _____

This child has a health condition that may require emergency action at school, e.g. seizures, allergies. Specify below.
(This form will be stored in the child's Cumulative Health Folder and may be accessed by both school and health personnel.)

Recommendations (Attach additional sheet if necessary): _____

(Please Check One)

- This child may participate fully in school activities including physical education.
 This child may participate in school activities including physical education with the following restriction/adaptation.
(Specify reason and restriction) _____

Signature/Title of Health Care Provider	Date	Address (Please print or stamp)
<input checked="" type="checkbox"/>	____/____/____	
Name (Please print or stamp)		

Tuberculosis Targeted Testing Guidelines for Health Care Providers

Tuberculosis Infection Risk:

Review the following risks and administer a Mantoux TB skin test if child is in one or more categories. The TB test is administered confidentially as part of the health examination. Do not record administration of any TB test or related information on this form.

- Recent immigrant (< 5 years), frequent visitor to TB endemic areas
- Close contact to active TB case
- Frequent contact with adults at high-risk for disease, HIV+, homeless, incarcerated, illicit drug user
- HIV+ or have other medical conditions that increase the risk to progress from infection to disease, e.g., chronic renal failure, diabetes, hematologic or any other malignancy, weight loss > 10% of ideal body weight, on immunosuppressive medications

Active TB Disease Risk:

- Does the child exhibit signs/symptoms of tuberculosis (e.g. cough for three weeks or longer, weight loss, loss of appetite)?
- If symptoms are present, work-up or refer for TB disease evaluation.



Food Experience Permission Form

I give permission for my child _____ to participate in food related activities.

Please check one of the following:

_____ My child DOES NOT have a food allergy or dietary restriction.

_____ My child DOES have a food allergy or dietary restriction. He or she may participate, but may not eat or handle the following items (please list below)

_____ My child DOES have a food allergy or dietary restriction. He or she may not participate in activities.

Parent Signature

Date



New Horizons Country Day School Lunch and Nutrition Agreement

Nutrition is an important element in the health of every child and directly affects a child's overall growth, development, and learning ability.

Therefore, as a parent of _____,

I agree to furnish a nutritious lunch composed of one or more foods from the food groups such as protein, bread and cereal, vegetable and fruit, and milk or natural juice.

No candy, soda pop, or gum is to be brought to school. Children must arrive each school day with lunch prepared from home in a lunch box.

New Horizons will not allow lunches from "fast food" vendors. If you are having lunch with your child please adhere to our nutrition policy also. If your child does not have a lunch, one will be provided for an additional fee of \$5.00.

New Horizons will provide a mid-morning and a mid-afternoon snack consisting of crackers, fruits, vegetables, and juice.

Foods that are associated with choking may not be served to children under 4 years of age such as whole/round hot dogs, whole apples, popcorn, chips, pretzel nuggets, whole grapes, nuts, cheese cubes and any food that is of similar shape and size of trachea/ windpipe. Food for infants (2 months to 12 months) must be cut into ¼ inch pieces or smaller, food for toddlers (12months to 24 months) must be cut into 1/2 inch pieces or smaller. New Horizons will not serve any foods that do not meet the DCF requirements and will substitute more appropriate choices.

We do not refrigerate children's lunch boxes. Parents must provide an ice pack in their child's lunch box or use a thermos to keep food at the proper temperature.

When asked to bring in a special snack for a class celebration, I understand that the food must be store bought from an approved commercial facility and be approved by New Horizons Country Day School.

Signature of Parent/Guardian



New Horizons Country Day Preschool Discipline/Expulsion Agreement

The Pinellas County License Board requires that parents read and acknowledge by signature that they are aware of New Horizons Discipline Policy.

New Horizons views discipline as a means of helping children become more socialized as they gain self-control and accept the rules of social learning and living. We provide children with many opportunities to practice expected behavior, a skill that is mastered gradually and with age.

New Horizons encourages the following good character traits: honesty, integrity, fairness, perseverance, citizenship, respect, responsibility, self-discipline, trustworthiness and caring. Accepting responsibility for one's actions and words are a vital part in development of individual character. Each child at New Horizons will be held responsible for their character, words and actions learning to live with the consequences of their behaviors.

New Horizons strives to discourage all forms of unacceptable behavior by establishing an age appropriate classroom environment, curriculum and classroom expectations/rules. Students are expected to behave in a manner that demonstrates respect and care for others as well as for personal and school property. We believe that learning early in life to enjoy working, learning and playing with peers are essential to success throughout life. No child will be subjected to discipline which is severe, humiliating or frightening, or associated with food, rest or toileting. Spanking or any other form a physical punishment is prohibited. New Horizons' Discipline Policy prohibits children from being subjected to discipline which is:

- Severe, humiliating, frightening, or associated with food, rest or toileting.
- Spanking or any other form of physical punishment is prohibited by all child care personnel.
Ex: demanding excessive physical exercise excessive rest or strenuous or bizarre postures.
- Compelling a child to eat or have his/her mouth soap, food, spices or foreign substances.
- Exposing a child to extreme temperature
- Rough or harsh handling of children. ex. lifting or jerking by one or both arms, pushing, restricting movement, taping the mouth.
- Isolating a child a child to and adjacent room hallway, etc.: where they can't be supervised.
- Withholding food or beverages as punishment.
- Demeaning or humiliating toilet training.
- Emotion abuse, abusive, profane or sarcastic language or verbal abuse.
- Placing a child in crib for time-out or disciplinary reasons.

We also believe that respecting adults, persons of authority, ourselves and our peers, the rules of the environment and property are necessary in maintaining a safe environment for all.

When teacher intervention is necessary to maintain safety and guard the rights of others, inappropriate behavior will be handled according with each individual by the following steps:

1. Positive reinforcement of appropriated behavior
2. Redirection of disruptive and/or inappropriate behaviors to acceptable behavior(s) with a verbal warning.
3. Removal from the classroom and/or situation until ready to re-join the group, development of a plan and written notification requiring parent signature. This step will be an immediate result of verbal/disrespectful abuse toward an adult or others, and loss of emotional and/or physical control of ones self.
4. Parent conference
5. Referral to appropriate child services if needed
6. Dismissal from the school. Parent(s) will be held responsible for 2 weeks of fees from date of dismissal as well as any outstanding balance.

Parents are encouraged to discuss any special needs of their child with the Director and teacher by making an appointment so that all parties are available for discussion

I have read and understand the above discipline policy. I understand that the discipline of my child is my job as his/her parent. I agree to work in conjunction with New Horizons Country Day School to reinforce and support my child following classroom and school rules showing good character with their words and actions. I understand that I am a model for my child in my actions and words. I agree to handle communications with the school and the school personnel with calm composure, being productive, professional and controlled. If I choose to threaten NHCDS or any employee of NHCDS verbally, physically, and/or legally, I understand that it will be perceived as a breach of trust and my child will no longer be welcome to attend the school; my fiscal financial responsibilities will remain per my contract signed for this school year.

Parent signature

Parent signature



New Horizons Country Day School

Child's Name: _____

Permission to publish home address/phone number:

I authorize New Horizons Country Day School to publish my home address/phone number to my child's classmates' parents upon request. I agree not to use shared information for any personal advertising or purposes other than simple communications with other parents and/or families working on school related functions. If you use this information to confront other parents about personal issues, solicit for personal gain and/or solicit for other schools, it will be perceived as a breach of trust ending with dismissal of your child and/or legal action will be pursued.

Distribution of birthday invitations and/or exchange of gifts are prohibited at school.

yes no

Picture Waiver:

At times staff and parents will be taking photos of students participating in activities during the school year. These pictures may be used in the following manner: posted in the classrooms, included in our school yearbook, end of the year evening events and/or Moving Up ceremony, school brochures, classroom pictures, New Horizon Country Day School Web Site, Facebook, newspaper and magazine ads.

I give my permission to New Horizon Country Day School to take and use my child's photo for school related events, publications and/or activities.

yes no

Mosquito Medication Authorization:

I hereby authorize New Horizons Country Day School to administer mosquito repellent to my child as needed during mosquito season. This procedure will be done before playtime in the morning and afternoon to help stop mosquito bites on the playground. I understand not all mosquito bites will be stopped. (faces will not be sprayed only arms and legs). The repellent used will be "Off" Family by Johnson & Johnson or Babyganics and we request each child to donate one bottle to the school as needed. I further understand that my child may still be bit by insects and I do not hold New Horizons Country Day School responsible for any bites, allergic reactions.

yes "Off" Family no

yes Babyganics

Sunscreen Authorization:

I hereby authorize New Horizons Country Day School to apply sunscreen to my child as needed. This procedure will be done before playtime in the morning and afternoon. I understand that my child may still get sunburned and I do not hold New Horizons Country Day School responsible for any allergic reactions. Sunscreen will only be applied to arms and legs. The sunscreen used will be Coppertone Kids 50 SPF or Babyganics.

yes Coppertone Kids no

yes Babyganics

Signature of Custodial Parent/Legal Guardian

Date



INFANT/TODDLER HEALTH AND DEVELOPMENT QUESTIONNAIRE

Child's Full Name: _____

Date of Birth: _____ Sex: _____

**Please answer the questions on this form.
We feel this information will help us be more effective in caring for your child.**

NOURISHMENT

Type of food your child eats: Strained Junior Table
 How has child been fed? Held in Lap High Chair Other _____
 Does your child use a bottle? Yes No Handle cup & spoon? Yes No
 Current feeding schedule: _____

Schedule has been in use for: Days Weeks Months
 Any special feeding problems? Yes No _____

SLEEPING HABITS

How does child wake? Active Sluggish Crying Happy Fussy
 How does child sleep? Heavy Light Restless
 What time does child get up in the a.m.? _____ Go to bed in p.m.? _____
 What is your child's nap pattern? a.m. nap time _____ p.m. nap time _____
 Do you have a bedtime routine with your child? Yes No
 Rocking Singing Stories Talking Other

DIAPERING/TOILETING

Does your child use: Diapers Potty Seat Special Toilet Seat Regular Toilet Seat
 Do you use: Disposable Diapers Cloth Diapers Training Pants
 Are plastic pants used? Always Sometimes Never
 Do you use: Oil Powder Others
 Is baby's skin highly sensitive? Yes No Frequent diaper rash? Yes No
 Are bowel movements regular? Yes No How many per day? _____ What time? _____
 Is diarrhea or constipation a problem? Yes No
 Has toilet training been attempted? Yes No

HEALTH

Is your child taking over-the-counter or prescribed medication regularly at home? Yes No

If yes, what? _____

Is your child taking vitamins regularly at home? Yes No

If yes, what? _____

List any know allergies to food or environment. _____

What is the allergic reaction? _____

How is this treated? _____

Have you ever suspected your child of having seizures? Yes No

What was the cause? _____

How was this treated? _____

How do you consider your child's physical development? Normal Advanced Lagging

Comments: _____

SOCIAL/EMOTIONAL

Check the words that best describe your child's temperament or personality.

- | | |
|---------------------------------------|---|
| Affectionate <input type="checkbox"/> | Serious <input type="checkbox"/> |
| Aggressive <input type="checkbox"/> | Fearful <input type="checkbox"/> |
| Assertive <input type="checkbox"/> | Stubborn <input type="checkbox"/> |
| Cautious <input type="checkbox"/> | Friendly <input type="checkbox"/> |
| Curious <input type="checkbox"/> | Quiet <input type="checkbox"/> |
| Sensitive <input type="checkbox"/> | Rebellious <input type="checkbox"/> |
| Determined <input type="checkbox"/> | Sense of Humor <input type="checkbox"/> |
- Does your child use: a pacifier suck thumb security object

When does your child use them? _____

Does your child have a "fussy" time? Yes No When? _____

How is this handled? _____

Does your child use special or unusual words/names for objects, places or people? _____

Is there anything else, medical or otherwise, that we need to know about your child? _____

Signature of Custodial Parent/Legal Guardian _____

Date _____



New Horizons Country Day School
2060 Nebraska Avenue
Palm Harbor, Florida 34683
(727) 785-8591

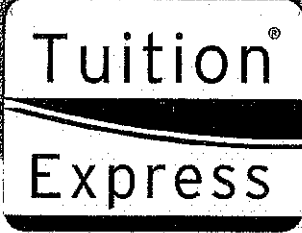
I/We hereby grant permission for _____
(Child's name)

to be transported by private, commercial or school vehicles in the event that New Horizons Country Day School has been ordered to evacuate the premises. In the event of an evacuation, New Horizons will contact each parent by phone as to the relocation site. The relocation site will also be on our voice mail as well as posted on the back gate & the front office doors.

I/We understand that under present Florida Law, if my/our child is riding in a private passenger automobile which is involved in an accident, he/she will be primarily covered for bodily injury under my/our family insurance company for payment. If my policy has been issued with a deductible clause relative to the personal injury protection, I understand that I have assumed that deductible amount when I purchased the policy.

I/We authorize the school representative to obtain medical treatment in the event of injury or illness and agree to pay any expenses incurred for this treatment.

Signature of Parent/Guardian



Automated Payment Processing
Safe - Convenient - Easy

We are excited to offer the safety, convenience and ease of Tuition Express - an automatic payment processing system that allows on-time tuition and fee payments to be made from your bank account.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AUTHORIZATION

I (we) hereby authorize (business name) to initiate debit entries to my (our) Checking or Savings Account indicated below. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name Phone #

Address City State Zip

Bank or Credit Union Name

Bank or Credit Union Address City State Zip

Checking Savings

Routing Transit Number (see sample below) Account Number (see sample below)

Signature Date

For Official Use Only

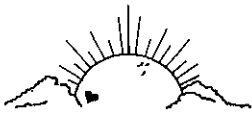
Date Received
Employee Signature

John Sample
Mary Sample
123 Nice Street
Anytown, USA
BANK OF THE WEST
555-555-5555
00226
Pay to the order of: Attach Voided Check Here \$
Deposit slips not accepted Dollars
123456789 1800338 0226
Routing Number Account Number Check Number

A service of



procure SOFTWARE



**New Horizons Country Day School
Infant/Toddler Preschool Parent Contract
2019-20 School Year**

Student's Name _____

Parent(s) / Guardian's Name: _____

The financial stability of any educational facility and program is essential to the overall welfare of its students. Therefore, I agree to the following policies:

1. The New Horizons 2019-2020 School Year will be 52 weeks starting August 12th, 2019. Tuition is due and payable regardless of attendance and is not pro-rated for absences, vacations, school closures due to natural disasters, or holiday & non-school professional/conference days scheduled on the school calendar as published in the school handbook. **After 3 months of continuous enrollment**, families will be allowed to take 2 weeks vacation annually. No tuition will be charged for these 2 weeks and your child's spot will be held with no re-registration fee. Vacation must be taken in increments of full weeks (no daily vacation credits). You must give the Center Director written notice of your intent to take a vacation week at least two weeks prior.
2. At the time of enrollment, a non-refundable and non-transferable registration fee of **\$125.00 registration fee will be due on contracts received on or before February 22nd, 2019**
\$150.00 registration fee will be due on contracts received after February 22nd, 2019
10% Military/First Responder discount & 2nd child discount - 50% discount on registration fee. One discount allowed per family.
3. In order to save a spot for your child on our wait list, parents are required to pay the non-refundable registration fee plus one weeks' tuition. Tuition deposit will be applied towards your child's first week they attend.
4. Weekly fees are due and payable on Friday in advance of the forthcoming week.
5. A late fee of \$20.00 will be assessed if tuition arrives after **4pm on Monday**.
6. New Horizon's requires a **two week written notification** in the event of a schedule change or withdrawal from the program. Parents will be billed for an additional two weeks if written notification is not given. There will be **no calculated discount or refund for early withdrawal**.
7. An administrative fee of \$35 will be charged for any payment schedule changes that occur after August 9th, 2019.
8. A service charge of \$35.00 will be added to any account for which there is a returned check or insufficient funds.
9. New Horizons reserves the right to terminate a student's enrollment based on extreme differences in philosophy, tuition non-payment (after two weeks), inability for a student to adjust to the school's environment, excessive unexcused tardiness, excessive unexcused absenteeism, or parents' needs not being compatible with the school's best interest.

The tuition fees for the Infant/Toddler program for the 2019-20 school year will be according to the following plans.

PLEASE CIRCLE ONE CHOICE

2 Months to 12 Months

12 Months to 24 Months

Please see order form in your Preschool packet to order any of the items below.

Schedule	Weekly Tuition Express Auto withdraw from Checking account	Weekly Non-Tuition Express- Check, Cash or Credit Card
5 Full Days	\$270.00	\$276.00

Schedule	Weekly Tuition Express - Auto withdraw from checking account	Weekly Non-Tuition Express- Check, Cash or Credit Card
5 Full Days	\$240.00	\$246.00

Additional Fees	
T-Shirts	\$12.00
Key Card	\$10.00

By signing below I understand that I am responsible for the payment of services provided. If for any reason, I am delinquent in my payments, I will be responsible for the cost of any collection and/or late fees. I acknowledge receipt of the financial policy and it shall remain in my child's student file. As a parent(s) I have read the above policies and agree to follow New Horizons Country Day School attendance/tardiness policies. Failure to meet attendance/tardiness policies as mandated may result in my child's dismissal from the program and I understand that I will be billed for an additional two weeks tuition at full tuition rate. I also understand that New Horizons Day School can refuse the right of enrollment at any time.

Yes, deduct the (non-refundable) registration fee from my Tuition Express account-
\$125.00 registration fee will be deducted on contracts received on or before February 22nd, 2019
\$150.00 registration fee will be deducted on contracts received after February 22nd, 2019

No, do not deduct my Tuition Express account, I've enclosed a Check/Cash or Credit Card -
\$125.00 registration fee will be due on contracts received on or before February 22nd, 2019
\$150.00 registration fee will be due on contracts received after February 22nd, 2019

Parent(s) Signature: _____

Parent's Email Address: _____

Administrative Signature: _____ Date: _____



New Horizons Country Day School Two Year Old Preschool Parent Contract 2019-20 School Year

Student's Name _____

Parent(s) / Guardian's Name: _____

The financial stability of any educational facility and program is essential to the overall welfare of it's students. Therefore, I agree to the following policies:

1. The New Horizons 2019-2020 School Year will be 52 weeks starting August 12th, 2019. Tuition is due and payable regardless of attendance and is not pro-rated for absences, vacations, school closures due to natural disasters, or holiday & non-school professional/conference days scheduled on the school calendar as published in the school handbook. **After 3 months of continuous enrollment**, both Full Time and Part Time families will be allowed to take **2 weeks vacation annually**. No Tuition will be charged for these 2 weeks and your child's spot will be held with no re-registration fee. Vacation must be taken in increments of full weeks (no daily vacation credits). You must give the Center Director written notice of your intent to take a vacation week at least two weeks prior.
2. At the time of enrollment, a non-refundable and non-transferable registration fee of **\$125.00 registration fee will be due on contracts received on or before February 22nd, 2019**
\$150.00 registration fee will be due on contracts received after February 22nd, 2019
10% Military/First Responder Discount & 2nd child discount - **50% discount on registration fee. Only one discount allowed per family.**
3. Weekly fees are due and payable on Friday in advance of the forthcoming week.
4. A late fee of \$20.00 will be assessed if tuition arrives after **4pm on Monday**.
5. New Horizon's requires a **two week written notification** in the event of a schedule change or withdrawal from the program. Parents will be billed for an additional two weeks if written notification is not given. There will be **no calculated discount or refund for early withdrawal**.
6. An administrative fee of \$35 will be charged for any payment schedule changes that occur after August 9th, 2019.
7. A service charge of \$35.00 will be added to any account for which there is a returned check or insufficient funds.
8. New Horizons reserves the right to terminate a student's enrollment based on extreme differences in philosophy, tuition non-payment (after two weeks), inability for a student to adjust to the school's environment, excessive unexcused tardiness, excessive unexcused absenteeism, or parents' needs not being compatible with the school's best interest.
9. Tuition payments must be current in order for students to participate in extra curricular activities (i.e. gym, dance, moving up, soccer) or receive their year end progress report.

PLEASE CIRCLE ONE CHOICE

The tuition fees for the Two year old program for the 2019-2020 school year will be according to the following plans.

SCHEDULE	Weekly Tuition Express Auto withdraw from checking account	Weekly Non-Tuition Express - Check, Cash or Credit Card
2 Full Days Tues./Thurs.	\$110.00	\$116.00
3 Full M-W-F	\$162.00	\$168.00
5 Full Days	\$195.00	\$201.00

Please see order form in your Preschool packet to order any of the items below.

Additional Fees	
T-Shirts	\$12.00
Key Card	\$10.00
Pizza Day Total of 7 per year	\$6.00 Per day

By signing below I understand that I am responsible for the payment of services provided. If for any reason, I am delinquent in my payments, I will be responsible for the cost of any collection and/or late fees. I acknowledge receipt of the financial policy and it shall remain in my child's student file. As a parent(s) I have read the above policies and agree to follow New Horizons Country Day School attendance/tardiness policies. Failure to meet attendance/tardiness policies as mandated may result in my child's dismissal from the program and I understand that I will be billed for an additional two weeks tuition at full tuition rate. I also understand that New Horizons Day School can refuse the right of enrollment at any time.

- Yes, deduct the (non-refundable) registration fee from my Tuition Express account-
\$125.00 registration fee will be deducted on contracts received on or before February 22nd, 2019
\$150.00 registration fee will be deducted on contracts received after February 22nd, 2019
- No, do not deduct my Tuition Express account, I've enclosed a Check/Cash or Credit Card -
\$125.00 registration fee will be due on contracts received on or before February 22nd, 2019
\$150.00 registration fee will be due on contracts received after February 22nd, 2019

Parent(s) Signature: _____

Parent's Email Address: _____

Administrative Signature: _____ Date: _____



New Horizons Country Day School Three Year Old Preschool Parent Contract 2019-20 School Year

Student's Name _____

Parent(s) / Guardian's Name: _____

The financial stability of any educational facility and program is essential to the overall welfare of it's students. Therefore, I agree to the following policies:

1. The New Horizons 2019-20 School Year will be 52 weeks starting August 12th, 2019. Tuition is due and payable regardless of attendance and is not pro-rated for absences, vacations, school closures due to natural disasters, or holiday & non-school professional/conference days scheduled on the school calendar as published in the school handbook. **After 3 months of continuous enrollment**, both Full Time and Part Time families will be allowed to take **2 weeks vacation annually**. No tuition will be charged for these 2 weeks and your child's spot will be held with no re-registration fee. Vacation must be taken in increments of full weeks (no daily vacation credits). You must give the Center Director written notice of your intent to take a vacation week at least two weeks prior.
2. At the time of enrollment, a non-refundable and non-transferable registration fee of **\$125.00 registration fee will be due on contracts received on or before February 22nd, 2019**
\$150.00 registration fee will be due on contracts received after February 22nd, 2019
10% Military/First Responder discount & 2nd child discount - 50% discount on registration fee. **Only one discount allowed per family.**
3. Weekly fees are due and payable on Friday in advance of the forthcoming week.
4. A late fee of \$20.00 will be assessed if tuition arrives after **4pm on Monday**.
5. New Horizon's requires a **two week written notification** in the event of a schedule change or withdrawal from the program. Parents will be billed for an additional two weeks if written notification is not given. There will be **no calculated discount or refund for early withdrawal**.
6. An administrative fee of \$35 will be charged for any payment schedule changes that occur after August 9th, 2019.
7. A service charge of \$35.00 will be added to any account for which there is a returned check or insufficient funds.
8. New Horizons reserves the right to terminate a student's enrollment based on extreme differences in philosophy, tuition non-payment (after two weeks), inability for a student to adjust to the school's environment, excessive unexcused tardiness, excessive unexcused absenteeism, or parents' needs not being compatible with the school's best interest.
9. Tuition payments must be current in order for students to participate in extra curricular activities (i.e. gym, dance, moving up, soccer) or receive their year end progress report.

PLEASE CIRCLE ONE CHOICE

The tuition fees for the Three year old program for the 2019-20 school year will be according to the following plans.

SCHEDULE	Weekly Tuition Express-Auto withdraw from checking account	Weekly Non-Tuition Express- Check, cash or credit card
2 Full Days Tues./Thurs.	\$110.00	\$116.00
3 Full M-W-F	\$162.00	\$168.00
5 Full Days	\$195.00	\$201.00

Please see order form in your Preschool packet to order any of the items below.

Additional Fees	
T-Shirts	\$12.00
Key Card	\$10.00
Pizza Day Total of 7 per year	\$6.00 Per day

By signing below I understand that I am responsible for the payment of services provided. If for any reason, I am delinquent in my payments, I will be responsible for the cost of any collection and/or late fees. I acknowledge receipt of the financial policy and it shall remain in my child's student file. As a parent(s) I have read the above policies and agree to follow New Horizons Country Day School attendance/tardiness policies. Failure to meet attendance/tardiness policies as mandated may result in my child's dismissal from the program and I understand that I will be billed for an additional two weeks tuition at full tuition rate. I also understand that New Horizons Day School can refuse the right of enrollment at any time.

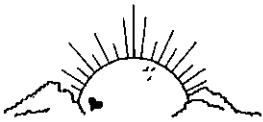
Yes, deduct the (non-refundable) registration fee from my Tuition Express account-
\$125.00 registration fee will be deducted on contracts received on or before February 22nd, 2019
\$150.00 registration fee will be deducted on contracts received after February 22nd, 2019

No, do not deduct my Tuition Express account, I've enclosed a Check/Cash or Credit Card -
\$125.00 registration fee will be due on contracts received on or before February 22nd, 2019
\$150.00 registration fee will be due on contracts received after February 22nd, 2019

Parent(s) Signature: _____

Parent's email address: _____

Administrative Signature: _____ Date: _____



Free Voluntary Pre Kindergarten Half Day Attendance/Tardy/Parent Contract

Student's Name: _____ Date: _____

Parent(s)/Guardian's Name: _____

The financial stability of any educational facility and program is essential to the overall welfare of it's students. Therefore, I agree to the following policies:

1. The New Horizons Country Day School Voluntary Prekindergarten school year will be 180 days with 540 instructional hours. Monday thru Friday from 9 am–12 noon. In the event your child is picked up after 12 noon the late fees are as follows: 12:05–12:15, \$20 late fee, 12:16 until pick up additional \$1.00 per minute.
2. A service charge of \$35 will be added to any account for which there is a returned check or insufficient funds.
3. New Horizons' requires a two week written notification in the event of a schedule change or withdrawal from the program. An administrative fee of \$35 will be charged for any payment schedule changes (wrap around program only) that occur after the first day of school.
4. New Horizons reserves the right to terminate a student's enrollment based on extreme difference in philosophy, inability for a student to adjust to the school's environment, excessive tardiness, excessive absenteeism, or parents' needs not being compatible with the school's best interest.

Voluntary Pre Kindergarten Half Day Program and Non Voluntary Pre Kindergarten Program Attendance and Tardiness policies are as followed:

1. It is essential that your child be here on time every day for the full three (3) hours.
2. If your child will be absent please call the office so we may plan accordingly.
3. Each child is allowed to be absent for 20% of the program year.
4. At no time may New Horizons accept payment from a parent for excessive absences in order for your child to remain in our school.
5. Parents/Guardians must sign the monthly Student Attendance form (AWI-VPK.3I)
6. Children may attend the VPK program without using our wrap around care, however our instructional time continues beyond the VPK hours and your child will continue to learn while in our wrap around care.
7. In the event that circumstances arise outside of the above listed attendance violations then termination from our VPK program is at the discretion of the Director.
8. Failure to maintain our attendance and tardiness policy may/will result in your child being dismissed from our program.

ATTENDANCE/TARDINESS REQUIREMENTS ARE BASED ON PREVIOUS STATE MANDATES AND SUBJECT TO CHANGE IF ATTENDANCE POLICIES CHANGE.

By signing below I understand that I am responsible for the payment of services provided. If for any reason, I am delinquent in my payments, I will be responsible for the cost of any collection and/or late fees. New Horizons requires a two week written notification in the event of a schedule change or withdrawal from the program. There will be no calculated discount or refund for early withdrawal. An administrative fee of \$35 will be charged for any payment schedule changes (wrap around program only) that occur after the first day of school. I acknowledge receipt of the financial policy and it shall remain in my child's student file.

As a parent(s) I have read the polices and agree to follow New Horizons Country Day School attendance/tardiness policies. Failure to meet attendance/tardiness policies as mandated may result in my child's dismissal from the program.

Parent(s) Signature: _____

Parent's Email Address: _____

Administrative Signature: _____ Date: _____



Voluntary Pre Kindergarten Wrap Around 2019-20

Student's Name: _____ Date: _____

Parent(s) / Guardian's Name: _____

The financial stability of any educational facility and program is essential to the overall welfare of it's students. Therefore, I agree to the following policies:

1. The New Horizons 2018-2019 School Year will be 42 weeks starting August 12th, 2019. Tuition is due and payable regardless of attendance and is not prorated or absences, vacations, school closures due to natural disasters, or holiday & non-school professional/conference days scheduled on the school calendar as published in the school handbook. **After 3 months of continuous enrollment**, families will be allowed to take **2 weeks vacation annually**. No tuition will be charged for these two weeks and your child's spot will be held with no re-registration fee. Vacation must be taken in increments of full weeks (no daily vacation credits). You must give the Center Director written notice of your intent to take a vacation week at least two weeks prior.
2. At the time of enrollment, a non-refundable and non-transferable registration fee of **\$125.00 registration fee will be due on contracts received on or before February 22nd, 2019** **\$150.00 registration fee will be due on contracts received after February 22nd, 2019** 10% Military/First Responder discount & 2nd child discount - **50% discount** on the registration fee. Only one discount allowed per family.
3. Weekly fees are due and payable on Friday in advance of the forthcoming week.
4. A late fee of \$20.00 will be assessed if tuition arrives after **4pm on Monday**.
5. A service charge of \$35.00 will be added to any account for which there is a returned check or insufficient funds.
6. New Horizon's requires a **two week written notification** in the event of a schedule change or withdrawal from the program. Parents will be billed for an additional two weeks if written notification is not given. There will be **no calculated discount or refund for early withdrawal**.
7. An administrative fee of \$35 will be charged for any payment schedule changes that occur after August 9th, 2019.
8. New Horizons reserves the right to terminate a student's enrollment based on extreme differences in philosophy, tuition non-payment (after two weeks), inability for a student to adjust to the school's environment, excessive unexcused tardiness, excessive unexcused absenteeism, or parents' needs not being compatible with the school's best interest.
9. Tuition payments must be current in order for students to participate in extra curricular activities (ie. gym, dance, moving up, soccer) or receive their year end progress report.

PLEASE CIRCLE ONE CHOICE

Please see order form in your Preschool packet to order any of the items below

Schedule	VPK Wrap Around Tuition Express - Auto withdraw from checking account	VPK Wrap Around Non-tuition express - Check, Cash or Credit Card	Non Voluntary Pre K Tuition Express Auto withdraw from checking account	Non Voluntary Pre K Non Tuition Express Check, Cash or Credit Card
5 Full Days	\$151.00	\$157.00	\$216.00	\$222.00

Additional Fees	
T-Shirt	\$12.00
Key Card	\$10.00
Field Trip & Pizza	\$13.00 <i>Monthly</i>

Voluntary Pre Kindergarten Wrap Around Program and Non Voluntary Pre Kindergarten Program Attendance and Tardiness policies are as followed:

1. If your child will be absent please call the office so we may plan accordingly.
2. Each child is allowed to be absent for 20% of the program year.
3. At no time may New Horizons accept payment from parents for excessive absences in order for your child to remain in our school.
4. Parents/Guardians must sign the monthly Student Attendance form (AWI-VPK.3i)
5. Children may attend the VPK program without using our wrap care, however our instructional time continues beyond the VPK hours and your child will continue to learn while in our wrap care.
6. In the event that circumstances arise outside of the above listed attendance violations then termination from our VPK program is at the discretion of the Director.
7. Failure to maintain our attendance and tardiness policy may/will result in your child being dismissed from our program.

By signing below I understand that I am responsible for the payment of services provided. If for any reason, I am delinquent in my payments, I will be responsible for the cost of any collection and/or late fees. I acknowledge receipt of the financial policy and it shall remain in my child's student file. As a parent(s) I have read the above policies and agree to follow New Horizons Country Day School attendance/tardiness policies. Failure to meet attendance/tardiness policies as mandated may result in my child's dismissal from the program and I understand that I will be billed for an additional two weeks tuition at full tuition rate. I also understand that New Horizons Day School can refuse the right of enrollment at any time.

- Yes, deduct the (non-refundable) registration fee from my Tuition Express account. (fees will be deducted at the time of receipt)
\$125.00 registration fee will be deducted on contracts received on or before February 22nd, 2019
\$150.00 registration fee will be deducted on contracts received after February 22nd, 2019
- No, do not deduct my Tuition Express account, I've enclosed a Check/Cash or Credit Card -
\$125.00 registration fee will be due on contracts received on or before February 22nd, 2019
\$150.00 registration fee will be due on contracts received after February 22nd, 2019

Parent(s) Signature: _____

Parent's email address: _____

Administrative Signature: _____ Date: _____