

HORIZON CHRISTIAN SCHOOL

2172 Lawrenceville Suwanee Rd
Suwanee, Georgia 30024

Phone: 770-962-1214 Fax: 404-806-4860

hcssuwaneeoffice@gmail.com



ENROLLMENT FORM 2019-2020

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 _____ Cell Phone Number _____
(Social security number must be provided unless all payments are made in advance)

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

City _____ State _____ Zip _____

Place of Employment _____ Work Phone Number _____

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

Email Address _____

Mother's Name _____ Home Phone Number _____

Social Security Number _____ Cell Phone Number _____
(Social security number must be provided unless all payments are made in advance)

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

City _____ State _____ Zip _____

Place of Employment _____ Work Phone Number _____

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

Email Address _____

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 _____

Telephone Number _____

Relationship to Child _____ Relationship to Parent/Guardian _____

Other Identifying Information _____

Name _____ Address _____

Telephone Number _____

Relationship to Child _____ Relationship to Parent/Guardian _____

Other Identifying Information _____

Name _____ Address _____

Telephone Number _____

Relationship to Child _____ Relationship to Parent/Guardian _____

Other Identifying Information _____

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

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name _____ Telephone Number _____

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

Child's Doctor/Clinic name: _____

Doctor/Clinic telephone number: _____

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 school: _____

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

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: _____ Date _____

Facility Administrator: _____ Date _____

ALL ENROLLMENT FEES MUST ACCOMPANY THIS FORM:

Reenrollment Fee for Returning HCS students:

Preschool: \$75.00 by May 1st, 2019 \$125.00 thereafter
Before & After School: \$25.00

Enrollment Fee for New HCS students:

Preschool: \$125.00 by May 1st; 2019 \$175.00 thereafter
Before & After School: \$50.00

Books & Material Fees:

4 Year \$75.00 due October 1, 2019 – Curriculum, Christmas Centers, & Graduation Fees
3 Year \$30.00 due October 1, 2019 – Curriculum & Christmas Centers

ALL FEES ARE NON-REFUNDABLE

PRESCHOOL August 9th – May 17th

PART DAY SCHOOL PROGRAM ONLY - TUITION (CHOOSE ONE)

- 5 Day 4 Year \$230.00 per month (9:30 to 1:30 M-F)
- 5 Day 3 Year \$250.00 per month (9:30 to 1:30 M-F)
- 3 Day 3 Year \$195.00 per month (9:30 to 1:30 MWF)
- 5 Day 2 Year \$255.00 per month (9:30 to 1:30 M-F)
- 3 Day 2 Year \$200.00 per month (9:30 to 1:30 MWF)
- 2 Day 2 Year \$170.00 per month (9:30 to 1:30 T-TH)
- 1 Year (circle days)
 - \$300.00 /mo - 5 DAYS (M T W TH F) 9:30 to 1:30
 - \$265.00 /mo - 4 DAYS (M T W TH F) 9:30 to 1:30
 - \$220.00 /mo - 3 DAYS (M T W TH F) 9:30 to 1:30
 - \$170.00 /mo - 2 DAYS (M T W TH F) 9:30 to 1:30
 - \$ 90.00 / mo - 1 DAY (M T W TH F) 9:30 to 1:30
- Infants (circle days)
 - \$355.00 /mo - 5 DAYS (M T W TH F) 9:30 to 1:30
 - \$325.00 /mo - 4 DAYS (M T W TH F) 9:30 to 1:30
 - \$270.00 /mo - 3 DAYS (M T W TH F) 9:30 to 1:30
 - \$195.00 /mo - 2 DAYS (M T W TH F) 9:30 to 1:30
 - \$105.00 /mo - 1 DAY (M T W TH F) 9:30 to 1:30

Horizon Baptist Church Member – 25% Discount

FULL DAY PROGRAMS (CHOOSE ONE) – See Individual Financial Agreement

- Infant \$180.00 per week (preschool tuition included)
- One Year \$175.00 per week (tuition included)
- Two Year \$170.00 per week (tuition included)
- Three Year \$165.00 per week (tuition included)
- Four Year \$160.00 per week (tuition included)

BEFORE AND AFTER HCS PROGRAMS – See Individual Financial Agreement

- Before Care Only 7:00AM – 9:30AM \$60.00 per week / \$14.00 per day
- Preschool Extended Day 1:30PM – 3:00PM \$50.00 per week / \$12.00 per day
- After Care Only 1:30PM – 6:00PM \$70.00 per week / \$17.00 per day
- After Care Only 3:00PM – 6:00PM \$65.00 per week / \$15.00 per day
- Before & After Public Students \$85.00 per week / \$30.00 per day
- Summer & Holiday 7:00AM – 6:00PM weekly rates apply / \$50.00 per day

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 are not required 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. Lunches brought from home **MUST** meet USDA guidelines. Children whose home lunch does not meet these requirements will be provided with the appropriate component(s) and a fee will be assessed to their account.

By enrolling my child in Horizon Christian School, I agree to pay all monthly tuition by the first school day of each month or weekly tuition by the last day of the preceding week.. The application and enrollment fees are separate from tuition and are **non-refundable**. Tuition received more than ten days after the due date will be assessed a late fee of ten dollars for the first day and one dollar each day thereafter. **Withdrawal from the program requires a 30 day written notice.**

Parent 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 this application for enrollment. I understand that there are penalties for late payment and a fee of \$35.00 for 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 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 or deemed necessary.

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, and dates and times medication is to be given.

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 parent(s), person authorized by parent(s), or facility personnel. It is strongly encouraged that preschool carpool is used when available between 9:20-9:40AM and 1:20-1:40PM for students who are coming and leaving at those time. If you must enter the building during carpool do with extreme caution..

ALL children must be signed in and out each day using the electronic attendance tracker.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur (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 my child's progress and 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 the activities of the learning center.

Signed: _____ Date: _____
(Parent/Guardian)

| | | | |
|-------------------------------------|-----------------------|---------|-------|
| Boxes to be completed by HCS Office | Enrollment Fee: \$ | Check # | Class |
|-------------------------------------|-----------------------|---------|-------|

(Please do not write in boxes)

Signed: _____ Date: _____
(Facility Administrator)