

## **Financial Agreement**

An annual registration fee of \$50.00 is required for each child or \$75.00 per family. The fee will be billed annually for each child enrolled.

Tuition fees are due on Friday for the upcoming week. A late fee of \$20.00 will be assessed to your account if the payment is not received by 12:00 noon on Monday. Harmony Academy reserves the right to terminate enrollment and the parent will remain liable for the balance due and any expenses that Harmony Academy may incur in the collection of the balance. If it becomes necessary for Harmony Academy to employ a collection agency, law firm, or any other means it deems necessary to collect any balance due, the parent will be responsible for these expenditures.

The obligation for full payment of tuition and other fees will continue until the date indicated by the parent as the date of withdrawal on the proper "Withdrawal Form" available at the front office. The parent agrees to furnish Harmony Academy with at least two (2) weeks advance written notice of such date of withdrawal. If a parent fails to provide written notice, the parent remains responsible for the full tuition for two (2) weeks after the child's last day of attendance plus any late charges or penalties which shall accrue until full payment is received.

If any situation occurs during which the child is temporarily withdrawn from Harmony Academy, and regular payment of tuition has been suspended by the parent, the enrollment will be terminated. Re-enrollment will be based on availability of space and an additional registration fee will be required.

A full week's tuition is due regardless of the number of days that your child attends. If your child is absent for the entire week 50% of the tuition will be due. One week of vacation will be granted free of charge after one year of continuous enrollment.

A returned check fee of \$30.00 will be assessed on all returned checks.

A late fee will be assessed at the rate of \$1.00 per minute after pick-up time that the child remains on the premises, payable at the time the child is picked up.

### **Persons signing contract are responsible for payment:**

**I understand this is a legally binding contract and I have read it and understand it.**

Parent/Guardian (Mother): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (Father): \_\_\_\_\_ Date: \_\_\_\_\_



3449 Holcomb Bridge Road  
Norcross, GA 30092  
770-248-1928  
www.harmony-academy.net

## **Registration Form**

*Please print clearly with blue or black ink.*

Child's Full Name: _____	Birth Date: _____	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Address: _____	Home Phone: _____	
City: _____	State: _____	Zip Code: _____
Nickname: _____	Social Security # _____	
Mother's Full Name: _____	Home Phone: _____	
Address: _____	Social Security # _____	
City: _____	State: _____	Zip Code: _____
Occupation: _____	Work Phone: _____ ext. _____	
Name of Employer: _____	Pager or Cell # _____	
Business Address: _____	City: _____	
Work Hours: _____	Driver's License # _____	
Father's Full Name: _____	Home Phone: _____	
Address: _____	Social Security # _____	
City: _____	State: _____	Zip Code: _____
Occupation: _____	Work Phone: _____ ext. _____	
Name of Employer: _____	Pager or Cell # _____	
Business Address: _____	City: _____	
Work Hours: _____	Driver's License # _____	

## **Program Assistant**

I wish to enroll my child for the 2 \_\_\_\_\_ school year in the \_\_\_\_\_ program, unless it is determined by both the director and the parents that for the betterment of the student they be placed in a different program. The weekly tuition for the program is \$ \_\_\_\_\_. The first day of attendance will be \_\_\_\_\_.

Parent/Guardian with legal custody: \_\_\_\_\_

Parents are: Married  Divorced  Separated  Widowed  Single

Other Household Members:

Names: \_\_\_\_\_ Ages: \_\_\_\_\_ Relationships: \_\_\_\_\_

\_\_\_\_\_

# Emergency Contacts

(Within 20 mile radius of daycare other than parent or guardian)

Please provide Harmony Academy with at least two other people who are authorized to give Harmony Academy guidance in the case of a medical emergency and the child’s parents or guardian is unavailable. It is the responsibility of the parent to notify the director of any changes in address, telephone numbers, emergency contacts, people allowed to pick up your child, and any changes in transportation needs.

## **Primary Emergency Contact (other than parents or guardian)**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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

## **Second Emergency Contact (other than parents or guardian)**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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

## **Third Emergency Contact (other than parents or guardian)**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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

State law requires that Harmony Academy have a complete immunization report for each child, so it is the responsibility of the parent to provide current medical reports. Please inform the director if your child should require any special needs, such as physical or mental conditions, illness, hospitalization, or any dietary condition.

## **Release Information**

When your child arrives at the center it is your responsibility to escort your child into the building and sign your child in at the front desk. Harmony Academy does not allow children to be dropped off in the parking lot and then run into the center. You will be required to sign out your child at the front desk at the end of the day. Your child will not be released to anyone who does not have written authorization in your child’s file. If your child is not allowed to be picked up by a parent due to a court order it is your responsibility to notify the director and provide a copy of the court order to be kept in confidence. If there are any additions or changes, it is the parents responsibility to provide written documentation to the center.

## **Person(s) authorized to pick up my child: (Besides parents, guardians, or emergency pick-ups)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

## **Person(s) authorized to pick up my child: (Besides parents, guardians, or emergency pick-ups)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

## **Person(s) authorized to pick up my child: (Besides parents, guardians, or emergency pick-ups)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

# Emergency Release

## **Consent to Emergency First Aid & Transportation:**

I hereby give permission that my child, \_\_\_\_\_, may be given emergency

treatment by a staff member at Harmony Academy. I also give permission for my child to be transported by car, ambulance, or Aid car to an emergency center for treatment, and I agree to hold Harmony Academy and its employees harmless. Harmony Academy will attempt to make contact with the person(s) listed as emergency contacts and will follow their wishes if the circumstance allows. In the event that no one can be contacted, Harmony Academy will contact a physician, ambulance personnel or emergency room personnel and will follow the recommendations of these persons. I also agree to pay any expenses that Harmony Academy may incur in the emergency treatment of my child.

Parent’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Consent to Medical Care and Treatment:**

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician, and I hold Harmony Academy and its employees harmless.

Parent’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Emergency Information**

1. Child’s Physician: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

2. Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

3. Regular Medications: \_\_\_\_\_

4. Blood Type: \_\_\_\_\_

5. Medication Allergies: \_\_\_\_\_

6. Food Allergies: \_\_\_\_\_

7. Any other Allergies: \_\_\_\_\_

8. Any Special Health Conditions: \_\_\_\_\_

It is the responsibility of the parent to read and understand the parent/child handbook and to return all signed documents promptly. The handbook contains many important details to the operation of Harmony Academy and the responsibilities of the parent to which the parent will be held accountable for. Please feel free to contact the director if questions arise.

## **Photo Agreement**

I grant permission to Harmony Academy to photograph or videotape my child in connection with daily activities.