

## **HPS TUITION SCHEDULE 2009 - 2010**

<b>APPLICATION &amp; TESTING FEE</b>	\$50.00
Nonrefundable application & testing fee.	
<b>ENROLLMENT FEE</b>	\$125.00
Nonrefundable fee paid upon acceptance to HPS.	
<b>SENIOR MATRICULATION FEE</b>	\$60.00
One-time fee which covers cost of graduation cap, gown, diploma, awards, and yearbook portrait. Payment is due at time of enrollment for all seniors.	
<b>PRESCHOOL HALF DAY</b>	
P3 (Mon, Wed, Fri)	\$1,490.00
P3 (5 Days)	\$2,530.00
P4 (5 Days)	\$2,615.00
<b>PRESCHOOL FULL DAY</b>	
P3 (3 Days)	\$2,595.00
P3 (5 Days)	\$4,360.00
P4 (5 Days)	\$4,085.00
<b>GRADES K-12</b>	
Grades K through 6	\$4,100.00
Grades 7 and 8	\$4,500.00
Grades 9 through 12	\$4,800.00
<b>EXTENDED CARE (rates listed are annual)</b>	
<b>BEFORE SCHOOL CARE (7:00 – 8:00 a.m.)</b>	
4 days or more	\$650.00
3 days or less	\$420.00
<b>AFTER SCHOOL CARE (3:00 – 6:00 p.m.)</b>	
4 days or more	\$1,585.00
3 days or less	\$945.00

\*\*FACTS management company will be processing extended payments for both tuition and Extended Care fees.

**HARVEST PREPARATORY SCHOOL  
EMERGENCY MEDICAL AUTHORIZATION**

School Year: 20\_\_\_\_ - 20\_\_\_\_

**Purpose** - To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Student Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

**Custodial/Residential Parent or Guardian (LIVING WITH STUDENT):**

<b>Guardian Name</b>	<b>Daytime Phone</b>	
<b>Mother Name</b>	<b>Daytime Phone</b>	
<b>Father Name</b>	<b>Daytime Phone</b>	
<b>Address (street, city, state, zip)</b>		
<b>Name of Relative or Childcare Provider</b>	<b>Phone</b>	

**Emergency Contacts - Allowed to pick up child from school in addition to the above mentioned parent/guardian.**

<i>Emergency Contacts: Allowed to pick up child from school in addition to above mentioned parent/guardian.</i>		
Full Name	Relationship to Student	Phone Number

**\*\*IMPORTANT: Please list any and all facts concerning the child's medical history including allergies, medications being taken, and any physical impairment to which a physician should be alerted.**

<b>Allergies</b>	
<b>Medications being taken</b>	
<b>Physical impairments or other health alerts</b>	

**PART I OR II MUST BE COMPLETED**

**PART I - TO GRANT CONSENT:** I hereby give consent for the following medical care providers and local hospital to be called:

<b>Family Doctor</b>	<b>Phone</b>	
<b>Family Dentist</b>	<b>Phone</b>	
<b>Medical Specialist</b>	<b>Phone</b>	
<b>Local Hospital/Emergency Room</b>	<b>Phone</b>	
<b>Medical Insurance Company</b>	<b>Policy #</b>	

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

**PART II - REFUSAL TO CONSENT:** I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

\_\_\_\_\_

*My signature in accordance with HIPAA regulations, gives my permission for release of school health information to the school employees and/or other health care providers.*

<b>Printed Name of Custodial Parent/Guardian</b>		
<b>Signature of Custodial Parent/Guardian</b>	<b>Date</b>	



# HARVEST PREPARATORY SCHOOL INHALER/EPI-PEN/INSULIN CONSENT FORM

**Purpose:** To grant authorization for the possession and use of asthma inhalers, Epi-Pen or insulin. This form only needs to be completed when student needs to take medication during school hours.

Authorization is hereby given for \_\_\_\_\_ to receive the medication marked below as indicated.

**Check any that apply:**

- |   |   |
|---|---|
| <input type="checkbox"/> Asthma Inhaler | <input type="checkbox"/> Self-carry the medication                                      |
| <input type="checkbox"/> Epi-Pen        | <input type="checkbox"/> Self-administer the prescribed medication as permitted by law. |
| <input type="checkbox"/> Insulin        | <input type="checkbox"/> Self-carry/self-administer                                     |

Name of medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

<b><i>Procedure to follow in the event that medication does not produce the expected relief for student:</i></b>	
Adverse Reactions	
Other Special Instructions	

<b><i>*REQUIRED: Physician and parent/guardian name, signature and emergency phone numbers.</i></b>			
Physician Name		Phone	
Physician Signature		Date	
Parent/Guardian Name		Phone (cell, work)	
Parent/Guardian Signature		Date	
Parent/Guardian Signature		Date	

# HARVEST PREPARATORY SCHOOL TUITION ENROLLMENT

STUDENT INFORMATION					
Last Name	First Name	Middle Name	Grade Entering	Is Student Re-enrolling?	Is Student a New Enrollee?

PARENT/GUARDIAN INFORMATION					
Father _____	Home # _____	Work # + Ext _____			
Address _____		City	State	Zip	
Mother _____	Home # _____	Work # + Ext _____			
Address _____		City	State	Zip	
Guardian _____	Home # _____	Work # + Ext _____			
Address _____		City	State	Zip	

I understand the enrollment/re-enrollment fee is \$125 per child; therefore I have included \_\_\_\_\_ to cover the cost of the enrollment/re-enrollment fee.

## PAYMENT OPTIONS

For the 20\_\_\_\_ - 20\_\_\_\_ school year, I will pay my student's tuition by the payment option checked below. If not previously enrolled with FACTS, I will complete the FACTS application. I further understand there is a one-time fee of \$38.00 that FACTS will withdraw from my account directly.

- OPTION 1 Pay in Full. All pay in fulls are due by August 1<sup>st</sup>, prior to start of school.**  
 I agree to make my payment by \_\_\_\_/\_\_\_\_/\_\_\_\_.
- OPTION 2 Monthly payments through FACTS.** Monthly payments over 12 (Jun), 11 (Jul), 10 (Aug) or 9 (Sept) months. Please choose one \_\_\_\_\_. Payments are taken out on the 5<sup>th</sup> or 20<sup>th</sup> of each month. Please choose one \_\_\_\_\_.

Please select one of the following:  Re-enrolling in FACTS  
 New to FACTS

All **NEW** families must fill out a FACTS application.

**RE-ENROLLING** families do not have to fill out a FACTS application UNLESS there is a change in account. Please notify the tuition office for change of information.

Peace of Mind Tuition Protection Plan: For a nonrefundable annual fee of \$12 per FACTS Agreement, FACTS will pay the remaining unpaid balance on your FACTS Agreement (except payments in arrears) to your school in the event of the death of the responsible party or his/her legal spouse. Coverage begins when the fee for POM has been paid to FACTS.

- No, do not enroll me in the POM.
- Yes, enroll me in the POM. You must complete the following as it applies to the person responsible for payment.
- Martial Status:  Married  Single
  - Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (over 70 CANNOT enroll)

I agree to make tuition payments for the 20\_\_\_\_-20\_\_\_\_ school year according to one of the options above. I have read the school policy regarding tuition and agree to abide by this policy.

\_\_\_\_\_  
Responsible Party's Signature

\_\_\_\_\_  
Date



# Harvest Preparatory School

## INTERNET USAGE POLICY

### Computers May Be Used For School Related Assignments Only

The internet is a vast network of computers worldwide. Due to its enormous size, the internet's potential, good or bad, is boundless. As such, this valuable resource always needs to be used in an appropriate manner. All users should keep in mind when they use the internet, they are entering a global community, and any actions taken by the user will reflect upon HPS as a whole. As a result, HPS expects all users to behave in an ethical and legal manner.

HPS reserves the right to examine and keep records of all data storage areas including floppy diskettes involved in the internet link. Records of all internet activity will be kept to make sure that users are in compliance with all policy regulations.

#### **The following are not permitted:**

1. Email
2. Games of any kind
3. Viewing, sending or displaying pornographic or otherwise offensive messages or pictures
4. Using obscene language in any electronic means
5. Harassing, insulting, or attacking others through electronic means.
6. Damaging or attempting to damage computer hardware, software or computer networks via physical contact or computer hacking
7. Violating copyright laws
8. Using other user passwords
9. Intentionally wasting internet resources
10. Use of internet for gaming or gambling
11. Using chat rooms or other forms of direct electronic communication
12. Unauthorized disclosure, use and dissemination of personal information regarding students, faculty or staff of HPS, World Harvest Church or Harvest Preparatory School. (Examples of identifying information include student's last name, home address and phone number. Students may be identified by their first names.)
13. Unauthorized access to internal or external computer networks or any other unlawful activities by students
14. Use of HPS internet connection or computer network to solicit sales, conduct business, product advertisement or political lobbying
15. Intentionally seeking information or obtaining copies of data, passwords or files belonging to other users
16. Misrepresenting other students on any network (Identifications and passwords are confidential. If users give their identifications or passwords to other students, they will be accountable for all activity while their identifications are in use.)
17. Any other actions that are considered inappropriate by the administration or the HPS Code of Honor

Accidental access to objectionable materials could possibly happen. If it does, the student will immediately close those materials. Should accidental access occur, the student must report it immediately to their classroom teacher or Principal. Failure to do so will result in disciplinary action.

#### **Sanctions:**

Violations of the above rules will result in disciplinary action as determined by the HPS Governing Board up to and including dismissal from HPS.

### **AGREEMENT TO ABIDE BY THE INTERNET USE POLICY:**

I realize that the use of the internet is a privilege and not a right and that access to the internet requires responsibility. I also know that any inappropriate behavior or violation of the policy may lead to penalties including revoking of account, disciplinary action, and/or legal action.

I agree that the transfer of inappropriate or illegal materials through the HPS internet connection is unethical and possibly illegal. I also know that in some cases the transfer of such material may result in legal action against the ones involved in the activity. I agree to keep my user account and password private, and I will be the only person who uses my account for internet activities.

\_\_\_\_\_  
Student's Name (print)

\_\_\_\_\_  
Students Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (print)

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Date

# HARVEST PREPARATORY SCHOOL

## Student Code of Honor Pledge

As a member of the student body of Harvest Preparatory School, I desire to enhance the quality of the student body by pledging my support to the following CODE OF HONOR:

I PLEDGE to be truthful and respectful to teachers, staff members, administrators, and school property at all times.

I PLEDGE not to cheat on class work, homework, test or exams.

I PLEDGE to follow the rules and regulations in the Student Handbook, as well as the Student Code of Conduct, and to actively encourage others to do the same.

I PLEDGE to honor God and classmates through respectful participation in chapel.

I PLEDGE not to use vulgar language, profanity, drugs, tobacco

I PLEDGE not to be sexually promiscuous.

**BY MY SIGNATURE BELOW, I INTEND TO HONOR GOD, MY FAMILY, AND HARVEST PREPARATORY SCHOOL WITH MY BEHAVIOR, BOTH ON AND OFF CAMPUS, FOR AS LONG AS I AM ENROLLED AT THIS SCHOOL.**

---

Student Name (Print)

---

Date

---

Student Signature

---

Date

---

Parent/Guardian Signature (witness)

---

Date

Dear Parents/ Guardians:

This letter is to inform you that Harvest Preparatory School does not provide accident or health insurance coverage for any of our student athletes or any students participating in interscholastic athletics or physical education classes. It is the responsibility and requirement of the parents/guardians to maintain an active accident and health policy while their children are participating in physical education or one of the sports programs.

Harvest Preparatory School is making available information about a supplemental accident insurance policy that parents/guardians may purchase for their students. This insurance policy is being offered by an agency located in Columbus. Harvest Preparatory School has no financial or any other beneficial connection with this insurance company. Our concern at Harvest Preparatory School is for the health and safety of our students. If you do not have insurance coverage or you are interested in this policy, then please complete the enclosed enrollment form and mail it to the insurance company. If you decide to decline this coverage, please sign and return the enclosed "Release Of All Claims and Insurance Waiver Form."

Thank you in advance for your prompt attention to this matter. Should you have any questions, please do not hesitate to contact us by calling 382-1111 Ext. 415.

Sincerely,

Norbert D. Tate  
Administrative Principal  
Harvest Preparatory School

# Harvest Preparatory School

## Release of All Claims, Insurance Waiver and Permission to Participate Form

Release made this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_, by \_\_\_\_\_ of the  
(parent/guardian name)  
city of \_\_\_\_\_, county of \_\_\_\_\_, state of Ohio  
as the parents of \_\_\_\_\_ of the same address.  
(student name)

In consideration of permission granted my son/daughter by World Harvest Church – Harvest Preparatory School to participate in physical education classes along with all extracurricular activities, I hereby release and discharge the Harvest Preparatory School of the city of Columbus, county of Franklin, state of Ohio, its agents, employees and officers from all claims, demands, actions, judgments and executions which the undersigned ever had or now has or may have or which the undersigned heirs, executors, administrators or assigns, for any personal injuries known or unknown and injuries to property, real or personal, caused by or arising out of participating in the above stated activities in which my son/daughter may be involved in at Harvest Preparatory School.

I hereby acknowledge that I have received the information given regarding supplemental accident insurance policy that Harvest Preparatory is offering.

I fully understand that it is my responsibility to provide insurance coverage for my child.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

IN WITNESS WHEREOF, I have executed release at the city of \_\_\_\_\_, Ohio, the day and year first above written.

\_\_\_\_\_  
Father or Legal Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother or Legal Guardian's Signature

\_\_\_\_\_  
Date

This form MUST be signed by BOTH PARENTS or LEGAL GUARDIANS if applicable. If not applicable (only one parent/guardian) please indicate "N/A" (not applicable) in place of signature.

This document was created with Win2PDF available at <http://www.win2pdf.com>.  
The unregistered version of Win2PDF is for evaluation or non-commercial use only.  
This page will not be added after purchasing Win2PDF.