



HARVEST PREPARATORY SCHOOL
 4595 Gender Road Canal Winchester, Ohio 43110
 Phone: (614) 382-1111 School Fax (614) 834-1276 Administration Fax (614) 837-9591
STUDENT REGISTRATION INFORMATION FORM

PLEASE PRINT – TO BE FILLED OUT BY ADULT ONLY

Date: _____

Student SS#: _____ - _____ - _____

School Year: 20____ - 20____

Entering Grade: _____

Last Name _____ **First Name** _____ **Middle Name** _____ **Suffix** _____

Goes by: _____ **Male** **Female** (circle one) **Birth date:** ____/____/____

Child's Permanent Residence: _____

_____ **Street Address or P.O. Box Number** _____ **Apt. No.** _____

City/State/Zip Code: _____ **Home Phone:** (____) _____ - _____

Caucasian-American **Hispanic** **African-American** **Asian/Pacific** **American Indian** **Other:** _____

Church Affiliation: _____ **Name of Pastor:** _____

FATHER: **Birth** **Step** **Grand** **Guardian** Marital Status: Married Single Widower Separated Divorced

_____ **Title** _____ **Last** _____ **First** _____ **Middle** _____ **Suffix** _____ **SS#** _____ - _____ - _____

Work #: (____) _____ - _____ **Ext:** _____ **Pager:** _____ **Cell #** _____

Occupation (Title): _____ **Employer:** _____

Work Address: _____
 _____ **Street/P.O. Box** _____ **City/State** _____ **Zip Code** _____ **Email Address** _____

Home Address/Telephone _____
 _____ **Street/P.O. Box** _____ **City/State/Zip** _____ **Home Phone** _____

MOTHER: **Birth** **Step** **Grand** **Guardian** Marital Status: Married Single Widower Separated Divorced

_____ **Title** _____ **Last** _____ **First** _____ **Middle** _____ **Suffix** _____ **SS#** _____ - _____ - _____

Work #: (____) _____ - _____ **Ext:** _____ **Pager:** _____ **Cell #** _____

Occupation (Title): _____ **Employer:** _____

Work Address: _____
 _____ **Street/P.O. Box** _____ **City/State** _____ **Zip Code** _____ **Email Address** _____

Home Address/Telephone _____
 _____ **Street/P.O. Box** _____ **City/State/Zip** _____ **Home Phone** _____

EMERGENCY CONTACTS/RESTRICTED PICKUP. CHECK "☐" IF ALLOWED TO PICKUP CHILD FROM SCHOOL.

<input type="checkbox"/>	_____	_____	() _____	_____
	Name/Relation to Student	Address/P.O. Box/City/State/Zip	Phone Number	DL# or SS#
<input type="checkbox"/>	_____	_____	() _____	_____
	Name/Relation to Student	Address/P.O. Box/City/State/Zip	Phone Number	DL# or SS#
<input type="checkbox"/>	_____	_____	() _____	_____
	Name/Relation to Student	Address/P.O. Box/City/State/Zip	Phone Number	DL# or SS#
<input type="checkbox"/>	_____	_____	() _____	_____
	Name/Relation to Student	Address/P.O. Box/City/State/Zip	Phone Number	DL# or SS#

Statement of Faith

Have you ever made a profession of Faith in Jesus Christ? Yes No

Parental Testimony

If you were to die today do you know for sure where you would go? _____

If you went to heaven and God said to you, "Why should I let you into My heaven?" what would you say to God?

Tell about the circumstances that led you to become a Christian, and what is involved in living the Christian life.
(Use an extra sheet of paper, if necessary, and attach it to the Registration Form.)

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Medical Insurance Company _____ Policy # _____

In case of an emergency, do we have permission to take your child to a qualified medical doctor, dentists, or hospital, if necessary? Yes No

The undersigned, as the parent(s)/legal guardian(s) of, _____ do hereby consent to any and all medical treatments which may be deemed advisable by our or any qualified doctor selected by the agents of Harvest Preparatory School. The intention, hereof, is to grant authority to administer, and to perform all the necessary emergency examinations, treatments and diagnostic procedures which may now, or during the course of the patient's care, be deemed advisable or necessary by a qualified medical doctor in cases where the parent(s) cannot be reached immediately. I also agree to accept responsibility for the cost of the above medical services.

Date

Father/Male Legal Guardian Signature

Date

Mother/Female Legal Guardian Signature

Physician's Name _____

Phone # () _____

Dentists's Name _____

Phone # () _____

Hospital Preference: _____

Phone # () _____

FINANCIAL AGREEMENT

The financial agreement by the parents is very important to the financial stability of the school. You are giving your guarantee that you will financially support the enrollment space guaranteed for your child.

Please understand the following:

1. All tuitions are due either by August 1 of every year in one lump sum or deducted in monthly installments from your bank account on the 20th of each month by F.A.C.T.S. Management.
2. There are no refunds for absences.
3. The application fee and enrollment fee are non-refundable. The enrollment fee is paid annually.
4. Any bank account with NSF for the monthly tuition withdrawal will be subject to fines by F.A.C.T.S. Management and your bank. In the event that this occurs, F.A.C.T.S. Management will automatically attempt another withdrawal on the 5th of the next month.
5. Any tuition account that falls 15 days past due may be subject to late fees.
6. Any tuition accounts that fall 30 days past due may result in your child being withdrawn from school.

FINANCIAL RECORD

Combined Income Range:

- | | | |
|---|---|---|
| <input type="checkbox"/> Less than \$15,000 | <input type="checkbox"/> \$15,000 to \$19,999 | <input type="checkbox"/> \$20,000 to \$29,999 |
| <input type="checkbox"/> \$30,000 to \$39,999 | <input type="checkbox"/> \$40,000 to \$49,999 | <input type="checkbox"/> \$50,000 plus |

Can you foresee any reason why you would not be able to make your tuition payments?

Name of banking institution: _____

Please list other siblings attending Harvest Preparatory School.

NAME	GRADE ENTERING	NAME	GRADE ENTERING

How did your family hear about Harvest Preparatory School?

- | | | | |
|--------------------------------------|---------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Church | <input type="checkbox"/> Newspaper Ad | <input type="checkbox"/> Yellow Pages | <input type="checkbox"/> Current HPS Student |
| <input type="checkbox"/> Street Sign | <input type="checkbox"/> TV/Radio Ad | <input type="checkbox"/> Friend | <input type="checkbox"/> Other (please specify) |

TRANSPORTATION AGREEMENT

I give Harvest Preparatory School (HPS) permission to transport my child for planned school activities and field trips away from school property. I further agree to hold the school and its agents harmless for any liability to my child because of any claims on behalf of my child against the school, World Harvest Church, or its agents because of any injury or alleged injury to my child where negligence is not shown. If legal action should, for any reason, be taken against HPS or its agents or employees, on behalf of my child, and the school or its agents not found to be at fault, I agree to pay any attorney fees court costs, damages, or other costs HPS may incur to defend itself against such action.

This Transportation Agreement shall be in effect for as long as my child(ren) attend Harvest Preparatory School.

Date

Father/Male Legal Guardian Signature

Date

Mother/Female Legal Guardian Signature

PARENTAL COOPERATION AGREEMENT

We, the parents of, _____, have read the Parent/Student Handbook and we will cooperate with the policies and purpose of the school.

We, as parents, are aware of the expectation to support school policies both on and off the school grounds. We commit to showing that support both verbally and in action towards our child.

DISCIPLINE AGREEMENT

Since Harvest Preparatory School is working with me as a partner in the training of my children and since I believe that discipline is a very important part of their training as well as the entire school, I give permission for my child(ren's) teacher and/or Principals or Headmaster of the school to make and enforce classroom rules in a manner consistent with Christian principles as set forth in the Scriptures and in the manner outlined in the Parent/Student Handbook.

I agree to follow the Matthew 18 Principle and always go to the person directly involved to work out any problems that I may encounter. As the parent (legal guardian), I will work closely with the teacher in the correction and disciplining of my child.

I hereby acknowledge that I have read all the preceding agreements and the Emergency Medical Treatment Authorization and have agreed to comply with each of their requirements as stated.

Date

Father/Male Guardian Signature

Date

Mother/Female Guardian Signature