The Harmony School of Decatur



Program Hours:

2 - 5 years of age Monday through Friday 9 a.m. - 1:00 p.m.

(Ask about our drop-in policy)







The Harmony School of Decatur 701 West Howard Avenue Decatur, GA 30030 (404) 452-1709

www.<u>harmonyschoolofdecatur.com</u> harmonyschooldecatur@gmail.com

Fall 2020 Registration is Open!

The Harmony School of Decatur is a preparatory preschool serving children 2 - 5 years of age since 2008. We believe it is of the utmost importance for children to have a balanced learning experience, therefore our children learn not only math, language,

science and Spanish, but also enjoy gardening, yoga, life skills, and so much more!

Our graduates are accepted into prominent Elementary Schools, some of which include Atlanta International School, The Children's School, The Globe Academy, The Museum School, St. Thomas More Catholic School, The Friends School, and many more.

2020 Fall Program begins Monday, August 3rd.









The Harmony School of Decatur 2020/2021 Enrollment Form and Contract Agreement

Child's Name		Birth Date	
Residing Address			
City, State, Zip		Phone Number	
Parent's Relationship to Each Other Mar	ried Divorced	Separated Single	
Child lives with (please check all that apply:	Mother and Father	☐Mother ☐Father ☐	Other
Parent 1			
Home Address			
City, State, Zip			
Phone			
Work Phone			
E-mail Address			
Parent 2			
Home Address			
City, State, Zip			
Phone			
Work Phone			
E-mail Address			
Family religious preference (optional)			
Church membership (optional)			
(optional)			
	Release o	f Child	
I authorize my child be released by The Harmo			r narants who are authorize
as well).	ny school of Decatur to	o the following persons (please enter	i parents who are authorize
Name		Relationship to chil	ld
Phone		-	
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DI .	Wl.		
Phone	_ WORK	Mobile	
Name		Relationship to chil	d
Phone	Work	Mobile	
Name		Relationship to chil	d
Phone	Work	Mobile	
Name		Relationship to chil	ld
Phone	Work	Mobile	

be reached. ______ Relationship to child_____ Name Drivers License Mobile Phone____ Work Phone___ Registering To Attend: 4-Days \$485.00 (Monday - Thursday) 5-Days \$550.00 (Monday - Friday) ~ 5% tuition discount is offered for each additional child enrolled ~ Initial I am submitting this enrollment form, along with a \$125.00 non-refundable registration fee to reserve a space. I am also providing my child's most recent 3231 (Certificate of Immunization) form by the 1st day of attendance, and \$80.00 per semester supply fee. Lunch is parent provided. Please also note that monthly tuition installments do not change and are not prorated based on attendance, holidays, school breaks (i.e. Thanksgiving, Christmas, Spring Break, etc.), or unanticipated emergency school closures (i.e. unsafe road/weather conditions). I/we agree to assume financial responsibility for The Harmony School of Decatur 2020/2021 tuition payments, for the student listed above. I/we understand that tuition payments are due by the last business day of the preceding month (i.e. August tuition is due by July 31st). A \$10.00 per day late fee will be added to each payment received after the 2nd of the month. I/we further understand that checks returned from the bank for insufficient funds will necessitate a \$35.00 returned check fee. I/we realize that failure to meet this financial agreement will result in my child's disenrollment from The Harmony School of Decatur program as well as any legal expenses incurred to collect payment in full. Each child registered at The Harmony School of Decatur occupies a place that would otherwise be taken by another child paying full tuition. Therefore, a 2-month written notice is required for withdrawal, during which time you are obligated to continue paying the following 2 months of **full and complete** tuition payments (payments will not be prorated). Please note that if withdrawal is requested without providing a 2-month prior written notification, you will be obligated for the remaining monthly tuition payments until the 2 full month requirement is met. Signature of Parent/Guardian Date Emergency Permission: In the event of an emergency, if no one with parental authority can be reached, I give permission for The Harmony School of Decatur owners, to act on my behalf in securing necessary medical treatment. I will be responsible for any expense that may be incurred. Insurance Co. _____Policy # _____ Group ID Name of Policy Holder (Signature of Parent/Guardian) _____ Hospital_____ ____ Phone ______ Address___ City, State Allergies Special Instructions_ I give consent for any and all treatment deemed necessary by the attending physician. Signature of Parent/Guardian Date of Enrollment ______ Start Date ______ Days Attending _____
 Registration Fee
 ______ Check #______ Supply Fee
 ______ Check #______
_____ Check #_____ Yoga Mat _____ ____ Color ____ ☐ Sibling □New Student □Current Student

List a local person who will be available to assume responsibility for your child in an emergency, if parents cannot