



**The Harmony School of Decatur  
Fall 2021 Enrollment Form and Contract Agreement**

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  M  F

Residing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent's Relationship to Each Other  Married  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 \_\_\_\_\_ Drivers License \_\_\_\_\_

Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Parent 2** \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Drivers License \_\_\_\_\_

Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Family religious preference (optional) \_\_\_\_\_

Church membership (optional) \_\_\_\_\_

**Release of Child**

I authorize my child be released by The Harmony School of Decatur to the following persons (**please enter parents who are authorized as well**).

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

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

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 Phone \_\_\_\_\_ Drivers License \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Mobile 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 1<sup>st</sup> 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. Winter Break, 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 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 2021 tuition is due by July 31, 2021). 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 1-month written notice is required for withdrawal, during which time you are obligated to continue paying the following month of **full and complete** tuition payments (payments will not be prorated). Please note that if withdrawal is requested without providing a 1-month prior written notification, you will be obligated for the remaining monthly tuition payments until the 1 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)*

Doctor \_\_\_\_\_ Hospital \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City, State \_\_\_\_\_  
 Allergies \_\_\_\_\_  
 Special Instructions \_\_\_\_\_

**I give consent for any and all treatment deemed necessary by the attending physician.**

\_\_\_\_\_  
*Signature of Parent/Guardian*

**For Office Use Only**

**Date of Enrollment** \_\_\_\_\_ **Start Date** \_\_\_\_\_ **Days Attending** \_\_\_\_\_  
**Registration Fee** \_\_\_\_\_ **Pymt** \_\_\_\_\_ **Supply Fee (1)** \_\_\_\_\_ **Pymt** \_\_\_\_\_  
**Tuition Payment** \_\_\_\_\_ **Pymt** \_\_\_\_\_ **Supply Fee (2)** \_\_\_\_\_ **Pymt** \_\_\_\_\_

New Student                       Current Student                       Sibling