



## Parents Day Out

Parents,

Thank you for your interest in our Parents Day Out program. All applications are accepted on a first -come basis. Here's some additional information:

- Feb 1, Enrollment opens to church family and current enrolled students.
- March 1, Enrollment opens to public.
- Director will contact you once your application has been approved.
- August TBD, Open House- Meet our teachers and check out our facilities.
- August TBD, Semester Begins.
- First month's tuition, nonrefundable registration and supply fees paid with registration.
- Tuition is paid on the first Tuesday of each month.
- A \$15 late fee will be charged after the 10th of each month.
- Each year we require a new application and medical release form filled out and notarized.

You may drop your children off no earlier than 8:50am and class will begin promptly at 9am. Students may arrive no later than 9:20am and will be escorted to class by staff. Pickup will begin at 1:50pm and all children must be picked up by 2:00pm to avoid additional charges after 2:10pm.

We look forward to an amazing year with each of our students and staff!

**Church of the Harvest**  
**14707 HWY 302, Olive Branch MS 38654**

**Director: Ashley Levin**  
**662-890-1573**  
[Ashley@harvestob.org](mailto:Ashley@harvestob.org)

**2019-2020**  
**Parents Day Out – Church of the Harvest**  
**Student Enrollment Application**

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

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

Gender: \_\_\_\_\_ Age as of August 1, 2020: \_\_\_\_\_

Mother: \_\_\_\_\_ Contact #: \_\_\_\_\_

Father: \_\_\_\_\_ Contact #: \_\_\_\_\_

Church Attending: \_\_\_\_\_

Emergency Contacts (other than parents) Please list in order of which to contact:

1. \_\_\_\_\_ Contact #: \_\_\_\_\_ Relation: \_\_\_\_\_

Allowed to pick up? Y/N

2. \_\_\_\_\_ Contact #: \_\_\_\_\_ Relation: \_\_\_\_\_

Allowed to pick up? Y/N

3. \_\_\_\_\_ Contact #: \_\_\_\_\_ Relation: \_\_\_\_\_

Allowed to pick up? Y/N

Medical Information:

Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Insured holder Name: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Allergies including: medical, environmental and food related:

\_\_\_\_\_

Medical conditions:

\_\_\_\_\_

Prescriptions Taken Daily:

\_\_\_\_\_

My child is fully potty-trained? Y/N

My Child is not completely potty-trained, but I agree to be actively working on potty-training. I understand that my child will need to be completely potty-trained by the end of the 1<sup>st</sup> semester or my child will be removed from the program.

Signature: \_\_\_\_\_

***Please have below statement notarized by a Notary  
(PDO Director is a Notary that can assist you if need)***

My child, \_\_\_\_\_, is currently up-to-date on all state-required immunizations and I certify that all of the information I have listed is accurate and displays all of the necessary information required to take care of my child. I will provide a copy of the updated shot record for my child. In case of emergency, I give my full permission to any medical personnel, doctor, or hospital to provide any medical attention deemed necessary for the person stated above. Therefore, I release Church of the Harvest, and its ministers and staff from any liability due to any injury, illness, and/or death, which may result from any conditions or circumstances, no matter the event or activity affiliated with Church of the Harvest, that the stated is attending during the year of **2019-2020**. I also understand that I, the undersigned, will be contacted immediately if a need should arise due to any medical care, illness, injury, disciplinary cause, or death. I will assume full responsibility for any and all expenses incurred. I understand that it is my responsibility to update this document with any necessary information required in providing accurate care and contact and acknowledge that the stated document will remain in full force and effect until amended or cancelled in writing by the undersigned.

Parent/Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Information:

State of Mississippi, County of \_\_\_\_\_, I undersigned, a Notary Public, in and for said County, in said State, hereby certify that \_\_\_\_\_, whose name is signed to this foregoing liability release form and who are known to me, acknowledged before me on this day, that, being fully informed of the contents of the foregoing instrument they executed the same voluntarily on the day the same bears date. Given under my hand and official seal on \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

(Notaries Seal)

My Commission Expires: \_\_\_\_\_

**Registration Fees:** (nonrefundable)

1<sup>st</sup> Child \$40.00/due with registration

2<sup>nd</sup> Child \$20.00/due with registration

**Supply Fee:** (nonrefundable)

\$25.00 per semester or \$50 per year / per child

**Tuition Rates:**

\$150.00/Month – 2 Days

\$80.00/Month – 1 Day (6wks- 12mon only)

**Ages of Classes:**

Infants age: 6wks – 18mon

Toddlers age: 18mon- 3yrs

Pre-k age: 3-5yrs

**Parent’s Day Out  
Childcare Preferred (please circle one)**

**Tues. & Thurs.- \$ 150 month**

**One day a week- \$ 80 month**

**THIS OPTION IS FOR 6 WEEKS - 12 MONTHS ONLY**

**\_\_\_ Tuesday or \_\_\_ Thursday**

**For Staff Use Only**

Date application returned: \_\_\_\_\_

Time: \_\_\_\_\_ Reg. amount paid: \_\_\_\_\_

Supply fee paid: \_\_\_\_\_ Check #: \_\_\_\_\_

Cash amount received: \_\_\_\_\_

Shot record in compliance with state of MS: \_\_\_\_\_

Date provided: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_