

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)



Fall 2018 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, movement, 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.

2018 Fall Program begins Monday, August 6th.



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

www.harmonyschoolofdecatur.com
harmonyschooldecatur@gmail.com



**The Harmony School of Decatur
2018/2019 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
(If divorced, a copy of the Divorce Decree noting guardianship, days of visitation, etc. must accompany this form.)

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% discount is offered for each additional child enrolled ~

Initial

_____ I am submitting this enrollment form, along with a \$100.00 non-refundable registration fee to reserve a space. I am also providing my child's most recent 3231 (Certificate of Immunization) form, 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 2018-2019 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)

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 _____ **Check #** _____ **Supply Fee** _____ **Check #** _____
Tuition Payment _____ **Check #** _____ **Yoga Mat** _____ **Color** _____

New Student **Current Student** **Sibling**