

# Registration Form

Please fill out this form as completely and accurately as possible. Use one form per child and notify us immediately of any changes. Please print.

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

Child's Name

(First) \_\_\_\_\_ (Last) \_\_\_\_\_

Sex (circle one) M F Birthdate \_\_\_\_\_ Current Age \_\_\_\_\_

Entering level (check one)  Jr. Kindergarten  Kindergarten  Elementary (Grade\_\_\_\_)

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

Zip Code \_\_\_\_\_

Phone Number (Mobile) \_\_\_\_\_ (Work) \_\_\_\_\_

School from which child is transferring \_\_\_\_\_

Mother's Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Father's Namer (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Description	Name	Telephone numbers	Mobile phone numbers
Mother's Employer		( )	( )
Father's Employer		( )	( )
Emergency Contact		( )	( )
Email Address			

Name of individuals authorized to pick up your child (other than mother or father)

(1) \_\_\_\_\_ Telephone no. \_\_\_\_\_

(2) \_\_\_\_\_ Telephone no. \_\_\_\_\_

Registration Fee \$ \_\_\_\_\_ Date Paid \_\_\_\_\_ Check Number \_\_\_\_\_

How did you find out about New Horizons School? (Please check option that most closely represents your first introduction to the school.)

\_\_\_\_\_ Internet \_\_\_\_\_ Parent of Student \_\_\_\_\_ New Horizons School Staff

# L-K NEW HORIZONS, A CALIFORNIA CORPORATION

## NEW HORIZONS SCHOOL

2550 PERALTA BLVD

This legal document is an agreement between L-K New Horizons Inc. ( NHS) and the parents (and/or guardians) of the student who is enrolling in NHS. The signature indicates your acceptance of all terms and conditions set forth in this document.

### Operating Schedule

NHS academic schedule (K-8) operates September through June. You are committing to a ten month academic program. If you withdraw your child, any time before the end of June, **you must give a thirty day notice, or you will be charged for an additional month.** The summer schedule operates in July and August, and tuition is based on a daily rate. Summer school attendance is optional for kindergarten through eighth grade. Junior Kindergarten parents are responsible for their designated monthly payments until they officially withdraw their child with a **thirty day notice.** There is no daily tuition option for Junior Kindergarten summer school.

### Tuition

Tuition is due and payable once a month, on the 1<sup>st</sup> of each month. Tuition is paid one month in advance beginning August 1, for September tuition and September 1, for October tuition and so forth. The last payment for the Academic year is paid on May 1. **Discounted tuition, paid for the whole school year is never refundable.** Also the first month's tuition is not refundable. Failure to pay tuition on time may result in expulsion of your child without notice.

### Fees

You register again for each school year and pay the registration fee of \$250. Registration occurs in February for the following academic school year. Registration fees are never refundable under any circumstance.

Additional Fees:     \$25 for returned check  
                           \$25 for late payment  
                           \$1 per minute for late pick up

**There are no "credits" given for vacation, illness or other absences. The full tuition payment is due on the first of the month.**

## Calendar

NHS is closed on the days listed on the annual school calendar. The days we are open for daycare only, is clearly noted on the calendar. Is posted in the lobby and a copy can be requested from the office.

### Suspension and Expulsion

NHS reserves the right to expel children who are harmful to themselves or others, or for persistent and serious misbehavior.

## Parent Behavior

Parents must exhibit appropriate behavior while on campus or in communication with the staff. Parents may not be intoxicated or emotionally out of control. Parents may not use corporal punishment on their own children while on campus. Parents must not discipline or correct other children at any time. Address any concern you have with the administration. Do not place any materials in student files without permission from the administration.

## Insurance Coverage

Parent must provide adequate health and accident insurance for their children. Parent must agree to hold harmless NHS for injuries and illnesses that occur at school or on school sponsored activities. Parents who drive children on school activities must show proof of liability and accident insurance.

## Medication

Parents must sign an instruction and consent form for NHS to administer prescription medication.

## Signatures

We the undersigned, have read, understand and agree to abide by the terms of this document.

Father \_\_\_\_\_ date \_\_\_\_\_

Mother \_\_\_\_\_ date \_\_\_\_\_

Guardian \_\_\_\_\_ date \_\_\_\_\_

# CONSENT FOR EMERGENCY MEDICAL TREATMENT

This is to certify that for the period \_\_\_\_\_ to \_\_\_\_\_

I hereby constitute and appoint New Horizons School, my true and lawful attorney, for the purpose of authorizing emergency medical treatment to, and the performance of any procedure determined to be necessary after consultation with the emergency or family physician on my child.

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Allergies (list allergens)

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Other special health problems

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Date of last tetanus shot \_\_\_\_\_ Expiration date \_\_\_\_\_

Name of family physician \_\_\_\_\_ Telephone number \_\_\_\_\_

Physician's address

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

Print name \_\_\_\_\_

Relationship to child (check one)  Mother  Father  Legal Guardian