

Harbor Church Schools 2011 - 2012

1716 West 254th Street
Lomita, Ca 90717
(310) 534-8278 Fax: (310) 325-1890

APPLICANT:

Name (legal) _____ M F
Address _____ Home Phone _____
City _____ Zip _____ Grade entering: _____
Birthdate _____ Birth Place _____

FAMILY:

Father: Name _____ Living with child? () yes () no
Occupation _____ Deceased _____ Divorced _____
Employer _____ Business Phone _____
Email address: _____ Cell Phone # _____
High School Graduate () yes () no College Graduate () yes () no
Church Attendance () yes () no Where? _____

Mother: Name: _____ Living with child? () yes () no
Occupation _____ Deceased _____ Divorced _____
Employer _____ Business Phone _____
Email address: _____ Cell Phone # _____
High School Graduate () yes () no College Graduate () yes () no
Church Attendance () yes () no Where? _____

Brothers:

Name _____ Birthdate _____
Name _____ Birthdate _____

Sisters:

Name _____ Birthdate _____
Name _____ Birthdate _____

SOCIAL SECURITY NO. Father _____ Mother _____

IMPORTANT

*A copy of the California Immunization Health Card
must be submitted for every student's file*

Kindergarten, First Grade, Seventh Grade Immunization Requirements

If you have a child going into the above grades, please be sure your child meets all the requirements for that grade.

Kindergarten:

Polio	3+ doses with 1 given after 4 th birthday
DPT	4 doses with 1 given after 4 th birthday
MMR	2 doses both after 1 st birthday
Hepatitis B	3 doses
Varicella	1 dose (chicken pox) – if you have had it, a doctor's signature is needed
TB	Within one year of 9/1/10 (Administered between September 1, 2009 and September 1, 2010)

First grade:

Physical	A complete physical within 18 months before 9/1/10 (Administered between March 1 st , 2008 and September 1 st , 2009)
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Seventh grade:

Polio	4 doses or only 3 if one is after 2 nd birthday
DTP	4 doses or only 3 if one is after 2 nd birthday
MMR	2 doses both after 1 st birthday
Hepatitis B	3 doses
Pertussis Booster	

Student Health History

2011 - 2012

Student _____ Date _____

Asthma	()	Headaches	()	Pneumonia	()
Chicken Pox	()	Heart	()	Scarlet Fever	()
Convulsions	()	Hernia	()	Skin-Eczema	()
Digestive Upsets	()	Measles: 3 day	()	T.B. Contact	()
Ear Infections	()	Mumps	()	Tuberculosis	()
Frequent Colds	()	Nervousness	()	Whooping Cough	()
Growing Pains	()	Polio	()	Hay Fever	()

Other _____

Food Allergies () If so, what? _____

Operations _____

Serious Accidents _____

Does your child have: Speech Difficulty? _____ Hearing Difficulty? _____
Vision Difficulty? _____ Brain Damage? _____

Comments _____

Date of last complete physical _____ Date of last dental exam _____

Is your child currently under medical care? _____ If so, please explain _____

In case of serious illness or injury at school, if you cannot be reached, may we call:
(1) Your family physician? Dr. _____ Phone _____
(2) If he is not available, another physician? Dr. _____
Phone _____

Kindergarten, First Grade and Seventh Grade Immunization Requirements

Kindergarten:

Polio	3+ doses with 1 given after 4 th birthday
DPT	4 doses with 1 given after 4 th birthday
MMR	2 doses both after 1 st birthday
Hepatitis B	3 doses
Varicella	1 dose (chicken pox) – if you have had it, a doctor's signature is needed
TB	Within one year of 9/1/11 (Administered between September 1, 2010 and September 1, 2011)

First grade:

Physical	A complete physical within 18 months before 9/1/11 (Administered between March 1st, 2010 and September 1st, 2011)
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Seventh grade:

Polio	4 doses or only 3 if one is after 2 nd birthday
DTP	4 doses or only 3 if one is after 2 nd birthday
MMR	2 doses both after 1 st birthday
Hepatitis B	3 doses
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RELEASE FORM FOR EXTENDED DAYCARE
(6:30 am to 8:15 am / 3:15 pm to 6:00 pm)

This form **must be completed** for **each** student even if not planning on using daycare.

No one will be permitted into daycare unless this form is completed
and on file with the office/daycare attendant.

Child's Name	Age	Grade
ADDRESS: Street	City	Zip
	Home Phone #	
Mother's Name	Work Phone #	Cell Phone #
Father's Name	Work Phone #	Cell Phone #

THE FOLLOWING PERSONS ARE THE **ONLY** PERSONS AUTHORIZED TO PICK UP:

NAME	ADDRESS	PHONE #
NAME	ADDRESS	PHONE #
NAME	ADDRESS	PHONE #
NAME	ADDRESS	PHONE #
NAME	ADDRESS	PHONE #

I AM NOT PLANNING ON USING DAYCARE AT THIS TIME

I AM PLANNING ON USING DAYCARE AT THIS TIME, AS FOLLOWS:

(Circle below the days you will REGULARLY use daycare. **A.M.** (Before 8:15 am) or **P.M.** (After 3:15 pm). Also indicate estimated time of arrival and departure.)

Arrival Time		Departure Time
Monday : A.M. / P.M.	Tuesday: A.M. / P.M.	Wednesday: A.M. / P.M.
Thursday: A.M. / P.M.	Friday: A.M. / P.M.	

Signature of Parent or Guardian

Date

Harbor Church School
Elementary and Junior High
2011 - 2012

Field Trip Permission Slip
(separate sheet for each student)

My child, _____, grade_____, has permission to go on field trips under the supervision of the staff and parents of Harbor Church Schools while enrolled in Harbor Church Schools.

Parent / Guardian Signature

Date

**Harbor Church Schools
2011 - 20112 School Year**

**AUTHORIZATION TO CONSENT TO TREATMENT OF
MINOR OR DEPENDENT PERSON**

_____ CHILD'S FULL NAME _____ GRADE _____ CHILD'S DATE OF BIRTH _____

1. I/we the undersigned, parents (or responsible party/guardian) do hereby authorize Torrance Memorial Hospital Emergency Room or closest hospital as agents for the undersigned consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provision of the Medicine Practice Act on the medical staff of the hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

2. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his judgment may deem advisable.

3. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain in effect while my child is enrolled at Harbor Church Schools, unless sooner revoked in writing delivered to said agents.

4. I/we accept all financial responsibility for any such treatment.

5. I/we release Harbor Church Schools from all liability.

Family Doctor _____ Phone _____

Family Dentist _____ Phone _____

Insurance Co. _____ Acct _____

Allergies _____

Medications _____

Father's Name _____ Home Phone _____ Work Phone _____

Mother's Name _____ Home Phone _____ Work Phone _____

Street Address _____ City _____ State _____ Zip _____

PERSON(S) TO CONTACT IF PARENT CANNOT BE REACHED

Name _____ Home Phone _____ Work Phone _____

Name _____ Home Phone _____ Work Phone _____

Signature of Parent / Legal Guardian _____ Date _____

HARBOR CHURCH SCHOOLS

1716 West 254th Street

Lomita, CA 90717

310-534-8278

**School Records Request
2011 - 2012 School Year**

is now enrolled in the above named school.

Please send a complete transcript and health record at your earliest convenience.

I also give my permission for my child's teacher, _____, or a school official, _____ to verbally (over the phone) give out information on this student. This data provided will be treated in the strictest of confidence. Thank you.

Parent's Signature Authorizing Release of Records

Date

Previous School _____

Address _____

City, State, Zip _____

Phone _____

Harbor Church School

Elementary and Junior High
2011 – 2012

Day Care Sign Up

*(Complete a separate sheet for each student
whether or not they will be participating)*

Name of Student _____

Grade _____

_____ No, we will not be attending Day Care.

_____ Yes, we will be attending Day Care.

_____ AM \$ 87.00 a month

_____ PM \$ 100.00 a month

_____ AM & PM \$163.00 a month

Parent/Guardian's Signature

Date

Harbor Church School
Elementary and Junior High
2011 – 2012

Milk Sign Up Sheet

*(Complete a separate sheet for each student
whether or not they will be participating)*

Name of Student _____

Grade _____

_____ No, we will not be having milk.

_____ Yes, we will be having milk. Check one.
_____ White Milk _____ Chocolate Milk

Fee is \$10.00 a month

Parent/Guardian's Signature

Date

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Phone: (310) 534 – 8278 Fax: (310) 325 - 1890

TUITION / REGISTRATION FEES AND CHARGES

For Preschool effective September 1, 2011

For Elementary and Junior High effective August 1, 2011

The Harbor Church Schools Board has approved the following tuition schedule for the 2011 – 2012 School Year.

Tuition fees are:

Pre-School		Elementary rates are:		Junior High
Registration:	\$ 90 per year	Registration:	\$ 120 per year	\$ 120
		Book Fee:	\$ 135	\$ 145
Full time tuition:	\$ 590 per month	Tuition:	\$4570 year	\$4670 year
	\$ 50 per day		\$ 457 month	\$ 467 month
Half-Day tuition:	\$ 424 per month	Day Care:	\$ 87 AM per month	
(8:00 - 12:30)			\$100 PM per month	
	\$ 40 per day		\$163 AM & PM per month	

Late pick up charge: \$1.00 per minute after 6:00 p.m. (per child)

There will be a \$25 late fee if tuition is not paid by the fifth of each month.

ALL RATES AND FEES SUBJECT TO CHANGE

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I have read and understand the Tuition and Registration Fees and Charges and agree to comply with its terms.

Parent's Signature

Date

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Elementary and Junior High
2011 - 2012 School Year

This tuition contract must be on file before a student’s registration will be finalized and a spot reserved for your children. Please complete entirely, sign, and return with the registration form and your registration fee of \$120 for elementary and junior high. Registration fees are nonrefundable after July 1st, 2011.

Full payment (including the past month’s late fee, daily daycare charges, field trips etc.) is due by the *first* of each month. Any questions may be brought up to the billing department by the 1st of that month. A late fee of \$25 will incur on the 6th of each month per account if your entire payment is not received in the office by 6:00 pm on the 5th, not by the date written on the check. Please plan accordingly. When the payment is made after that time, please add on the late fee. If payment has not been received by the 10th of each month, you will be asked to keep your child at home until balance is zero. All bounced checks will automatically be redeposited with a \$25 fee invoiced. After the second bounced check, we will only accept a cashier’s check or cash as payment for the rest of the school year. If a student withdrawal occurs, a two-week written notice must be given for a credit if applicable. There is a \$15 charge for any child here before 8:15 a.m. and/or past 3:15 p.m. if not already participating in our day care program. You will be billed on an upcoming statement.

If there are separate payments per account, each person must fill out and sign their own form, stating the percentage to be paid. Otherwise, all billing will be applied to whoever signs this form.

FINANCIAL RESPONSIBILITY

Name of Student: _____ Grade entering _____

Name of financially responsible person(s):

Name and address of responsible person(s) where statements are to be mailed:

Telephone _____ Telephone _____

Payment Plan (please check one):
 Ten monthly payments – August 1st through May 1st
 Payment in full – due August 1st
5% tuition discount will be applied to your original statement
(Does not cover incidentals – field trips, any daycare charges, etc.)
Check statement each month as incidentals may be added and will be considered late if not paid.

I have fully read, understand, and agree to abide by the terms and conditions of this tuition contract.

Signature of financially responsible person _____ Date _____