



Enrollment Packet

2021 / 2022

K5-8th Grade

35636 Hwy. 54 West Zephyrhills, FL 33541
813-782-7848 Fax 813-782-5909
www.heritageacademyschool.org

Revised 6/22/2021

Heritage Academy

2021/2022

Enrollment Packet

1. Please fill out all forms **completely**. Use N/A for any blank spaces.
2. Be sure to get forms notarized. (There are two notaries on staff who can notarize your paperwork.)
3. **Contact Diane McDuffie at 813-782-7848 option 6 or by email at dmcduffie@heritageacademyschool.org to:**
 - i. return your completed enrollment packet
 - ii. provide us with the additional forms needed for enrollment
 - iii. complete the admissions process
4. **Contact our Finance Department at 813-782-7848 option 6 or by email at dmcduffie@heritageacademyschool.org to:**
 - i. set up a tuition payment schedule and/or make a payment on your account

Please include the following documents with your Admissions Packet:

- Copy of Birth Certificate
- Original up-to-date State of Florida Immunization form
- Original up-to-date State of Florida Physical Exam form
- Scoliosis Screening (6th grade only)
- Original transcript or signed Release of Records form
- K4 VPK – must have a VPK certificate (**Contact the Early Learning Coalition of Pasco and Hernando Counties at 1-352-834-0052 or log on to www.phelc.org for information on how to obtain your VPK Certificate. Ask about “School Readiness” funding to help offset the costs of wrap around care.**)

Contact our Administrative offices at 813-782-7848 or by email at info@heritageacademyschool.org if you have any questions or need assistance.

Heritage Academy

2021/2022

SCHOOL/PARENTAL POLICY & AGREEMENT OF ACCOUNTABILITY & COOPERATION

Please initial each statement in the space provided. Sign and date the last page.

Heritage Academy expects full cooperation from both students and parents in the total education and discipline of students. If at any time the school administration feels this cooperation is lacking, the student may be dismissed from school. Heritage Academy reserves the right to dismiss any student who fails to comply with established rules and regulations of discipline or whose financial obligation remains unpaid after the due date.

FEES: Since the fees do not completely cover the cost of educating our child, we recognize the importance of and agree to support Heritage Academy in prayer, fundraisers, service, and gifts.

P/G #1 P/G #2

PERMISSION: I give Heritage Academy permission for my child to take part in all school related activities including but not limited to bus trips, sports activities, and school sponsored trips away from the school premises.

P/G #1 P/G #2

DISCIPLINE: The teacher and administration are given full discretion, within the guidelines of our Discipline Procedures and Disciplinary Measures, in the guidance of our students. I agree that discipline is necessary for the welfare of each student, as well as for the entire school. I give permission for my child's teacher and/or other agents of the school to make and enforce classroom regulations in a manner consistent with Christian principles and discipline as set forth in the Scriptures.

P/G #1 P/G #2

LIABILITY: I further agree to hold the school and its agents harmless for the liability to my child or any guardian or parent thereof because of any claims on behalf of my child against the school or any agent thereof because of injury or alleged injury to my child. Should legal action, for any reason, be taken against Heritage Academy or any employee or agent thereof, on my child's behalf and the school or its employee or its agent not be found at fault, I agree to pay any and all attorney fees, court fees, damages, or other costs that Heritage Academy or its employee or its agents should incur to defend itself against such action. This Parental Agreement of Accountability and Cooperation will be in effect for as long as my child (ren) (or others enrolled) attend/are enrolled in any program at Heritage Academy (including but not limited to school, after school care, before school care, middle school, elementary, kindergarten, K2, K3, K4, and/or summer program) and for a period of time up to seven years from the time a student withdraws from any program at Heritage Academy.

P/G #1 P/G #2

COOPERATION: I make this agreement between the Lord, myself, and Heritage Academy; that I will, in a spirit of cooperation and love, commit myself to abide by Matthew 18:15-20 in regard to any problems, concerns, or offenses that may occur pertaining to Heritage Academy and/or its Administrators, staff, or representatives by following the steps listed below:

1. I agree to first talk to the person(s) with whom the problem/concern exists and not talk to anyone else about the issue. (Matthew 18:15).
2. If no solution is reached through using step 1, I agree to present the problem/concern to the supervisor of the Person(s) involved. (i.e. if teacher - go to an administrator; if administrator - go to the Chancellor) (Matthew 18:16)
3. If no solution is reached in step 2, I agree to submit a written request for a meeting with the entire board for resolution of the matter. (Matthew 18:17)

P/G #1 P/G #2

P/G #1 P/G #2

P/G #1 P/G #2

I agree that a positive attitude toward Heritage Academy, its administrators, teachers, staff, and representatives as well as its policies has a positive affect on the emotional and academic stability of my child. I agree to support and uphold the ideals of the school and all school policies as stated in the Heritage Academy Parent-Student Handbook and any and all policies that are amended or issued throughout the school year. I also agree to abide by the discipline and regulations of the administration. I understand that it is a privilege to attend Heritage Academy and that Heritage Academy reserves the right to determine which students will be admitted to and/or removed from the school. I further understand and agree that Heritage Academy reserves the right to dismiss any student who does not cooperate with the educational process or does not adhere to the standard of conduct established by Heritage Academy.

P/G #1 P/G #2

SCHOOL/PARENTAL POLICY & AGREEMENT OF ACCOUNTABILITY & COOPERATION

Please initial each statement in the space provided. Sign and date the last page.

I pledge my loyalty to the aims and ideals of the school. I will bring all questions and criticisms directly to the administration so that they may be properly considered by those in authority.

P/G #1 P/G #2

Heritage Academy agrees to work closely with parents or guardians in helping the students to learn and solve their school related problems. This cooperation includes provisions of competent teachers, a full and balanced curriculum, regular reporting, supervision of the students and the program, and cooperation with the parents or guardians.

ACCEPTANCE, WITHDRAWALS, AND TRANSFERS: I understand and agree to abide by the policy that all students are accepted on a conditional basis. Continued enrollment is based on acceptable academic progress and conduct. No student is guaranteed re-enrollment each year.

P/G #1 P/G #2

I understand and agree that if my child is dismissed for any reason, including but not limited to withdrawal, transfer, or expulsion, I am fully responsible for payment as stated here. K5 - 8th grade tuition is calculated on a 10-month or 12-month basis unless payment in full is chosen. Tuition is not prorated if a child, for any reason, is enrolled, withdrawn, or expelled after the school year has begun. Therefore, parents are responsible for the full month's tuition and administrative fees (outlined below) upon termination of enrollment.

\$600 - for any student leaving between the first day of school and the end of the 1st quarter.

\$450 - for any student leaving between the end of 1st quarter and the beginning of 2nd quarter.

\$300 - for any student leaving between the end of 2nd quarter and the beginning of 3rd quarter.

K2 - K4 monthly tuition is based on a weekly rate. If for any reason a child is enrolled, withdrawn, or expelled after the school year has begun, students will be charged for the current week's tuition. If a monthly payment has already been made for a withdrawing student, the tuition will be prorated, and a refund may be issued. For a withdrawal procedure to be valid, parents must sign a withdrawal form indicating their intention to remove the child from school.

No student records will be transferred or released if there is an outstanding balance due on the account.

P/G #1 P/G #2

I agree to notify the school administration in writing 10 days in advance of withdrawing or transferring my child from Heritage Academy and that I will fully settle all accounts.

P/G #1 P/G #2

I understand and agree that Heritage Academy reserves the right to refuse any application or dismiss any child at any time for unacceptable academic performance, conduct, or for any other reason deemed necessary according to their standards. I further understand and agree that the application or payment of fees is not considered to be a binding contract with Heritage Academy, its administrators, staff, or representatives.

P/G #1 P/G #2

I understand and agree that before any student can be accepted to Heritage Academy, they will be required to take an entrance exam and submit the most recent report card and standardized test scores. Additional information may be needed, including, but is not limited to, grades, behavior, and conduct.

P/G #1 P/G #2

ACCOUNTABILITY: I understand and agree that I am accountable and responsible for all financial and moral responsibilities that come with being a part of Heritage Academy, and I will comply. I further understand and agree that if I do not comply with all Heritage Academy standards and policies, I will be required to attend a meeting with the Board of Directors, and at said meeting, I will be asked to voluntarily withdraw my child from the school immediately and to pay all outstanding balances in full. If I refuse to do so, my child will be expelled immediately, and I will still be responsible for full payment of all outstanding balances. In either case, I understand and agree that Heritage Academy will not release any school records (health records being exempt by law) until all financial obligations have been met by me.

P/G #1 P/G #2

SCHOOL/PARENTAL POLICY & AGREEMENT OF ACCOUNTABILITY & COOPERATION

Please initial each statement in the space provided. Sign and date the last page.

ADMISSION: Admission to Heritage Academy is open to any young person who meets the entrance requirements regardless of race, color, or national and ethnic origin. In addition, we are committed to helping students of various academic levels provided the students are working to the best of their ability to succeed academically and the student's behavior and /or academic performance does not impede the affected class. All students who are admitted to Heritage Academy are admitted on the basis of former academic and behavior records and/or entrance and placement tests. In addition, an interview by the Administration is also required for new students.

P/G #1 P/G #2

I agree to support the standards of Heritage Academy in every area of its philosophy and policies, including but not limited to academic, behavioral, spiritual, dress, moral, and disciplinary procedures.

P/G #1 P/G #2

I have read, understand, and agree to comply with the policies stated in this Parental Agreement of Accountability and Cooperation as they currently stand and as they are modified in the future.

P/G #1 P/G #2

Parent or Guardian #1 (Print)

Parent or Guardian #1 Signature

Date

Parent or Guardian #2 (Print)

Parent or Guardian #2 Signature

Date

Heritage Academy

2021/2022

FINANCIAL CONTRACT/PAYMENT POLICY K5 - 8TH GRADE

This financial agreement is between (Parent/Guardian's Name) _____ and Heritage Academy. We, the parents/guardians, will enroll our child, _____, for the school year 2021/2022 and agree to the following payment schedule:

TUITION AND FEES:

Tuition	\$ 6800
Registration Fee (non-refundable)	\$ 150
Entrance Exam (non-refundable)	
New students	\$ 50

-
- We understand and agree to the payment schedule for tuition and fees as stated.
 - We understand and agree that once our account becomes past due, our child will not be allowed to return to Heritage Academy until all accounts are current.
 - We understand and agree that if our child is withdrawn or expelled from Heritage Academy before the end of the school year, his/her textbooks will become the property of Heritage Academy until all accounts are paid in full.
 - We understand and agree that if our account has a delinquent balance either on withdrawal of our child(ren) or at the end of the school year, report cards and school records will be withheld until the account is paid in full.
 - We understand and agree that the non-refundable registration fee must accompany the pre-registration form and all other fees are due upon acceptance of your child to Heritage Academy. All fees and the first month of tuition must be paid prior to Orientation.
 - K5 - 8th grade tuition is calculated on a 10-month or 12-month basis unless payment in full is chosen. Tuition is not prorated if a child, for any reason, is enrolled, withdrawn, or expelled after the school year has begun. Therefore, parents are responsible for the full month's tuition and administrative fees (outlined below) upon termination of enrollment.

\$600 - for any student leaving between the first day of school and the end of the 1st quarter.

\$450 - for any student leaving between the end of 1st quarter and the beginning of 2nd quarter.

\$300 - for any student leaving between the end of 2nd quarter and the beginning of 3rd quarter.

\$150 - for any student leaving between the end of 3rd quarter and the last day of school.

- Any student with prepaid annual tuition who, for any reason, is withdrawn or expelled after the school year has begun will forfeit the discount and will be responsible for the full month's tuition and administrative fees (outlined below) upon termination of enrollment.

\$600 - for any student leaving between the first day of school and the end of the 1st quarter.

\$450 - for any student leaving between the end of 1st quarter and the beginning of 2nd quarter.

\$300 - for any student leaving between the end of 2nd quarter and the beginning of 3rd quarter.

\$150 - for any student leaving between the end of 3rd quarter and the last day of school.

STUDENT BILLING INFORMATION

Please complete the following information for the person who will be responsible for paying this account **if other than parents:**

Name of Responsible Party:			
First		Last	
Mailing Address:			
Street		City	State Zip
Home Phone:	Work:	Cell:	

_____	_____
Mother/Guardian	Date
_____	_____
Father/Guardian	Date
_____	_____
Heritage Academy Administrator	Date

Student is not enrolled or guaranteed placement until the "Enrollment" packet and all required forms, tuition, and fees are received.

Heritage Academy

2021/2022 FINANCIAL PAYMENT POLICY & OBLIGATIONS

REGISTRATION REFUNDS

The registration fee is non-refundable and is due at the time of pre-registration/registration.

K2-8TH GRADE TUITION FEES

MONTHLY tuition is **due in full by the 10th of the each month**. Your first tuition payment is due by **Orientation**. Subsequent installments will be due the 10th of each month. If a payment falls on a non-school day, payment is expected in advance. **Payments should be made online through ParentsWeb**. Payments made in the school office (cash, check, cashier's check, or money order) will incur a processing fee of \$5.00. Payments received after the 10th of the month will incur a daily late fee of \$10 until account is paid in full. All returned payments will incur a \$50 fee per occurrence.

If your balance has not been paid by the 15th of the month you will receive notification that your child **will not be permitted to return** to Heritage Academy until the past due balances and current balances are **PAID IN FULL**.

BEFORE/AFTER SCHOOL CARE FEES

If your child utilizes our Before and/or After School Care program, those payments are due **MONTHLY**. The fees of these services will follow the payment structure for K2-8th grade as outlined above.

RETURNED CHECK CHARGE (NSF)

All returned check balances are due in the form of a cash payment immediately. In addition, your account will be assessed a \$50 NSF fee and your child will be considered a "No-Return" until your balance is paid in full. On the second offense, your account will be put on a **cash only basis** until further administrative review. In addition, post-dated checks are not an acceptable form of payment for current and/or past due balances.

PAYMENT FAILURES

Payment failures occur when a ParentsWeb payment is made and there are not enough funds in your bank account to cover the charges. Your payment is due immediately and must be paid in cash to the school's financial office. All payment failures will incur a **\$50 NSF fee**, and your child will be considered a "No-Return" until your balance is paid in full. On the second offense, your account will be put on a **cash only basis** until further administrative review.

LATE ENROLLMENT

K5 - 8th grade tuition is calculated on a 10- month unless payment in full is chosen. Tuition is not prorated. Therefore, parents are responsible for the full month's tuition and administrative fees (outlined below) upon enrollment.

\$150 - for any student enrolled between the second day of school and the end of the 1st quarter.

\$300 - for any student enrolled between the end of 1st quarter and the beginning of 2nd quarter.

\$450 - for any student enrolled between the end of 2nd quarter and the beginning of 3rd quarter.

\$600 - for any student enrolled after 3rd quarter.

EARLY WITHDRAWALS/EXPULSIONS

K5 - 8th grade tuition is calculated on a 10-month basis unless payment in full is chosen. Tuition is not prorated if a child, for any reason, is enrolled, withdrawn, or expelled after the school year has begun. Therefore, parents are responsible for the full month's tuition and administrative fees (outlined below) upon termination of enrollment.

- \$600 – for any student leaving between the first day of school and the end of the 1st quarter.
- \$450 – for any student leaving between the end of 1st quarter and the beginning of 2nd quarter.
- \$300 – for any student leaving between the end of 2nd quarter and the beginning of 3rd quarter.
- \$150 – for any student leaving between the end of 3rd quarter and the last day of school.

Parents withdrawing a student **MUST** complete the withdrawal process through the school office. For a withdrawal procedure to be valid, parents must sign a withdrawal form indicating their intention to remove the child from school. **No student records will be transferred or released if there is an outstanding balance due on the account. Tuition will be due in full for the entire month of the withdrawal, expulsion, or late enrollment and an administrative fee will be charged according to the chart above.**

K2 - K4 monthly tuition is based on a weekly rate. If for any reason a child is enrolled, withdrawn, or expelled after the school year has begun, students will be charged for the current week's tuition. If a monthly payment has already been made for a withdrawing student, the tuition will be prorated, and a refund may be issued. For a withdrawal procedure to be valid, parents must sign a withdrawal form indicating their intention to remove the child from school. **No student records will be transferred or released if there is an outstanding balance due on the account. Tuition will be due in full for the entire week of the withdrawal, expulsion, or late enrollment.**

Father/Guardian

Date

Mother/Guardian

Date

Heritage Academy

2021/2022

EMERGENCY CONTACT INFORMATION

Student Name: _____ Grade: _____

Please complete the following in the order in which you want Heritage Academy to contact a parent/guardian in the event of an emergency.

Parent 1

Name: _____ Relationship to student: _____ OK to pick up?

Work#: ____-____-____ Cell#: ____-____-____ Other#: ____-____-____ __Yes __No

Parent 2

Name: _____ Relationship to student: _____ OK to pick up?

Work#: ____-____-____ Cell#: ____-____-____ Other#: ____-____-____ __Yes __No

Contact 1

Name: _____ Relationship to student: _____ OK to pick up?

Work#: ____-____-____ Cell#: ____-____-____ Other#: ____-____-____ __Yes __No

Contact 2

Name: _____ Relationship to student: _____ OK to pick up?

Work#: ____-____-____ Cell#: ____-____-____ Other#: ____-____-____ __Yes __No

Contact 3

Name: _____ Relationship to student: _____ OK to pick up?

Work#: ____-____-____ Cell#: ____-____-____ Other#: ____-____-____ __Yes __No

*Please list any other persons who are allowed to PICK UP your child.
Picture ID will be required to be on file.*

Name	Relationship to student	Home Phone	Other Phone
1.			
2.			
3.			
4.			

Parent/Guardian Signature: _____ Date: _____

Heritage Academy

2021/2022

AUTHORIZATION FOR NON-PRESCRIPTION/PRESCRIPTION MEDICAL TREATMENT

THIS FORM MUST BE NOTARIZED

Heritage Academy **does not administer prescription or non-prescription medications at school** with the exception of "life-saving" medication such as and Epi pen, Rescue Inhaler, or Benadryl.

For those students who need "life-saving" medication, Florida Law does not allow personnel to administer medication without explicit written instructions. The following medication consent will allow school personnel to administer "life-saving" non-prescription and prescription medication provided that has been provided to us by the parent/guardian of the child.

For students who require other types of medication, parents will be required to come to the school and administer medication to their child.

I, _____ hereby authorize Heritage Academy staff and/or Chaperones to administer life saving prescription/non-prescription medical treatment to _____,

who is my minor child.

Child's date of birth: ____/____/____

Child's present medications: _____

Child's medical conditions: _____

Child's food allergies: _____

Child's drug allergies: _____

Child's other allergies: _____

Father/Guardian's Name: _____ Driver's License # _____

Home Phone: _____ Work: _____ Other: _____

Father/Guardian's Signature: _____ Date: ____/____/____

Mother/Guardian's Name: _____ Driver's License # _____

Home Phone: _____ Work: _____ Other: _____

Mother/Guardian's Signature: _____ Date: ____/____/____

ONE PARENT OR GUARDIAN IS REQUIRED TO SIGN IN FRONT OF A NOTARY PUBLIC

STATE OF _____

County of _____

Sworn to and subscribed before me this ____ day of _____, 20____, by _____.

___ Personally Known

___ Produced Driver's License

NOTARY PUBLIC

Heritage Academy

2021/2022

STUDENT INJURY WAIVER

THIS FORM MUST BE NOTARIZED

I hereby grant permission for _____ who is my child, to participate in any extracurricular activities. I waive, release, absolve, and hold blameless Heritage Academy, its administrators, teachers, supervisors, physical education directors, managers, persons transporting my child to and from school activities, and other participants from any claim arising out of injury or sickness to my child.

Signature of parent or legal guardian
PLEASE SIGN IN FRONT OF NOTARY

Driver's license #

____/____/____
Date

STATE OF FLORIDA

County of Pasco

Sworn to and subscribed before me this ____ day of _____, 20____, by _____ who is know to me to be the individual described in and who executed same.

___ Personally Known

___ Produced Driver's License

NOTARY PUBLIC

Heritage Academy

2021/2022

PARENTAL CONSENT FORM FOR STUDENT PHOTOGRAPHS/VIDEOS

It is our practice to seek parental consent before including your child's photograph and/or recorded video in any publications, on the Heritage Academy school web page, or to release any images to the media for the purpose of showcasing the accomplishments of our students, teachers, and staff.

In order to release or include your child's image in any school wide project, (including videos of special programs such as Christmas or K5 Graduation) we must have your consent.

Please review the three sections below. Please complete this form in its entirety and return it with your acceptance packet. This form will be good for one academic year and will remain on file at Heritage Academy.

Heritage Academy has my permission to publish a photograph and/or video image of my child, _____, for the following:

Print first and last name of child

Section I: Internal Use of Photographs and Video Student photographs/video images may be taken for internal use such as student recognition on bulletin boards, in school newspapers and newsletters, classroom projects, etc.

Please check one:

I grant permission to use my child's photograph/video as described above.

I DO NOT grant permission to use my child's photograph/video as described above.

Section II: External Use of Photographs and Video Student images may be used for external publications such as press releases, print ads, or other Heritage Academy publications related to my child's participation in school related and/or extracurricular activities.

Please check one:

I grant permission to use my child's photograph/video as described above.

I DO NOT grant permission to use my child's photograph/video as described above.

Section III: Web Page Use of Photographs and Video Student images may be used for the Heritage Academy websites with the understanding that the child's full name will not be published on the Internet when an image is posted. Last names of students will NOT be used on web page projects.

Please check one:

I grant permission to use my child's photograph/video as described above.

I DO NOT grant permission to use my child's photograph/video as described above.

Print first and last name of parent/guardian

Signature of parent/guardian

Date

Heritage Academy

PARENTAL CONSENT FOR FOOD IN THE CLASSROOM

At times during the school year, teachers will use food to enhance a classroom lesson, celebrate holidays or birthdays. Due to the number of allergies among students, we need to know whether or not your child may have food that is provided in class. If your child cannot participate in food related lessons, holiday parties, or birthdays, you may indicate it below.

If this form is not returned to school, your child may not be able to participate in classroom celebrations/curriculum related food activities.

Parents/Guardians of students with significant food allergies may consider providing a snack that is safe for your child to be kept in the classroom for celebrations.

_____ My child **MAY** participate in all food related celebrations/curriculum in the classroom.

_____ My child **MAY NOT** participate in food related celebrations/curriculum in the classroom.

_____ My child **MAY** participate in food related celebrations/curriculum in the classroom only if the ingredients **DO NOT** contain the following:

Student Name

Grade

Parent/Guardian Signature

Date

35636 Hwy 54 West Zephyrhills, FL 33541
813-782-7848

**Heritage Academy
NOTICE AND RELEASE**

Heritage Academy Christian School is hereby providing notice to me that it intends to open or reopen its educational/school program for students. I/we understand that Heritage Academy Christian School cannot protect my child/student/ and/or me from risks which may be encountered as a result of my child attending the preschool and/or school program. I/we realize there are natural, mechanical, and environmental conditions and hazards which independently or in combination with any activities engaged in while participating in this program may result in the exposure to certain risks including exposure to coronavirus (COVID-19), or other biological agents, virus or similar bacteriological agent, and the risk of being quarantined, or illness that may result in medical care, hospitalization or death.

I hereby state that I, on behalf of my child/student and myself, am an adult, over the age of 18, and legally competent to sign this form. I understand these inherent risks and dangers involved with participation in the school providing this program and acknowledge the existence of risks which are not obvious or predictable, and hereby intend this release to extend to injury or loss which results from both obvious or predictable risks, as well as risks that are unpredictable and not obvious and to extend to myself and my child/student, as applicable

In consideration of myself and my child/student participating in the preschool and/or afterschool program provided by Heritage Academy Christian School, I/we, and any legal representatives, heirs and assigns, hereby release, waive, and discharge Heritage Academy Christian School, its officers, directors, employees, agents, and representatives from any and all liability for any and all loss or damage, and any claim or damages resulting therefrom, on account of any injury, illness or exposure to and/or contracting the corona virus (COVID-19) or other biological agents, virus or similar bacteriological agent by me or my child/student attendance at and participation in the preschool and/or school program, including any medical expenses. Injury and/or death.

I agree to indemnify Heritage Academy Christian School, its officers, directors, employees, agents, and representatives from any loss, liability, damage, or cost that may be incurred due to my child/student participation in the aforementioned program, whether caused by negligence of Heritage Academy Christian School or otherwise. I fully understand, on my own behalf and on behalf of my child/student the risks associated with the aforementioned participation and assume any risk associated therewith.

This notice, release and indemnity agreement contains the entire agreement between and among the parties hereto, and the terms of this release are contractual and not a mere recital.

The parties to this agreement hereby agree that the interpretation and enforceability of this release shall be governed by the laws of the State of Florida.

I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by applicable laws, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I understand that by signing this agreement I am giving up on behalf of my child/student and myself certain legal rights and remedies including the right for my child/student and/or myself to recover damages in the event of death, personal and/or bodily injury of any kind, property loss or damage, expenses of any nature whatsoever including attorney's fees, and other losses that my student(s) or that I may sustain in association with my child's participation in the program.

I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW AND UNDERSTAND THE CONTENTS THEREOF. I SIGN THIS RELEASE VOLUNTARILY AS MY OWN FREE ACT WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE, INTENDING TO BE LEGALLY BOUND THEREBY.

Parent/Guardian #1

Print: _____ Sign: _____ Date: _____

Parent/Guardian #2

Print: _____ Sign: _____ Date: _____

Heritage Academy

2021-2022 K5-8th Grade Extended Care Enrollment/Withdrawal Agreement

Heritage Academy provides an extended care program. Students may utilize Before School Care from 7:00 am – 8:10 am and/or After School Care from 3:00 pm – 6:00pm Monday through Friday. Heritage Academy does not offer a part time extended care program. Therefore, enrollment in the extended care program is considered full time regardless of the number of days your child attends and must be paid accordingly.

Extended Care Enrollment

Before your child can attend any extended care program, you must:

- Complete our extended care registration form and DCF application.
- Your child must have a school physical that was completed within one year of admission to the extended care program.
- Pay your first extended care payment.

Failure to formally register your child in the program will result in a “Drop In” rate charge of \$15 per day for before school care and /or \$20 per day for after school care.

Payment of Extended Care Program

Fees for the school childcare program are due monthly. Your first payment is due **on or before Orientation**. Subsequent payments are required by the 10th of each month. If a payment falls on a non-school day, payment is expected in advance.

Payments should be made online through ParentsWeb. Payments made in the school office (cash, check, cashier’s check, or money order) will incur a processing fee of \$5.00. Payments received after the 10th of the month will incur a daily late fee of \$10 until account is paid in full. All returned payments will incur a \$50 fee per occurrence.

Rates shown are per month.

K5-8th Grade Monthly Plan

\$115 per month - Before School Care
\$150 per month - After School Care
\$228 per month - Before and After School Care

Drop In Rate (emergencies only)

\$15 per day - Before School 7:00–8:10 am
\$20 per day - After School 3:00-6:00 pm

Extended Care Withdrawal

If, at any time during the school year your child is withdrawn or expelled from the extended care program, you must:

- Complete an extended care withdrawal form
- Meet with our financial office
 - Your account will prorated from the time of written notification of formal withdrawal from the program.

Failure to notify our financial office of changes to your extended care status will result in you being responsible for payment of all charges until the above process has been completed.

Early Arrival And/Or Late Pick Up

Students arriving before 8:10am or remaining after 3:15pm will be sent to extended care and charged according to the “Drop In Rate” of \$15 per day for before school care and /or \$20 per day for after school care. Students remaining after 6:00pm will be charged an additional fee. Students picked up between 6:01 and 6:15 will be charged \$15. Students picked up between 6:16 and 6:30 will be charged \$30. Students remaining after 6:30 will be charged a minimum of \$75.

_____ I have read, understand, and agree to abide by the Extended Care Policies as stated in the 2019-2020 K5-8th Grade Extended Care Enrollment/Withdrawal Agreement.

Parent Signature: _____

Date: ____/____/____

I WOULD LIKE TO ENROLL MY CHILD IN THE EXTENDED CARE PROGRAM:

Please fill in the blanks and select the extended care program that you would like to utilize. Be sure to include the start date to ensure proper billing.

I, _____, parent/guardian of _____ am enrolling my child in the selected extended care program. My child's first day of extended care will be: ____/____/____.

Please Select One

_____ Before school only \$115 per month

_____ After school only \$150 per month

_____ Before and after \$228 per month

Name of student: _____ Grade _____

Parent Name: _____ Parent Signature: _____ Date: ____/____/____

I WOULD LIKE TO WITHDRAW MY CHILD FROM THE EXTENDED CARE PROGRAM:

Please fill in the blanks and select the extended care program that you would like to withdraw your child from. Be sure to include the end date to ensure proper billing.

I, _____, parent/guardian of _____ am withdrawing my child from the selected extended care program. My child's last day in extended care is: ____/____/____.

Please Select One

_____ Before school only \$115 per month

_____ After school only \$150 per month

_____ Before and after \$228 per month

Name of student: _____ Grade _____

Parent Name: _____ Parent Signature: _____ Date: ____/____/____

**Scholarships do not apply to extended care services.
All students in the extended care program are required to fill out the attached DCF application.**



**State of Florida
Department of Children and Families
CHILD CARE APPLICATION FOR ENROLLMENT**

Student Information: Date of Birth: _____ Sex: ____ Date of Enrollment: _____

Full Name: _____
Last First Middle Nickname

Child's Physical Address: _____

Primary Hours of Care: From _____ To _____

Days of the Week in Care: M T W Th F Sa Su

Family Information: Child Lives With: _____

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone: _____ /Cell: _____ Work Phone: _____ /Cell: _____

Custody: Mother _____ Father _____ Both _____ Other _____

Medical Information:

Thereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ Address: _____ Phone: _____

Doctor: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Hospital Preference: _____

Please list allergies, special medical or dietary needs, or other areas of concern: _____

Emergency Care Plan instructions (if applicable): _____

Emergency Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

Name Address Work# Home#

Name Address Work# Home#

Name Address Work# Home#

Name	Address	Work#	Home#
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Helpful Information About Child:

- Sections 7.1 and 7.2, of the Child Care Facility Handbook, require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 7.3, of the Child Care Facility Handbook, requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), or
- Section 8.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
- Section 2.8, of the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility, or
- Section 2.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

Signature of Parent/Guardian

Date

What is the influenza (flu) virus?

Influenza ("the flu") is caused by a virus which infects the nose, throat, and lungs. According to the US Center for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life threatening complications in many people. Children under 5 who have the flu commonly need medical care. Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.



For additional information, please visit www.myflorida.com/childcare or contact your local licensing office below:

How can I tell if my child has a cold, or the flu?

Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.



"The Flu" A Guide for Parents

CF/PI 175-70, June 2009

This brochure was created by the Department of Children and Families in consultation with the Department of Health.

During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

My signature below verifies receipt of the brochure on *Influenza Virus, The Flu, A Guide to Parents*:

Name: _____
Child's Name: _____
Date Received: _____
Signature: _____

Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.



What should I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:

- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse



How can I protect my child from the flu?

A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

What can I do to prevent the spread of germs?

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions. To prevent the spread of germs:

- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.



When should my child stay home from child care?

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

For additional helpful information about the dangers of the flu and how to protect your child, visit: <http://www.cdc.gov/flu/> or <http://www.immunizeflorida.org/>

A change in daily routine, lack of sleep, stress, fatigue, cell phone use, and simple distractions are some things parents experience and can be contributing factors as to why children have been left unknowingly in vehicles...



Developed by:
The Office of Child Care Regulation

www.myflfamilies.com/childcare
CF/PI 175-12, May 2019



FACTS ABOUT HEATSTROKE:

It only takes a car **10 minutes to heat up 20** degrees and become deadly.

Even with a **window cracked**, the temperature inside a vehicle can cause heatstroke.

The body temperature of a child increases **3 to 5 times faster** than an adult's body.



⚠️ PREVENTION TIPS:

- Never leave your child alone in a car and call 911 if you see any child locked in a car!
- Make a habit of checking the front and back seat of the car before you walk away.
- Be especially mindful during hectic or busy times, schedule or route changes, and periods of emotional stress or chaos.
- Create reminders by putting something in the back seat that you will need at work, school or home such as a briefcase, purse, cell phone or your left shoe.
- Keep a stuffed animal in the baby's car seat and place it on the front seat as a reminder when the baby is in the back seat.
- Get a calendar reminder on your electronic device to make sure you dropped your child off at child care.
- Make it a routine to always notify your child's child care provider in advance if your child is going to be late or absent; ask them to contact you if your child hasn't arrived as scheduled.

When life happens... Don't be a

DISTRACTED ADULT



During the 2018 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes to provide parents, during the months of April and September each year, with information regarding the potential for distracted adults to fail to drop off a child at the facility/home and instead leave them in the adult's vehicle upon arrival at the adult's destination.



My signature below verifies receipt of the Distracted Adult brochure:

Parent/Guardian:

Child's Name:

Date:

Please complete and return this portion of the brochure to your child care provider, to maintain the receipt in their records.

Heritage Academy

35636 Highway 54 West Zephyrhills, FL 33541 Tel. 813-788-1000 or 813-782-7848 Fax 813-782-5909

AUTHORIZATION FOR RELEASE OF RECORDS AND/OR INFORMATION FROM RECORDS

I, _____, do hereby authorize the release of the following
(Printed Name of Parent)

information for my child, _____,
(Printed Name of Student) (Grade) (Date of Birth)

to be released from _____
(Name of Previous School)

(Street Address) (City/State) (Zip)

(Phone) (Fax)

Entire Cumulative Record Folder	Medical/Health Records (including speech, language, hearing, vision, immunization, and physical exam)
Exceptional Student Education Records	Official School Transcript
Grades at Time of Withdrawal	Psychiatric Evaluation
Grading System	Psychological/Social Work Reports
Graduation Requirements	Standardized Test Scores
Home Language Survey	Treat/Service Plans
Records of Achievements, Special Awards/Activities	Other Confidential Records (Specified Below)

Please include the following "Other Confidential Records: _____

Send all ORIGINAL records to:

Heritage Academy
Attn: Student Records
35636 Hwy. 54 West.
Zephyrhills, FL 33541

Parent/Guardian Signature

Date

Administrator/Principal Signature

Date

HERITAGE ACADEMY

STUDENT/PARENT HANDBOOK ACKNOWLEDGEMENT

A COPY OF THIS DOCUMENT MUST BE SIGNED BY AT LEAST ONE PARENT AND THE STUDENT

AND

RETURNED TO THE SCHOOL OFFICE

Please initial each of the following statements:

_____ I have read the Parent/Student Handbook.

_____ I have had an opportunity to ask questions about the information.

_____ I understand the information in the handbook.

_____ I agree to abide by the policies outlined in this handbook and any policies

that may be revised or added to this handbook in the future.

PLEASE GO OVER THESE POLICIES AND EXPLAIN THEM TO YOUR CHILD

Printed Name of Student: _____ Grade: _____

Signature of Student: _____

Printed Name of Parent: _____

Signature of Parent: _____ Date: _____

The original signed document will be placed in the students' permanent file.