

Hearn Academy

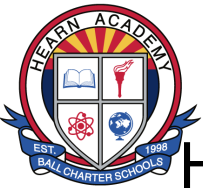


Husky Club

Enrollment Packet

2022-2023

Updated 3/8/2022



Husky Club Enrollment Forms

Student's Name: _____ Male/Female _____

Date of Birth: _____ Age as of 8/3/2022 _____ Grade: _____

Allergies: _____ Medical Conditions: _____

Parent/Guardian Information

Parent or Guardian Name: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Address: _____
Street City State Zip Code

Parent or Guardian's E-mail _____

Parent or Guardian's Name: _____

Primary Phone Number: _____ Secondary Phone Number: _____

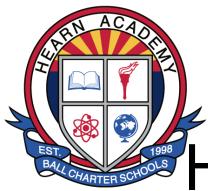
Address: _____
Street City State Zip Code

Student's Name: _____ Date: _____

Parent's Name: _____ Date: _____

Parent's Signature: _____ Date: _____





Authorization for Self Sign-In

I, _____, grant authorization for _____ to enter Husky Club without parent/guardian assistance. By signing below, you are permitting and acknowledging that this student may enter Husky Club without parental or guardian assistance and may sign themselves into the record books.

Parent/Guardian Signature _____ Date: _____

Authorization for Staff to Sign-in/Sign-out

In the event my child is not signed in or out of the Husky Club book I, _____, grant authorization for Husky Club staff to sign my child in or out of Husky Club.

Parent/Guardian Signature _____ Date: _____

Immunization Information

Please provide your child's most current immunization record provided by their healthcare provider. Information must include the facility name, doctor's name and telephone number.

Photography Release

Photographs and videos will be used for the exclusive purpose of our program and family enrichment. By signing below, you grant your permission for the Husky Club staff to: (please check all that apply)

- Photograph your child
- Post photographs of your child on the school website
- Videotape your child
- Publish photographs in the school yearbook

_____ **Please initial here if you do not authorize photographs or videotape of your child.**

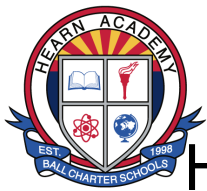
Personal Property Disclaimer

Students may not bring any personal items such as games, electronics, or toys to Husky Club. Any items brought will be confiscated and returned to a parent or guardian at pickup. We are not responsible for any items lost, broken, or stolen. By signing below, you understand and agree to the Personal Property Disclaimer, Photography Release, Immunization information and all Sign in/out policy and procedure.

Parent/Guardian Name: _____ Date _____

Parent/Guardian Signature: _____ Date _____





Husky Club Financial Agreement

Your monthly tuition payments will be: \$ _____ due on the 1st or 15th of each month. Payments will only be accepted through Tuition Express Autopay. Please provide 2 cards for payment, a primary and secondary card. If your primary card is declined, there will be a fee of \$25 added to the account. We will attempt to process the secondary card on file on the last working day of each month for the total balance. If your secondary card is declined, there will be a decline fee of \$25 and a late fee of \$15 added to the account. It is the account holder's responsibility to make sure there are sufficient funds available on your preferred payment date. Payments will not be held. If you are unable to make your scheduled payment, you will be charged the standard late fee of \$15.

Please initial your preferred payment date. 1st _____ 15th _____

If your preferred payment date falls on a non-working day, your payment will process on the first working day after your selected date. This date may vary due to unforeseen circumstances. Your payment will never be processed before your selected payment date.

Tuition funds are applied based on your child's current enrollment and contract agreement. We do not "prorate," offer refunds, or credits for days your child is absent. Hearn Academy requires a two-week written notice for any changes made to Husky Club agreement including changes to childcare needs, update card information, or withdrawal from program.

Please Initial _____

Under certain circumstances, it may be necessary for the Director to discontinue a child's enrollment. Such a decision would be based on the best interest of that child, the other children in the program, and the overall operation of the program to terminate enrollment. All decisions will be discussed with Director and staff one week prior to termination when possible. Such circumstances which may warrant termination may be one of the following:

- Non-payment of tuition
- Disruptive and/or dangerous behavior
- The program's inability to meet child's needs.
- Excessive late pick-ups
- Abuse of children, staff, or school property
- Multiple violations of Hearn Academy policies

Please initial _____

Registration will not be complete until all paperwork is accepted by the office. This includes all payment forms and vaccination records. If there are prior tuition debts, you will not be eligible to enroll in Husky Club until the debt is paid in full. We will not hold your students place while awaiting payment.

Please Initial _____

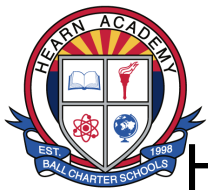
By signing below, I acknowledge and agree to the terms and conditions listed above. It is my responsibility to notify the office of any changes to my Husky Club account, schedule, or payment agreement.

Parent /Guardian printed name: _____

Parent/Guardian Signature: _____ Date: _____

Student's Name: _____





Husky Club Tuition Costs

Registration Fee-\$35.00 for first child, \$10 for each additional child on account.

Husky Club Hours of Operation are 6:00AM-6:00PM

Due to limited availability, we will only have a 5 day program available for Husky Club. We will enroll those looking for both morning and after school care first. The remaining spaces will be released on May 2nd, 2022 with enrollment based on a first come first serve basis.

Registration packets will not be accepted if they are incomplete. All pages, including 2 credit cards for payment, must be complete at the time of registration. Once we are full, students will be placed on a waiting list until a space becomes available. Applicants will not be placed on the waiting list if their paperwork is incomplete or there are any unpaid balances on the account. The office will contact you to confirm enrollment once a space becomes available.

THERE WILL BE NO DROP-IN SERVICES AVAILABLE FOR THE 2022-2023 SCHOOL YEAR. YOUR STUDENT MUST BE ACTIVELY ENROLLED IN HUSKY CLUB IN ORDER TO USE SERVICES.

Please select and initial one of the following programs.

1. _____ AM Only \$120.00 per month.

Monday-Friday 6:00am-7:30am

2. _____ PM Only \$160.00 per month

Monday-Friday; pick-up @4:30pm

3. _____ PM Only \$215 per month

Monday-Friday; pick-up @6:00pm

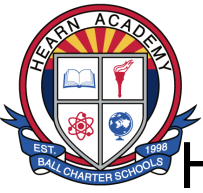
4. _____ AM and PM \$255.00 per month

Monday-Friday; 6:00am-7:30am; pick-up @6:00pm

If you need to make changes or cancel your Husky Club services, we will require a two- week written notice. Excessive late pickups or payments may result in suspension or termination of services.

Parent signature _____ Date: _____





Hearn Academy

17606 N. 7th Ave. Phoenix, AZ 85023 | HearnAcademy.org

Hearn Academy Payment Authorization Form

Hearn Academy will request 2 valid credit cards on file that will be used for Husky Club tuition. The account will have a designated primary card. The office will use the secondary card on file to process any unpaid balance on the last working day of each month. If the secondary card on file is declined, the standard decline and late fees will be added and the account will be delinquent. All delinquent accounts are subject to suspension until payment arrangements are made.

Registration will not be completed until all payment agreements have been signed and 2 valid credit cards on file for payment. This agreement must be signed by the credit card holder and account holder if they are different.

I, _____, have read and understand the credit card policy as outlined above.

Account Holder Signature: _____ Date: _____

Credit Card Holder Signature: _____

I (we) hereby authorize Hearn Academy to initiate credit card charges to the referenced credit card accounts. Any changes to the agreement will require a 2 week written notice on file with the Hearn Academy billing office.

Account Holder Signature: _____ Date: _____

Credit Card Holder Signature: _____ Date: _____

Student's Name: _____



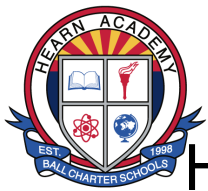
Dobson Academy



Hearn Academy



Val Vista Academy



Credit Card Information

Please provide the following information:

Student(s) Name: _____

PRIMARY Credit Card Information:

Card Type: MasterCard VISA Discover Other _____

Cardholders Name: _____ Phone Number: _____
As Shown on Card

Billing Address: _____
Street Number City State Zip Code

Card # _____ Exp: _____ CVC: _____

Secondary Credit Card Information:

Card Type MasterCard VISA Discover Other _____

Cardholders Name: _____ Phone Number: _____
As Shown on Card

Billing Address: _____
Street Number City State Zip Code

Card # _____ Exp: _____ CVC: _____

I, _____, authorize Hearn Academy to charge my credit card above for agreed upon charges. I understand that my information will be saved to file for future transactions on my account.

Signature: _____ Date: _____





CDC/SGH# or name: _____

**Arizona Department of Health Services
Bureau of Child Care Licensing
Emergency, Information and Immunization Record Card**

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
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*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

In case of injury or sudden illness, I request that this individual be called first:	
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The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. yes no

Telephone Authorization Code (optional): _____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>
<p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
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