

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

Hearn Preparatory Academy Enrollment Forms

Student's Name: _____ Male/Female _____

Date of Birth: _____ Age as of 8/2/2023 _____ Primary Language: _____

Allergies: _____ Medical Conditions: _____

Parent/Guardian Information

Parent or Guardian Name: _____

Primary Phone Number: _____ Work Phone: _____

Address: _____
Street City State Zip Code

Parent or Guardian's E-mail _____

Parent or Guardian's Name: _____

Primary Phone Number: _____ Work Phone: _____

Address: _____
Street City State Zip Code

Parent/Guardian's E-mail _____

Registration forms and required documents will only be accepted in person.

Please return completed paperwork, immunization records, and birth certificate to the front office.
Incomplete paperwork will not be accepted. Thank you!

Parent's Signature: _____ Date: _____



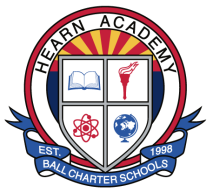
Dobson Academy



Hearn Academy



Val Vista Academy



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

Hearn Preparatory Academy Financial Agreement

Your tuition total is \$6750.00 for the full year. This includes a non-refundable registration fee of \$50.00.

Payments may be made in one of the following ways:

Please initial your selection.

- _____ Paid in full for a 10% discount by August 2, 2023. Tuition total including 10% discount: \$6075.00
- _____ 2 half payments for a 5% discount. First payment of \$3206.25 on 8/15/2023
Second payment of \$3206.25 on 1/16/2024
- _____ Monthly payments of \$675.00 processed on the 15th of each month for 10 months.
- _____ Bi-weekly payments of \$337.50 processed on the 1st and 15th of each month for a total of 20 payments.

Admission into Hearn Preparatory Academy is limited. To ensure your students placement, we will require a completed enrollment packet including birth certificate and immunization records. A non-refundable registration fee of \$50 is due upon contract approval. **Please Initial** _____

We will require 2 cards on file for payment. If your primary card is declined, your account will be charged with a \$25 decline fee and we will process the secondary card on file. If the secondary card is declined, your account will be charged a \$25 decline fee and your account will be delinquent. Any delinquent accounts will be suspended and enrollment will be in jeopardy if the account is not paid in full by the last working day of the delinquent month. **Please Initial** _____

Students will not be eligible for preschool enrollment if there is an outstanding balance on the account from a previous student. Any accounts not paid in full by the end of the school year may not be eligible for future enrollment for various campus activities and programs. **Please Initial** _____

Tuition funds are applied based on your child's current enrollment and contract agreement. We do not "pro-rate," offer refunds or credits for days your child is absent. Hearn Academy requires a one-week written notice for any changes made to agreement including changes to childcare needs or withdrawal from program. **Please Initial** _____

Preschool hours are 6:00am-6:00pm with academic hours being 8:10am-2:30pm. Students picked up after 6:00pm will be charged a late fee of \$1.00 per minute after 6:00pm for each student enrolled.

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. **Please Initial** _____

I, the parent of _____ have read and agree to the above tuition responsibility, payment schedule and termination agreement which shall become part of my commitment to the program. I fully understand this obligation and the reasons for its implementation.

Parent/Guardian Signature: _____ Date: _____



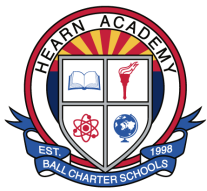
Dobson Academy



Hearn Academy



Val Vista Academy



Child Sign-in/Sign-out Authorization

Please be aware of the importance of consistently and accurately signing your child in and out of Hearn Academy Preparatory Academy. Please always escort your child back to the preschool building and keep them within arms reach at all times. We are licensed by the State of Arizona Department of Health Services Childcare Licensing Department, it is crucial that these requirements be met.

By signing this agreement, you and all authorized persons agree to sign your child in and out of Hearn Prep each day they are in attendance.

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. Please also include a copy of your student’s Birth Certificate.

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

Videotape your child

Post photographs of your child on the school website

Publish photographs in the school yearbook

Please check 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 Hearn Prep. Any items brought will be confiscated and returned to parent at pickup. We are not responsible for any items lost, broken or stolen items.

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 Signature _____ Date _____

Student’s Name: _____

Please e-mail Natalie Ruble with any questions. NRuble@ballcharterschools.org





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 tuition payments. The account will have a designated primary card. If the primary card is declined, Hearn Academy will charge the second card on file within 24 hours of the decline notification. A decline fee of \$25 will be added for each declined payment and processed with the next payment. Monthly statements will be sent home after the 15th of each month. It is the account holder responsibility to contact the office for payment on the delinquent account. Accounts that are consistently delinquent may be suspended and enrollment status in jeopardy.

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. I agree to pay all tuition costs and added fees as previously outlined.

Parent/Guardian Signature: _____ Date: _____

Credit Card Holder Signature: _____ Date: _____

Student Name(s): _____



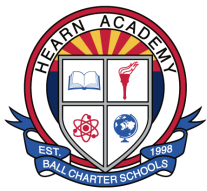
Dobson Academy



Hearn Academy



Val Vista Academy



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

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: _____



Dobson Academy



Hearn Academy



Val Vista Academy



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:
------------------------------	--------------	----------------------------------

*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

In case of injury or sudden illness, I request that this individual be called first:	
---	--

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 <input type="checkbox"/> no <input type="checkbox"/>
--

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 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 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 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 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:
-------------------------------	--------------	-------