



To: Harvest Christian School Parents/Guardians

From: Harvest Christian School Finance Department

RE: 2023-2024 Financial Information

Enclosed are the enrollment fee schedules and re-enrollment form for the upcoming school year. This application is for students who desire to re-enroll for the upcoming school year. The enrollment / registration fee must accompany this application. Please take advantage of the Early Bird discount. The Early Bird discount provides a great savings. Thank you for your confidence in this school to assist you in providing a Christian education for your child. Look forward to a blessed 2022-2023 school year. If you have any questions, comments or concerns please feel free to contact the finance office at 816-455-7777.

### **2023–2024 Enrollment Fee Schedule**

	Books	Music	Activity	IT/Lab	Early Bird 5/1-5/31	6/1-6/30	7/1-7/31	8/1-8/15	8/16- current
ELC	\$120.00				\$120.00	\$150.00	\$175.00	\$195.00	\$220.00
Pre4	\$135.00		\$30.00		\$165.00	\$200.00	\$220.00	\$240.00	\$270.00.
K5	\$190.00		\$30.00	\$38.00	\$258.00	\$300.00	\$350.00	\$400.00	\$450.00
1st	\$410.00	\$12.00	\$30.00	\$38.00	\$490.00	\$540.00	\$590.00	\$640.00	\$690.00
2nd	\$445.00	\$12.00	\$30.00	\$38.00	\$525.00	\$575.00	\$625.00	\$675.00	\$725.00
3rd	\$445.00	\$12.00	\$30.00	\$38.00	\$525.00	\$575.00	\$625.00	\$675.00	\$723.00
4th	\$365.00	\$12.00	\$30.00	\$38.00	\$445.00	\$495.00	\$545.00	\$595.00	\$645.00
5th	\$380.00	\$12.00	\$30.00	\$38.00	\$460.00	\$510.00	\$560.00	\$610.00	\$660.00
6th	\$450.00	\$75.00	\$30.00	\$38.00	\$593.00	\$643.00	\$693.00	\$743.00	\$793.00
7th	\$485.00	\$75.00	\$30.00	\$38.00	\$628.00	\$678.00	\$728.00	\$778.00	\$828.00
8th	\$500.00	\$75.00	\$30.00	\$38.00	\$643.00	\$693.00	\$743.00	\$793.00	\$843.00

**Reminder:**

**You will need to re-enroll in the FACTS Management Payment System for the 2023-2024 Academic Year before the first day of school August 16, 2023.**

**[www.factsmgt.com](http://www.factsmgt.com) The school code is FA-MO.**

**Harvest Christian School**  
**Application for Re-Enrollment**  
**2023-2024**

**FATHER'S INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Preferred place of contact: \_\_\_\_\_

**Employment:**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Contact Information:**

Work Phone: (\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Pager Number: (\_\_\_\_) \_\_\_\_\_

Email: (\_\_\_\_) \_\_\_\_\_

**Church Affiliation:**

Church Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Pastor: \_\_\_\_\_

**MOTHER'S INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Preferred place of contact: \_\_\_\_\_

**Employment:**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Contact Information:**

Work Phone: (\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Pager Number: (\_\_\_\_) \_\_\_\_\_

Email: (\_\_\_\_) \_\_\_\_\_

**Church Affiliation:**

Church Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Pastor: \_\_\_\_\_

**Harvest Christian School**  
**Training Up Future Leaders to Impact Generations**

Student(s) Name \_\_\_\_\_ Grade Entering \_\_\_\_\_

Student(s) Name \_\_\_\_\_ Grade Entering \_\_\_\_\_

Student(s) Name \_\_\_\_\_ Grade Entering \_\_\_\_\_ Student(s)

Name \_\_\_\_\_ Grade Entering \_\_\_\_\_

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**For Office Use Only**

Date Received \_\_\_\_\_ Type of Payment \_\_\_\_\_ Purpose \_\_\_\_\_ Amount \_\_\_\_\_



# HARVEST CHRISTIAN SCHOOL HEALTH REPORT 2023-2024



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

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Allergies:  Yes  No

Foods and other items allergic to: \_\_\_\_\_, \_\_\_\_\_,

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Treatment: \_\_\_\_\_

Asthma / Respiratory Disorders:  Yes  No

Treatment: \_\_\_\_\_

Diabetes:  Yes  No  Accu-Chek

Is there anything health wise we need to be aware of to be of greater assistance to your child?

\_\_\_\_\_ Treatment: \_\_\_\_\_



Physician's Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Insurance Group Number: \_\_\_\_\_ Enrollee Number: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Mother

Telephone #: \_\_\_\_\_

Home

Work

Cell

Parent's Name: \_\_\_\_\_

Father

Telephone #: \_\_\_\_\_

Home

Work

Cell

# CONSENT TO TREAT MINOR CHILDREN

I, \_\_\_\_\_, parent or legal guardian of

\_\_\_\_\_, born on the \_\_\_ day of \_\_\_\_\_, in the year of \_\_\_\_\_ do hereby consent to any medical care and treatment determined by a physician to be necessary for the welfare of my child while said child is under the care of the Faculty and Staff of Harvest Christian School located at 4300 N Corrington Avenue, in the City of Kansas City State of Missouri and I am not reasonably available by telephone to give consent. Medical expenses incurred during the treatment of my child is solely my obligation as parent or legal guardian.

This authorization is effective from the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ until written notification to revoke this consent is provided to Harvest Christian School and placed in my child's student record file.

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Witness Name (please print)

This consent form should be taken with the child to the hospital or physician's office when the child is taken for treatment. This additional information will assist in treatment if it is furnished with the consent.

Family Address \_\_\_\_\_

Father's Telephone: \_\_\_\_\_ Mother's Telephone: \_\_\_\_\_

Child's Last Tetanus: \_\_\_\_\_ Child's Blood Type: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Insurance: \_\_\_\_\_ Group # \_\_\_\_\_ Policy # \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_



# HARVEST CHRISTIAN SCHOOL

*"Training Up Leaders to Impact Generations"*

## STUDENT EMERGENCY CONTACT INFORMATION 2023-2024

**PARENT/GUARDIAN INFORMATION:** I, \_\_\_\_\_ the parent/guardian(s) of \_\_\_\_\_. I can be reached at one of the following telephone numbers and/or addresses:

### WORK

Address \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address: \_\_\_\_\_

### HOME

Address \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

Home & Cell Telephone Number \_\_\_\_\_

## STATEMENT OF AUTHORIZATION

I/We, \_\_\_\_\_ give permission to Harvest Christian School to release my child(ren) (listed above) to the individual(s) listed below. I/We understand the individual(s) below must show identification upon request prior to the release of my child/children into their custody and will be held responsible for health and safety of the child(ren) thereafter.

## CHILD RELEASE

In the event we are unable to personally pick up our child(ren), we give consent for our child(ren), \_\_\_\_\_ to be released to the following individual(s) :

1. \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone & Email: \_\_\_\_\_

2. \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone & Email: \_\_\_\_\_

3. \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone & Email: \_\_\_\_\_