

Horizon Ridge



Academy

A Private Preschool  
SERVING CHILDREN AND THEIR FAMILIES  
WITH EXCELLENCE

2520 W. Horizon Ridge Pkwy #100  
Henderson, NV 89052  
Office: 702-691-9068

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date Care Is Needed: \_\_\_\_\_

Program: Infant \_\_\_ Toddler \_\_\_ Discovery Toddler \_\_\_ Two-Year-Old \_\_\_ Preschool \_\_\_ Prekindergarten \_\_\_ NV Ready! \_\_\_

**APPLICATION FOR ENROLLMENT**

Please fill out this application completely. Accurate information is necessary so that we may best serve your child. It is the parent/guardian's responsibility to notify our front office immediately of any changes of information. We will not give out your personal information to any unauthorized personnel.

Parent/Guardian (1): \_\_\_\_\_ SS#: \_\_\_\_\_ Circle Relation: Mother Father Other  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian (1) Cell No. \_\_\_\_\_ E-mail: \_\_\_\_\_  
Parent/Guardian (1) Employer \_\_\_\_\_ Employer's Address: \_\_\_\_\_  
Employer's No. \_\_\_\_\_ Work hours: \_\_\_\_\_

Parent/Guardian (2): \_\_\_\_\_ SS#: \_\_\_\_\_ Circle Relation: Mother Father Other  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian (2) Cell No. \_\_\_\_\_ E-mail: \_\_\_\_\_  
Parent/Guardian (2) Employer \_\_\_\_\_ Employer's Address: \_\_\_\_\_  
Employer's No. \_\_\_\_\_ Work hours: \_\_\_\_\_

**Please provide photo for administration**

**CUSTODY\*** Please provide legal custody agreement if applicable per law legal parents must be given access to the child unless there is a legal custody arrangement in place.

**Does your child have any allergies? Yes / No Epi Pen required? Yes / No**

**Please list allergy and reaction to each:**

\_\_\_\_\_

**Who is authorized to pick up the child? Permission to pick up for emergency and/ or as needed:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

I authorize the use of my child's photo to be posted on Horizon Ridge Preparatory Academy social media accounts Initials: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Horizon Ridge Academy Tuition Agreement**

**\*Registration and Materials fees are non-refundable**

**At the time of your child’s enrollment and every August thereafter, you will be asked to sign a new tuition agreement for the coming year and pay the annual registration and curriculum fee.**

**Tuition Payment Procedures:**

- Tuition is paid bi-weekly or monthly.
- Your child’s tuition is due in advance of attendance the first day of the week your child attends – No Refunds will apply.
- There is no tuition reduction granted for absences, holidays, or a reduction in hours of daily attendance.
- In case of illness the tuition must be paid by the close of business Tuesday of the current week to avoid late fee.
- In the case of vacation, the tuition must be left before departure to hold the child’s place; a two-week notice is required to both the child’s teacher and the school office.
- Tuition payments that are past due beyond 5 days may result in your child being withdrawn from enrollment.
- Any return checks will incur a \$35.00 RETURN CHECK FEE. After two (2) returned checks, only cashier’s check and/or money orders will be accepted.
- A *LATE FEE* of \$25 will be charged for payments received after the close of business date.
- Your scheduled days are fixed. For any changes, a “Change of Information” notice must be emailed 1-2 weeks prior to the next attendance.

**My child, \_\_\_\_\_ is enrolled in the following program:**

- Infant   
  Toddler   
  Discovery Toddler   
  Two’s   
  Preschool   
  Prekindergarten   
  Summer Camp  
                 
  1       
  2       
  3       
  4       
  5       
  Full Days       
  Half Days  
                 
  Monday   
  Tuesday   
  Wednesday   
  Thursday   
  Friday

Approximate drop off time AM: \_\_\_\_\_                      Approximate pick-up time PM: \_\_\_\_\_

**Weekly tuition for which is \$ \_\_\_\_\_ includes: before care / after care \* lunch.**

**I have read this form and agree to the tuition agreement and agree to abide by these rules and policies.**

*\*The above information is subject to change without prior notice*

**Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**HRA Administration: \_\_\_\_\_ Date: \_\_\_\_\_**



## Tuition Rates & Fees Policies

### Fees Policies

- **REGISTRATION FEE** must be paid in full at time of enrollment and annually each August thereafter. **No refunds will apply.**
- Any returned checks will incur a \$35.00 RETURN CHECK FEE. After two (2) returned checks, only cash and/or money orders will be accepted.
- A **LATE FEE** of \$25.00 will be charged for payments received after the close of business of due date.
- Children not picked up by 6:00 p.m. (12:00 p.m. for half-day students) will incur a fee of \$1.00 per minute and will be due at time of pick-up.

Initial: \_\_\_\_\_

### Tuition Policies

- Infant, Toddler, Pre-School, and Pre-Kindergarten Tuition is paid weekly.
- Your child's tuition is due in advance of attendance the first day of the week your child attends – No refunds will apply.
- There is no tuition reduction granted for absences, holidays, or a reduction in hours of daily attendance.
- In the event of vacation the tuition must be left before departure to hold the child's place; a two-week notice required to both the child's teacher and the school office.
- Tuition payments that are past due beyond 5 days may result in your child **being withdrawn** from enrollment.

Initial: \_\_\_\_\_

### General Policies

- Enrollment of more than one child from the same immediate family – 10% discount will apply. (*Discount applied to the tuition of equal or lesser value*)
- Our discounts are not compounded.
- Out-of-state and two-party checks will not be accepted.
- Please refer to Horizon Ridge Academy Student Handbook for additional policies available at [horizonridgeacademy.com](http://horizonridgeacademy.com)
- **I have been notified of school closures and understand that tuition must be paid regardless of closures, illness, or absence.**

Initial: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

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



### ADMISSION FORM

Child's Last Name \_\_\_\_\_ First \_\_\_\_\_ Birth date(day/month/year) \_\_\_\_\_

**Personal History**

Type of Birth:  Normal  Premature; any complications? \_\_\_\_\_  
Does the Child:  Crawl  Walk Has the child begun talking?  Yes  No  
Does the Child speak:  Words  Sentences What language(s)?  English  Other \_\_\_\_\_

**Health**

What arrangements can you make for the child's care during illness? \_\_\_\_\_  
What communicable diseases has your child had?  Measles  Measles(3 day)  Mumps  Chicken Pox  Whooping  
Cough  Other \_\_\_\_\_  
Any serious illness or hospitalization?  No  Yes \_\_\_\_\_  
Any physical disabilities?  No  Yes \_\_\_\_\_  
Any known allergies? (Asthma, Hay fever)  No  Yes \_\_\_\_\_  
Are there medications given regularly?  No  Yes \_\_\_\_\_  
Are there any foods your child is allergic to? \_\_\_\_\_

**Toilet Habits**

Can your child be relied upon to indicate his/her bathroom wishes?  Yes  No Does your child have frequent toilet  
accidents?  Yes  No  
How does your child react to them? \_\_\_\_\_

**Sleeping Habits**

What time does your child go to bed? \_\_\_\_\_ Awaken? \_\_\_\_\_  
What is the child's mood on awakening? \_\_\_\_\_  
Does your child nap:  In the morning  In the afternoon  
Give your child's nap schedule \_\_\_\_\_

**Social Relationships**

Does the child spend time with both parents?  Yes  No  
If the parents are separated, how often does your child see the absent parent? \_\_\_\_\_  
Has your child had experience playing with other children?  Yes  No  
By nature, is your child:  Friendly  Aggressive  Shy  Withdrawn  
Do you feel your child adjusts easily to a childcare situation?  Yes  No  
Does your child enjoy being alone?  Yes  No  
How does your child relate to strangers? \_\_\_\_\_  
What makes your child angry or upset? \_\_\_\_\_  
How does your child show his/her feelings? \_\_\_\_\_  
Who does most of the disciplining? \_\_\_\_\_  
What do you find is the best way of handling your child? \_\_\_\_\_  
Is your child frightened by any of the following:  Animals  The Dark  Storms  Loud Noises  Other \_\_\_\_\_  
In what particular ways can we help your child? (Please use other side of page if necessary.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Consent for Treatment

This is to certify that for the period that my child attends Horizon Ridge Academy, I hereby constitute and appoint: **Horizon Ridge Academy** my true and lawful attorney, for the purpose of authorizing treatment to, and the performance of any procedure determined to be necessary after consultation with the Emergency or Family Physician, on my children.

Child's Name                      Birthday                      Allergies/existing conditions                      Date of last Tetanus

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Family Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_  
(signed)

Witnessed By: \_\_\_\_\_

Witnessed By: \_\_\_\_\_

*(This form must be signed by two witnesses)*



**INSURANCE VERIFICATION**

I certify that my child \_\_\_\_\_ has full health and accident coverage with:

Name of Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

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

This policy covers all accidents and/or injuries that may be sustained while engaging in any activities during the school day while attending Horizon Ridge Academy. In the event of any charge or cancellation of the above policy or substitution of the policy for another, I will immediately notify the school in writing such action and provide updated information.

Signature: \_\_\_\_\_

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

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**APPROVAL FOR EMERGENCY TRANSPORTATION**

This is to certify that the parents/guardian of (Student's Name): \_\_\_\_\_

give full permission to Horizon Ridge Academy's authorized staff to call ambulance service or otherwise provide emergency transportation to a medical facility for evaluation and/or emergency medical treatment, if deemed necessary by the authorized staff.

Parent/Guardian's Name: \_\_\_\_\_

I understand that all efforts by Horizon Ridge Academy will be made promptly attempt to contact the parent(s)/guardian(s) listed on the emergency contact list on file for the student. However, the school will not withhold a student for emergency transport pending parent/guardian approval. If the school causes emergency transport to occur, the undersigned release Horizon Ridge Academy from responsibility for all cost, liabilities, and/or damages associated with medical transport and/or treatment.

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



PERMISSION TO RELEASE INFORMATION

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

I understand that the time my child, \_\_\_\_\_  
is in the facility, that the director may be asked for information regarding my child.

I hereby give permission to release information to official persons only, who identify themselves, such as  
schools, health care personnel, welfare, or other governmental officials.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

.....  
I do not give permission to release information about my child as set forth in the statement. I realize that  
the Bureau of Services for Child Care has access to my child's record as the licensing agent.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



## PHOTO RELEASE FORM

Student \_\_\_\_\_ Program/Grade \_\_\_\_\_

### Photo/Videotaping/Media/Newspaper/Website Permission Release

Throughout the year, Horizon Ridge Academy may be taking pictures and videotaping during classroom and/or school activities. As such, in some instances HRA might like to use some of these photos or videos (such as on our website, social media or school bulletins).

Based on the foregoing, I authorize HRA Academy to use any photograph(s) or video(s) of my son/daughter/grandchild for any type of school/display publications. I release all rights and claims of any nature, which my student, family and I may have in connection with the photographs or videos.

- YES**, I authorize Horizon Ridge to use any photograph(s) and/or video(s) of my son/daughter/grandchild.
- NO**, I do not authorize the use of any photograph(s) or video(s) of my son/daughter/grandchild.

### Off-Campus Activities

- YES**, I grant permission for my student to participate in all school field trips. The school will advise the parent/caregiver in advance of all trips. I understand that I may revoke this permission at any time. If I desire to take this action, I must notify the School Administrator of Horizon Ridge Academy in writing prior to the field trip(s).
- NO**, I do not grant permission for my student to participate in any field school field trips. I am aware that when there are field trips my student must remain home.

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



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## Summary of Facility Complaints Compliance

Childcare facilities must fill out a standardized form listing a summary of complaints the facility has received in the last 12 months. This form is to be given out to newly enrolled families and upon request from parents who are considering enrolling their child in the facility.

**NRS 432A.178**

I, \_\_\_\_\_ am aware that I have the right to request and view any complaints the facility has received for the month my child(ren) enrolled in and the previous 12 months.

\_\_\_\_\_  
**Parent Signature**

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

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Dear Horizon Ridge Academy Families,

For the safety and welfare of all children at Horizon Ridge Academy, please be aware that we use pest control services. In addition, air fresheners are on campus and used throughout the building.

\_\_\_\_\_  
Printed Name

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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## HRA HANDBOOK POLICIES AGREEMENT

The Horizon Ridge Academy Student handbook is available on our school website at <https://horizonridgeacademy.com/>.

I have received and read a current copy of the Student Handbook. In doing so, I acknowledge and agree to all the policies and procedures.

I also realize that during my child's enrollment at Horizon Ridge Academy I will be informed from time to time of various changes in school policies. I understand that Horizon Ridge Academy reserves the right to change policies at any time.

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**Child's Name**

**Date**

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**Parent/Guardian Signature**

**Date**

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*Please return this form to the front office prior to your child's first day and keep a copy for your records.  
Thank you!*



**Our Philosophy:** Horizon Ridge Academy is a privately owned faith-based preschool. We believe in working directly with you, the family, to maximize your child’s level of education and learning experiences. As a Christian school we foster kindness, love, tenderness and understanding through our methods of teaching. You will see this is evident when you spend some time with our students and teachers. We strive to teach traditional morals and respect while challenging our students everyday with an age-appropriate curriculum. We encourage our families to communicate with our staff so we can partner together every day to ensure your child is well cared for, loved, and has the solid foundation of faith and education that we provide each day.

Core Values: Each day our students are taught 6 core values through our methods of teaching, modeling, and overall program approach.

1) Teach them to Give: **2 Corinthians 9:7** says:

**"Each man should give what he has decided in his heart to give, not reluctantly or under compulsion, for God loves a cheerful giver."**

2) Teach them to Care: **Matthew 5:16**

**" In the same way, let your light shine before others, that they may see your good deeds and glorify your Father in heaven."**

3) Teach them to Listen: **Proverbs 19:20**

**"Listen to advice and accept instruction, that you may gain wisdom in the future."**

4) Teach them to Love: **John 15:12**

**"Love each other as I have loved you."**

5) Teach them to Serve: **1 Peter 4:10**

**"Each of you should use whatever gift you have received to serve others, as faithful stewards of God’s grace in its various forms."**

6) Teach them to Forgive: **Colossians 3:13**

**"Forgive as the Lord forgave you."**

**Our Daily Virtues:**

- |               |                 |                 |
|---------------|-----------------|-----------------|
| 1) Love       | 4) Respect      | 7) Faithfulness |
| 2) Patience   | 5) Kindness     |                 |
| 3) Discipline | 6) Self-Control |                 |

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_ -

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Parent acknowledgment of daily Christian teaching and learning.



## Health Statement

***This form must be completed and signed by your child's physician within 10 days of enrollment.***

\_\_\_\_\_  
**Name of Child**

\_\_\_\_\_  
**Date of Birth**

**Immunization Schedule:** Immunization shall be administered in accordance with medical practices as recommended by the Clark County Health District and/or the Academy of Pediatrics.

Type of Immunization	Date of Immunizations	Booster Date
<input type="checkbox"/> Rubella	_____	_____
<input type="checkbox"/> Measles	_____	_____
<input type="checkbox"/> Mumps	_____	_____
<input type="checkbox"/> Whooping Cough	_____	_____
<input type="checkbox"/> Diphtheria	_____	_____
<input type="checkbox"/> Tetanus	_____	_____
<input type="checkbox"/> Poliomyelitis	_____	_____
Other (Specify)		
_____	_____	_____
_____	_____	_____

**Findings and Recommendations:**

Findings: (Exam revealed the following significant physical and emotional conditions)

\_\_\_\_\_  
 \_\_\_\_\_

Recommendations: The individual was found free of communicable diseases and otherwise physically and emotionally fit for a facility caring for minors.

\_\_\_\_\_

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Date

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Physician Signature

Phone/Address: \_\_\_\_\_