



New Harvest Christian Academy

Iglesia Cristiana Misericordia

4519 E. Del Mar

Laredo, Texas 78041

(956) 722-3018

Registration Card 2020-2021

Registration Date: _____

Student Information

PLEASE PRINT NEATLY

Student Name: _____ M F

Date of Birth: _____ Social Security #: _____ - _____ - _____

Home Address _____

City _____ State: _____ Zip: _____

Original Birth Certificate and Social Security Card is needed to process application.

Previous School Information if Applicable

Present School _____ Grade: _____

Address: _____ Telephone: (____) _____

Name of Principal: _____

Former School(s): _____ from _____ to _____

_____ from _____ to _____

Family Information

Mother Step-mother Other: _____

Full Name: _____

Address (if different from student): _____

Employer: _____ Occupation: _____

Work Phone: (____) _____ Cell Phone: (____) _____

E-mail: _____

Father Step-father Other: _____

Full Name: _____

Address (if different from student): _____

Employer: _____ Occupation: _____

Work Phone: (____) _____ Cell Phone: (____) _____

E-mail: _____

CHECK IF APPROPRIATE

Mother Deceased Father Deceased Parents Divorced*

Mother Remarried Father Remarried Parents Separated*

*If parents are divorced or separated to whom and where should admission correspondence be sent?

Please explain any special family circumstances (example: another party shall receive correspondence regarding payment information or a different billing address shall be used)

Family Church Information

Name of Church: _____

How did you hear about New Harvest Christian Academy? _____

I authorize my child's present and/or previous school to release any academic or descriptive information which may be required to support his/her application to New Harvest Christian Academy. As part of the enrollment process, NHCA request that all documentation be submitted to the school office upon registration. This includes the disclosure of all behavior/disciplinary reports. If any information is not fully disclosed or falsified, the student will face automatic withdrawal from NHCA without any monetary reimbursement.

Parent/Guardian's Signature

Date

Please return this application to:
New Harvest Christian Academy
4519 E. Del Mar
Laredo, Texas 78041
(956) 722-3018



New Harvest Christian Academy

IGLESIA CRISTIANA MISERICORDIA

Student Name: _____

School Year: 2020-2021

This contract becomes effective upon the signature of the parent(s), upon acceptance at New Harvest Christian Academy and upon payment of the **non-refundable** student annual fee. This contract contains the full agreement of the parties and no representation or assurance, whether verbal or written, shall affect or alter the obligation of either party hereto.

PAYMENTS

Payments are due on the 25th day of each month and a \$25.00 late fee will be applied to all installments received **AFTER THE 30th day of the month.** ***An additional fee of \$25 will be applied each month that tuition or any other fee remains unpaid.*** Automatic payments are available.

In the event that the student's tuition and/or fees are in arrears, I (we) understand the student will not be allowed to take semester examinations, participate in the next semester classes until the tuition and/or fees in arrears are paid, nor will a transcript or report card be issued. Also, **graduating seniors with tuition and/or fees in arrears will not be issued either a diploma or official transcript until the balance is paid in full.**

In the event tuition and/or fees remain in arrears and unpaid upon the published due date and New Harvest Christian Academy retains an attorney and/or collection agency to collect monies due, the undersigned parent(s) agree to pay reasonable attorney's fees and collection agency costs.

Indicate Payment Plan** (please check)

Annual Semester Monthly

**The Annual tuition plan is the only option for international students.

WITHDRAWAL

I (we) understand that by registering my (our) child for the school year effective July 2020 and by paying the non-refundable annual student fee, a space will be reserved in the applicable class specifically for my (our) child. I (we) understand that withdrawing during the academic year will cause difficulty for the school, since student spaces cannot or may not be filled. I (we) also recognize that as a private school, New Harvest Christian Academy's budget is based largely on tuition revenues and contributions. Therefore, I (we) specifically agree that once my (our) child is registered and guaranteed a space, if my (our) child is withdrawn or dismissed for any reason, I am (we are) obligated to forfeit the non-refundable deposit and pay for any outstanding tuition, lunch, afterschool program and/or any fees through the end of the school year. If yearly tuition is paid in full, money will not be reimbursed.

ENFORCEABILITY

This tuition contract shall be interpreted and enforceable under the laws of the State of Texas. If any portion of this contract is found to be unenforceable by a court of law, the remainder of said contract shall remain in full force and effect. (Please initial before every statement below.)

_____ I (we) agree to abide by the said above information.

_____ I (we) further acknowledge that transcripts, diplomas, grades, etc. will not be released until all financial obligations under this tuition contract have been satisfied.

_____ In the event that my (our) child transfers to another school, I (we) understand and agree that transcripts cannot be provided to that school until all financial obligations under this tuition contract have been satisfied.

Signature (Parent/Guardian)

Date

Signature (School Principal)



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Registration Letter AGREEMENT FORM NEW STUDENT

When you sign at the bottom of the form, you are agreeing to the following school policies when sending your child/children to New Harvest Christian Academy. Please turn in this agreement form along with ½ of the Student Annual Fee. (Registration Fee per student is non-refundable) **Please initial next to each statement below and return to save the spot for your child, as there is limited amount of students per class, your prompt response is necessary.**

- _____ • Tuition **MUST** be paid the 25th of every month beginning July 24, 2020 for the **August Tuition**. A late fee of \$25.00 will be applied to payments received after the due date. (To save you time, we are asking that you leave a credit card on file so that payment may be processed on a monthly basis.) *Note: **When a holiday takes place on the 25th, then tuition is due the week before the holiday. (November & December)**
- _____ • All families **MUST** participate in the **Fall Fundraiser**.
- _____ • All families **MUST** participate in the **Spring Fundraiser**.
- _____ • All families are required to work **10 hours** of service for school activities. Accurate records of service hours will be maintained. If you are unable to complete these hours there will be a fee of **\$150.00** that will be due two weeks before the last day of school. Any unpaid fees will result in student not receiving a report card, progress report, and/or diploma.
- _____ • All families **MUST sign a Tuition Contract Packet and provide all documentation requested.**

MANDATORY

50% of the Student Annual Fee is due at time of enrollment with this form, also the remaining 50% must be paid by November 2, 2020. ALL PENDING BALANCES must be cleared to receive a report card, progress report, and/or diploma.

Please complete and return this form to our office and send along with your half of the Student Annual Fee, signed, and dated. ****Spots in classroom are limited****

By signing this form you are agreeing to the School Policies.

Parent Signature

Date



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AGREEMENT FORM

Please fill out completely and return this form to our office.

Yes, save a spot for my son/daughter for the 2020-2021

school year / Please process payment on the following card:

Name on Card _____

Card# _____ / Exp.Date _____

V-Code _____ / Please Circle: Visa MasterCard AMEX Discover

Student's Name _____

Date of Birth _____

Address _____

Phone Number _____

Parent Email _____

Grade Level for the 2020-2021 School Year _____

Parent Name _____

Parent Signature

Date

By signing this form you are agreeing to the School Policies stated on this form, for the 2020-2021 school year.

FOR OFFICE USE ONLY		
Date turned in: _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____
		<input type="checkbox"/> Credit Card
Received by: _____	Amount Submitted: _____	
	Met Deadline: <input type="checkbox"/> Yes	<input type="checkbox"/> No