



New Harvest Christian Academy



4519 E Del Mar Blvd. Laredo, Texas 78041

956.722.3018

newharvesticm@gmail.com

Enrollment Packet for New Students - Checklist 2024 - 2025

Student Name: _____ Grade Entering: _____

Date Received: _____ Processed By: _____

___ Birth Certificate

___ Social Security Card

___ Immunization Record

___ Report Card/Transcript

___ Two Recommendation Letters (2nd - 12th)

Payment to reserve child's spot

___ 50% of Student Annual Fee

****FOR OFFICE USE ONLY****

Date turned in: _____ [] cash [] check # _____ [] Credit Card

Received by: _____ Amount Paid: _____



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Registration Card 2024 - 2025

Registration Date: _____

Student Information

PLEASE PRINT NEATLY

Student Name: _____ [] M [] F

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

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Cellphone: (_____) _____

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

Previous School Information

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: (_____) _____ Cellphone: (_____) _____

E-mail: _____

Father Step-father Other: _____

Full Name: _____

Address (if different from student): _____

Employer: _____ Occupation: _____

Work Phone: (____) _____ Cellphone: (____) _____

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 (ex. Another party shall receive correspondence regarding payment information or a different billing address shall be used).

As part of the enrollment process, NHCA requests 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 Signature

Date

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AGREEMENT LETTER

2024 - 2025

When you sign this agreement, you are agreeing to the following school policies when sending your child/children to New Harvest Christian Academy:

Initial Below

	Tuition is due the 25th of every month except November and December. (Please see attached for tuition/fees and payment schedule for Nov/Dec dates)
	All families must participate in the Fall Missions Festival Festivities (toy donation)
	Both Fall and Spring School Fundraisers are mandatory
	Student Annual Fee is non-refundable
	All families are required to work 10 hours of service for school activities. If you are unable to complete these hours the fee will be \$150.00. This fee will be charged in May 2024.
	Any unpaid fees will result in students not receiving a report card, progress report, diploma, and/or school transcript.
	Any payments done with a credit card will have an extra 3% banking charge. There will be no extra fees when paid in cash or check.
	Extra fees: A declined check or credit card, will result in a fee of \$25 (NHCA gets charged for declined payments). A fee of \$25 will be assessed for late payments (after 3 business days).
	All families must sign a complete Tuition Contract Packet and provide all documentation requested to be officially enrolled at New Harvest Christian Academy.

To save the spot please send:

1. **50%** of the student annual fee (the remaining 50% must be paid by **November 1, 2024**)
2. Agreement form completed and signed

I agree with the established school policies.

Parent Signature: _____ **Date:** _____



New Harvest Christian Academy

Tuition Contract Form



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 28TH** day of each month. ***An additional fee of \$25 will be applied each month that tuition or any other fee remains unpaid.*** Automatic payments are available. There will be a 3% fee added to all credit card transactions.

In the event that the student's tuition and/or fees are in arrears, I (we) understand the student will **NOT** be provided with a transcript or report card until all balances are paid. **Graduating seniors with tuition and/or fees in arrears will NOT be issued a diploma or official transcript until the balance is paid in full.**

In addition, if 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 fees and collection agency costs.

WITHDRAWAL

I understand that by registering my child for the school year effective August 2024, and by paying the non-refundable annual student fee, a space will be reserved in the applicable class specifically for my child. I understand that withdrawing during the academic year will cause difficulty for the school, since student spaces may not be filled. I recognize that as a private school, New Harvest Christian Academy is not aided by any government support and is largely based on tuition revenues and contributions. Therefore, I specifically agree that once my child is registered and guaranteed a space, if my child is withdrawn or dismissed for any reason, I am obligated to forfeit the non-refundable deposit and pay for any outstanding tuition, lunch, after-school 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 agree to abide by the said above information.

_____ I 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 child transfers to another school, I understand and agree that transcripts **CANNOT** be provided to that school **until ALL financial obligations under this tuition contract has been satisfied.**

Parent Signature: _____ Date: _____

New Harvest Christian Academy

Promissory Note Fees & Tuition Payment Schedule and Disclosure Payment Installments

I, _____, parent/guardian of _____ hereby agree to pay the sum for my child/children Annual Student Fee, Yearly Tuition, Lunch, After-School Program, Fundraisers and any balances my child/children has/have incurred at New Harvest Christian Academy, all of which shall be paid on or before the due dates according to the dates established by the school. In the event of failure to pay this note at its maturity, and if the same is placed on the hands of an attorney or collection, there shall be due hereon all reasonable and necessary expenses incurred in the collection of said note.

Parent Name: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Telephone: (_____) _____

Social Security No. _____ (Financial Responsible Party)

Driver's License No. _____ Place of Employment: _____

Name of Closest Relative Not Living With You Address Telephone

Fees & Tuition Rates established are as follows per child, for school year **2024-2025**:

	Annual Fees	Monthly Tuition	Multiple Siblings Monthly Tuition Rates
Pre-K3 - 2nd	\$660.00	\$445.00	\$405.50
3rd - 5th	\$810.00	\$470.00	\$430.50
6th - 8th	\$810.00	\$530.00	\$480.50
9th - 12th	\$810.00	\$570.00	\$530.50

****Any Prepaid Fees, Tuition, Lunch and After-School Program payments are non-refundable.**

[] **I agree to the terms and conditions of this note.**

Parent Signature

Date



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Student Agreement Form: 2024 - 2025 Acceptable Use Policy

Electronic Communications System and Network

Carefully read the following information..

*Parent and student **MUST** sign this form.*

STUDENT:

I understand that my use of the network is **NOT** private and that the school may monitor my activity on the system. I have read and understand the rules for appropriate use. I understand that violation of these rules may result in suspension of the right to use the system or other disciplinary action at the discretion of the school.

Date: _____

Student Signature: _____

Print student name: _____

PARENT OR GUARDIAN:

I have read the rules for appropriate use of the system and network and the potential actions that may be taken for inappropriate use. In consideration for the privilege of my child using the system and in consideration for having access to public networks, I hereby release from any and all claims and damages of any nature arising from my child's use of the system, including and without limitation to damages associated with school enforcement of this policy.

Parent or guardian signature: _____

Print Name: _____



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NHCA Students & Parents/Guardians:

New Harvest's Expectations of students in our school are as follows:

1. We expect you attend school on a daily basis and on time. Tardies and absences will be logged and will count against credit obtainment. Students are required to maintain 90% attendance throughout the school year; this rule applies to all actively enrolled New Harvest Christian Academy students, in order to receive credit for their classes. Tardies and absences will be logged and can affect credit attainment. Four (4) tardies constitute an absence and eight (8) absences constitute loss of credit per semester..
2. We expect you will represent our school in an outstanding manner by wearing the required uniform on a daily basis. If a student is not wearing the correct uniform, parents/guardians will be called by the office personnel to correct the concern.
3. We expect you will work to the best of your ability by completing all assignments at school and home.
4. We expect you will treat others with dignity, worth and respect. (e.g. using appropriate language). Foul language will NOT be tolerated especially towards faculty and staff. A parent conference will be called immediately and parental support is expected.
5. We expect you will keep our school beautiful and clean. (e.g. no vandalism) Fighting with peers either verbally or physically may result in an automatic withdrawal. Leaving campus without administrative permission may result in an automatic withdrawal. A parent conference will be called immediately and parental support is expected.
6. We expect you will follow all the rules and regulations set forth by your teachers and the school. Cell Phone use is NOT permitted on campus. Cell phones must be off at all times. If an emergency call is necessary, students must use the school phone at the administrative office only. If a student is using a cell phone during school hours, phones will be picked up and turned in to the office and a \$20.00 fee will be assessed for failure to follow directions. Parent/Guardian will be required to pick-up cell phone at the school office. Phone will not be returned to students.
7. We expect you will make all of us, especially yourself, very proud.

[] **I agree with the established school expectations**

Parent Signature: _____

Date: _____

Student Signature: _____

Date: _____



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FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) FORM

Please read the following carefully.

	YES, I do authorize and give consent	NO, I do not authorize and give consent
Child's name, picture, or video on the New Harvest Christian Academy's official website: www.newharvesticm.com		
Child's name, picture, or video on the New Harvest and ICM's (Iglesia Cristiana Misericordia) social media: Facebook		
Child's name, picture, or video on the New Harvest and ICM's (Iglesia Cristiana Misericordia) social media: Instagram		
Child's name, picture, or video on <i>promotional videos</i> for New Harvest Christian Academy		
Child's picture on <i>promotional flyers, banners</i> and/or <i>brochures</i> for New Harvest Christian Academy		
Child's name, picture, or video on <i>TV screens</i> in the ICM (Iglesia Cristiana Misericordia) sanctuary during special school performances and or Church services (Mother's Day, Veterans Program, Christmas Program, Awards day, Missions, etc)		
Child's name and picture in the <i>New Harvest annual yearbook</i>		
Child's name and picture in the <i>Remind App</i>		

Student Name: _____

Parent Signature: _____ Date: _____



New Harvest Christian Academy



PARENT VOLUNTEER AGREEMENT FORM

Parent Volunteers play an important role at New Harvest Christian Academy. Your participation and commitment will help us reach our common goal. Each family is expected to contribute ten (10) volunteer hours/supplies (school wish list will be sent throughout the school year) during the school year in support of school wide activities. This may also be fulfilled through a monetary fee of \$150.00. **All hours/supplies need to be completed by the end of April** at which time any pending items or hours will become a fee for any hours/items missing at that time.

These activities or supplies needed are ***to be announced*** for the 2024 - 2025 school year.

Please check the box you wish to participate in the yearly volunteer hours/supplies by the established deadline.

Please choose one:

I will participate my time in the school-wide activities

I will participate by sending items/supplies throughout the school year

I would prefer to pay the \$150.00 fee (please select one of the following options of payment)

OPTION A: a one time payment of \$150.00 (payment in the spring semester)

OPTION B: two payments of \$75.00 each: (1st payment fall semester / 2nd payment spring semester)

I agree to the terms and conditions of this note.

Parent Signature

Date



New Harvest Christian Academy



NHCA Yearbook Purchase Options

Parents:

The yearbook is truly the most important keepsake from this remarkable time. Our yearbook club works hard to put together a wonderful book that will be looked back upon to remember the fun during the school year. To ensure that there are enough copies for all, please see the following bottom portion and select one of the following. Each year we have only a limited amount of yearbooks sent to us!

Please choose one of the following:

2024 - 2025 Yearbook Purchase Options

OPTION A: a one time payment of \$75.00

OPTION B: two payments of \$37.50 each (1st payment fall semester / 2nd payment spring semester)

OPTION C: I would like to wait to make a decision. I understand that the possibility of not having a yearbook can happen.

OPTION D: I do NOT want a **2024 - 2025** NHCA Yearbook

Parent Signature

Date



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Records Release/Request Form

Date: _____

Student Name: _____ DOB: _____

Student Current Address: _____

City: _____ State: _____ Zip Code: _____

Current Grade Level: _____

Name of Parent/Guardian: _____

Consent of Records Release

I desire and acknowledged that school records/transcripts will be sent to: New Harvest Christian Academy

____ School Transcript

____ Withdrawal Grades

____ Previous Cycle Grades

____ State Test Records / Achievement Scores

____ Attendance

____ 504, LEP, Special Ed, GT documentation

____ Copy of Birth Certificate and Social Security Card

____ Immunization Records

____ Discipline Records

Parent/Guardian Signature: _____

Please Forward Records To:
New Harvest Christian Academy
4519 E Del Mar Blvd
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Or Email To:
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PICK-UP AUTHORIZATION FORM

Parents:

In order to ensure your child will leave the school with the designated caregiver, please fill the following bottom portion of this form with the individuals they are permitted to leave with and return with this packet.

Student Name: _____ Grade: _____

My child has permission to go home with the following people:

Name: _____ **Relationship:** _____

Phone No: (_____) _____

Name: _____ **Relationship:** _____

Phone No: (_____) _____

Name: _____ **Relationship:** _____

Phone No: (_____) _____

Name: _____ **Relationship:** _____

Phone No: (_____) _____

Name: _____ **Relationship:** _____

Phone No: (_____) _____

If during the school year updates/changes have to be made to this list, please contact and advise the school office in *writing*. **For the child's safety, the adult picking up the child will be asked to provide a picture ID.**

Parent Signature: _____ Date: _____



New Harvest Christian Academy



TUITION & ANNUAL FEES DUE DATES 2024 - 2025

Student Annual Fees	
1st Payment	To Save the Spot
2nd Payment	November 1st, 2024

MONTHLY TUITION PAYMENT SCHEDULE

Payment	Month	Due Date
1	AUGUST	July 25, 2024
2	SEPTEMBER	August 25, 2024
3	OCTOBER	September 25, 2024
4	NOVEMBER	October 25, 2024
5	DECEMBER	November 17, 2024
6	JANUARY	December 15, 2024
7	FEBRUARY	January 25, 2025
8	MARCH	February 26, 2025
9	APRIL	March 25, 2025
10	MAY	April 25, 2025

Please keep this form for your reference.