



# ENROLLMENT AGREEMENT

I am enrolling my child \_\_\_\_\_ with New Horizons School in Grade \_\_\_\_\_ for academic year 2025-26.

I have already submitted the registration form, (digitally or printed copy) that provides New Horizons School information such as additional Emergency contacts, additional pick-up persons, allergies or medical conditions of my child. If any of these information changes, I'll immediately provide New Horizons School with these changes in writing.

I have received a copy of New Horizons School Policies (Parent Handbook 2025-26) and agree to the tuition charges//fee, payment dates and other policies mentioned therein.

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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



# Medication Administration Consent

Please note the following for New Horizons School to administer the medication:

- All medication to be given at school **MUST** be in the original labeled container
- Signed note or prescription form from child's doctor needs to be attached with this letter

**To be completed by parents:**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

I request NHS to help administer the following medication(s) to my child as instructed here until I notify of a change in writing:

Diagnosis	Medication	Rx Date	Rx Expiration	Dosage	Dosage Form	When to Administer	Duration of Administration

Any precautions, possible adverse effects, special instructions, etc: \_\_\_\_\_

I agree to, and do hereby hold New Horizons School, its employees, and agents harmless for any and all claims, demands, causes of action, liability or loss of any sort, because of or arising out of acts or omissions with respect to this medication.

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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



## Financial Responsibility for Emergency Medical Treatment

If your child is ill or injured, all reasonable efforts will be made by New Horizons School to reach you or an identified emergency contact person. If staff is unable to reach you or an identified emergency contact person, and it is determined that your child's illness or injury requires immediate medical intervention, 911 will be called for assistance. In the case of illness, emergency medical treatment and/or an ambulance transport, it is the financial responsibility of the parent/guardian. The medical response will bill you for the services rendered for your child.

You can help us avoid unnecessary calls to 911 by making certain that New Horizons School has your correct telephone numbers. It is also very important that New Horizons School is fully informed of any medical condition that might require attention beyond normal first aid procedures.

Student name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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



## PHOTO/VIDEO PERMISSION

I give permission to New Horizons School to take group or solo pictures/videos of my child to be used in the classroom, school and newsletter. Photos/videos may also be used on online media such as New Horizons School website, Yelp to showcase learning environments being provided to the student.

Student name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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