

| For Office Use Only | |
|--|--|
| <input type="checkbox"/> Before/After | <input type="checkbox"/> After Transportation _____ |
| <input type="checkbox"/> Cash | <input type="checkbox"/> Check _____ <input type="checkbox"/> Money Order Date _____ |
| <input type="checkbox"/> New Application | <input type="checkbox"/> Renewal Application Acct No. _____ |
| Medication Authorization Form: _____ | |

2016 – 2017 BEFORE & AFTER SCHOOL PROGRAM FOR PRE-TEENS AND TEENS | 4TH – 12TH GRADES

This information is essential to assist in better serving your student. All information is confidential.

*Please note that incomplete applications will not be accepted. The non-refundable registration fee is due at time of enrollment.

Hours:

Monday – Friday
Before School 6:00am
After School until 6:00pm
Extended Program until 6:30pm

Dates:

August 29, 2016 to June 15, 2017

| |
|--|
| <ul style="list-style-type: none"> • Registration Fee: \$50 Per Semester • Weekly Tuition per Student: Before & After School Option \$100 Weekly After School Option \$80 Weekly Before School Option \$50 Weekly • Extended Program Tuition per Student: \$5 Daily <p><small>If you would like your student to be at The House until 6:30pm or you are detained, there is a late pickup fee applied of \$5 per day.</small></p> |
| <p>Private shuttle services can be arranged to the Center for students participating in after school activities.</p> |

STUDENT INFORMATION

First Name _____ Middle Initial _____ Last Name _____ Male Female
 Student's Home Address _____ Apt # _____ City _____ State _____ Zip _____
 Birth Date _____ Place of Birth _____ Student Cell Phone _____
 School _____ Enrolled Grade 2016-2017 School Year _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1 _____ Relationship to Student _____
 Home Address _____ Apt # _____ City _____ State _____ Zip _____
 Cell # _____ Home # _____ Email _____
 Employer Name _____ Occupation _____ Office # _____
 Address _____ City _____ State _____ Zip _____

Parent/Guardian 2 _____ Relationship to Student _____
 Home Address _____ Apt # _____ City _____ State _____ Zip _____
 Cell # _____ Home # _____ Email _____
 Employer Name _____ Occupation _____ Office # _____
 Address _____ City _____ State _____ Zip _____

ALTERNATE CONTACT

Signature required at pick up. Proof of identification may be requested.

First/Last Name _____ Relationship _____ Phone _____
 First/Last Name _____ Relationship _____ Phone _____

EMERGENCY CONTACT AUTHORIZATION

The House, Inc. is authorized to make the student illness/emergency decision of when emergency exists. The House, Inc. is authorized to administer medical treatment. In an emergency, The House, Inc. has my permission to call 911 and/or send my student to a Hospital/Urgent Care facility, and the Medical Personnel have my authorization to provide treatment that a Physician deems necessary for the well being of my student. The House, Inc. will make every reasonable attempt to contact the Parent/Guardian/Emergency Contacts.

NOTE: Emergency Contact cannot be the parents/guardians

First/Last Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Day/Office Phone _____

INSURANCE/DOCTOR INFORMATION (A Copy of Insurance Card is Required)

Insurance Carrier _____ Policy/Group Number _____

Physician's Name _____ Phone Number _____

HEALTH HISTORY

List any illness or medical condition The House, Inc. should be aware of _____

Does your student have any physical activity restrictions? Yes No If yes, please specify _____

Behavior conditions or problems of which The House, Inc. should be aware _____

List any medications the student is currently taking _____

(If you would like medication(s) to be administered during program hours by a House Representative, please request a Medication Authorization Form)

_____ My student **DOES NOT HAVE** any known allergies.

_____ My student **HAS allergies** confirmed by medical testing within the last 3 years. My student is allergic to: _____

VOLUNTEERISM

Each family must provide a minimum of five hours of volunteer service to The House, Inc. Student Leadership Center each school semester. Volunteers can get involved through academic mentoring, office assistance, recreation and weekend programs, as well as campaign fundraising projects that will serve as a model for other communities.

TERMS AND AGREEMENT

- *Tuition is continuous throughout the term (taking into account the days The House, Inc. is closed). The parent/guardian agrees to pay student tuition no later than Monday of the current week. If not paid by Monday of the current week, the parent/guardian will be charged a reoccurring \$15.00 late fee. Returned checks incur a \$35 bank fee and a \$15 late fee. Additional late check-outs shall incur a fee of \$1.00 per minute after 6:30pm for the additional care and services needed by your student. Shuttle cancellations will incur a \$5.00 fee if not communicated by 1:00pm of that day. Credits/Refunds are not issued for weather cancellations. The parent/guardian also agrees to pay all costs and expenses including, without limitation, court costs and reasonable attorney fees incurred by The House, Inc. in connection with the collection of tuition and the enforcement of this agreement.*
- *By signing below, the parent/guardian understands that they must give a copy of the student's most recent academic grade report to The House, Inc. at the time of enrollment. The House, Inc. reserves the right to access all academic records and observe the student at his/her campus.*
- *The parent/guardian consents to the photographing of their student (and parent/guardian, if applicable), the recording of their voice, and written material, and the use of these photographs, recordings and/or materials singularly or in conjunction with other photographs, recordings, and/or materials for advertising, publicity, commercial, or other business purposes. The parent/guardian understands that the term "photograph" as used herein encompasses both still photographs and motion picture footage.*
- *The parent/guardian understands that the student who participates in activities of The House, Inc. does so of their own free will and is free to leave the premises without permission or supervision of The House staff. Parent/guardians who wish for their student to remain at the facility during hours of operation must instruct them to do so.*
- *To protect its character and stands of scholarship, The House, Inc. reserves the right, and the applicant concedes to The House, Inc. the right, to deny admission to any student at any time for any reason The House, Inc. deems sufficient. The parent/guardian understands that The House, Inc. reserves the right to terminate a student's enrollment at any time with no refund of payments, and that violation of all School District's 'Code of Behavior' may result in the student's suspension and/or exclusion from House activities. SUBJECT TO SEARCH: The House, Inc. reserves the right to search individuals and their belongings at its discretion.*
- *The parent/guardian understands to withdraw their student from the program, they must give 14 days written notice to The House, Inc. If the student leaves the program for any reason and then wishes to return, the parent/guardian must repeat the application process, including payment of registration fees, and the student will be re-enrolled at the first available opening.*
- *The parent/guardian acknowledges and accepts responsibility for any physical injury, and accepts personal financial responsibility for any bodily or personal injury sustained during activity at The House, Inc. and damages, if necessary. You will be responsible for any damages for which The House, Inc. becomes liable or chargeable because of your student's actions. With admittance, you accept responsibility for any expenses resulting from such outside treatment, as needed in the event of accidental injury, illness, or symptoms arising during or after your student's time at The House, Inc. The parent/guardian is solely responsible and liable for any and all actions of their student during their time at The House, Inc., including, and not limited to, injury to another student, a House staff member, or a member of the public. Your acceptance of this agreement prohibits you from taking any action that negatively impacts The House, Inc. Further, the participant promises to hold harmless The House, Inc., 14000 Crown Court, Suite 105, Woodbridge, Virginia, and its representatives for any injury, damage, or loss of personal property related to the activity. The House, Inc. is not responsible for damaged, lost, or stolen personal property.*
- *The House, Inc. has the right to include additional items as it deems necessary. Programs and electives are subject to change. Your signature acknowledges your awareness and acceptance of our policies for this and all future visits.*

Parent or Guardian Signature: _____ Date: _____