



STUDENT LEADERSHIP CENTER

14000 Crown Court, Suite 105, Woodbridge, VA 22193 | (703) 909 – 5459

WWW.THEHOUSE-INC.COM | INFO@THEHOUSE-INC.COM

For Office Use Only

Cash Check Money Order

Acct No. _____ Date _____

Admissions: Referred by _____

Medication Authorization Form: _____

2016 SUMMER CAMP | REGISTRATION FORM 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

Option 1: 6:00am – 6:00pm

Option 2: 9:00am – 5:00pm

Please check attendance – two weeks minimum.

- | | |
|--|--|
| <input type="checkbox"/> June 6 – June 10 | <input type="checkbox"/> July 18 – July 22 |
| <input type="checkbox"/> June 13 – June 17 | <input type="checkbox"/> July 25 – July 29* (NYC day trip) |
| <input type="checkbox"/> June 20 – June 24 | <input type="checkbox"/> August 1 – August 5 |
| <input type="checkbox"/> June 27 – July 1* (VA Beach day trip) | <input type="checkbox"/> August 8 – August 12 |
| <input type="checkbox"/> July 4 – July 8** | <input type="checkbox"/> August 15 – August 19 |
| <input type="checkbox"/> July 11 – July 15 | <input type="checkbox"/> August 22 – August 25 |

Changes to dates selected may be made based on camp availability.

*Travel fee of \$35 for the Virginia Beach and New York City day trip electives

**The House will be closed Monday, July 4th

• **Registration Fee (one-time):** **\$50**

• **Weekly Tuition per Student:**

Option 1 | 6:00am – 6:00pm | **\$190 Weekly** or
\$50 Daily

Option 2 | 9:00am – 5:00pm | **\$165 Weekly**

• **Lunch (optional)** **\$5 Daily**

Transportation for summer school is provided.

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 _____

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: _____

SWIMMING RELEASE

_____ My student **HAS** permission to swim during program hours.

_____ My student **DOES NOT HAVE** permission to swim during program hours.

TERMS AND AGREEMENT

- 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. Late check-outs shall incur a fee of \$1.00 per minute after the enrolled program option closing time for the additional care and services needed by your student. The parent/guardian understands that a minimum of two weeks of enrollment is required at registration. The parent/guardian is committed to the financial responsibility for all dates once selected. Tuition for The House, Inc. may not be transferred to another student. 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.
- 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 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: _____