

**For Office Use Only**

Cash    Check \_\_\_\_\_    Money Order

Program Options:  Before    After

Acct No. \_\_\_\_\_   Date \_\_\_\_\_

Medication Authorization Form: \_\_\_\_\_

# 2017 SUMMER CAMP | REGISTRATION

## FOR PRE-TEENS AND TEENS | 4<sup>TH</sup> – 12<sup>TH</sup> 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.

**\$50 Summer Registration**

**\$190 Weekly Tuition per Student** | 9:00am – 5:00pm  
*Two-week minimum. \$10 sibling discount.*

**Other Options and Fees:**

\$60 per day | 9:00am – 5:00pm

Extended Program Hours:

    \$15 per week | 6:00am – 9:00am  
    \$10 per week | 5:00pm – 6:00pm

\$5 Lunch per day

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**Summer school transportation available to the Center.**

**Please check attendance:**

- |  |   |
|--|---|
| <input type="checkbox"/> June 5 – June 9                                 | <input type="checkbox"/> July 17 – July 21                          |
| <input type="checkbox"/> June 12 – June 16                               | <input type="checkbox"/> July 24 – July 28* ( <i>NYC day trip</i> ) |
| <input type="checkbox"/> June 19 – June 23                               | <input type="checkbox"/> July 31 – August 4                         |
| <input type="checkbox"/> June 26 – June 30* ( <i>VA Beach day trip</i> ) | <input type="checkbox"/> August 7 – August 11                       |
| <input type="checkbox"/> July 3 – July 7**                               | <input type="checkbox"/> August 14 – August 18                      |
| <input type="checkbox"/> July 10 – July 14                               | <input type="checkbox"/> August 21 – August 24                      |

*Changes to dates selected may be made based on camp availability.  
Daily option is available after two-week minimum is met.*

*\*Travel fee of \$40 for the Virginia Beach and New York City day trip electives  
\*\*The Center will be closed Tuesday, July 4th*

### 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 2017-2018 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 \$50 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 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, Inc. 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. The parent/guardian 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, Inc. 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: \_\_\_\_\_

Parent or Guardian Printed Name: \_\_\_\_\_