



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

Before/After After Before Transportation _____

Cash Check _____ Money Order Date _____

New Application Renewal Application Acct No. _____

Medication Authorization Form: _____

2017 – 2018 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 28, 2017 to June 8, 2018

• **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**

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.

Private shuttle services can be arranged to the Center for students participating in after school activities.

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 _____

Additional information will be required upon member enrollment.