



The House, Inc.
 14000 Crown Court, Suite 105
 Woodbridge, VA 22193
 (703) 909 – 5459
 info@thehouse-inc.com

For Office Use Only		
<input type="checkbox"/> Cash	<input type="checkbox"/> Check _____	<input type="checkbox"/> Money Order
Acct No. _____	Date _____	
<input type="checkbox"/> New Application	<input type="checkbox"/> Renewal Application	

SPRING 2010 REGISTRATION FORM

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

*Please note that incomplete applications will not be accepted.

Hours

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

Semester Dates

Start: February 2, 2010

End: June 18, 2010

<ul style="list-style-type: none"> • Registration Fee: \$50 Per Semester A one-time, non-refundable registration fee is due at the time of enrollment. • Weekly Tuition per Child After School: \$60 Weekly • Weekly Tuition per Child Before/After School: \$85 Weekly Tuition is due on the first day of the week. A \$15 late fee is applied to tuition paid after Monday. • Extended Program Tuition per Child: \$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.
<i>Returned checks incur a \$25 bank fee and a \$15 late fee.</i>
<i>There is no additional fee for students using The House Shuttle service for regularly scheduled pickups. A \$5 daily fee for additional after-school shuttle services will be added for any prearranged late pick-ups. Any change in schedule must be communicated by 1:00pm of that day to avoid a \$5 charge.</i>
Please make checks payable to: The House, Inc. Form of payments accepted: Cash, Check, Money Order

STUDENT INFORMATION

First Name _____ Middle Initial _____ Last Name _____
 Student's Home Address _____ Apt # _____ City _____ State _____ Zip _____
 Home Phone _____ Student Cell Phone _____ Gender Male Female
 Social Security Number - - Birth Date _____ Place of Birth _____
 School _____ Enrolled Grade in September 2009 _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian First Name _____ Middle Initial _____ Last Name _____
 Relationship to the Student _____ Email _____
 Home Address _____ Apt # _____ City _____ State _____ Zip _____
 Employer Name _____ Occupation _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____ Day/Office Phone _____

SIGN-OUT AUTHORIZATION

Every day at dismissal, the Parent/Guardian/Authorized Alternate picking the child up MUST SIGN THEM OUT. No child will be permitted to leave The House with persons other than an authorized alternate listed below. **Proof of identification will be needed to pick up students.** If any information is left blank when signing out your student, you will automatically incur a \$5 charge.

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

EMERGENCY CONTACT AUTHORIZATION

The House, Inc. is authorized to approve medical treatment. In an emergency, The House has my permission to call 911 and/or send my child 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 child. The House will make every reasonable attempt to contact the Parent/Guardian/Emergency Contacts.

Parent/Guardian Name _____ Authorizing Signature _____

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) _____ (Initial)

Insurance Carrier or Plan Name _____ Policy/Group Number _____

Physician's Name _____ Phone Number _____

HEALTH HISTORY

List any illness or medical condition The House staff should be aware of _____

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

List any medications the child 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**. My student is allergic to: _____

FINANCIAL AGREEMENT

I _____ (please print name), the parent/guardian of _____ agree to pay my child's tuition no later than Monday of the current week. If I have not paid by Monday of the current week, I understand I will be charged a \$15 late fee. I also understand that if I do not pick my child up by The House's closing time, I will incur a charge of \$1.00 per minute after 6:30pm. In the event that my child's tuition account becomes two weeks in arrears, I understand that my services with The House, Inc. will be terminated. I also agree 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. _____ (Initial)

VOLUNTEERISM

Each family must provide a minimum of five hours of volunteer service to The House 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. _____ (Initial)

- *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 reserves the right to access all academic records and observe the student at his/her campus.*
- *The parent/guardian understands that their student, or his/her work, may be used in photographs, videos, literature, web pages, and news releases to local media and other media outlets, both traditional and electronic.*
- *The parent/guardian understands that the student who participates in activities of The House does so of their own free will and is free to leave the premises without permission or supervision of The House staff. Parents who wish for their children to remain at the facility during hours of operation must instruct them to do so.*
- *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.*
- *The parent/guardian understands to withdraw their student from the program, they must give two full weeks written notice to The House, Inc. The withdrawal is effective on the Friday of the second week, the student's last day of attendance. 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 and damages, if necessary. 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 parent/guardian understands that they must submit all required documents within 48 hours of acceptance or my student will forfeit their acceptance at The House.*

Parent or Guardian Signature: _____ Date: _____