



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 |                                      |

# SUMMER 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, 6:30am – 6:00pm**  
**Extended Program until 6:30pm**

**Please check attendance – four full weeks minimum**  
**(the four weeks do not have to be consecutive)**

- |  |  |
|--|--|
| <input type="checkbox"/> June 21 – June 25 | <input type="checkbox"/> August 2 – August 6           |
| <input type="checkbox"/> June 28 – July 2  | <input type="checkbox"/> August 9 – August 13          |
| <input type="checkbox"/> July 6 – July 9*  | <input type="checkbox"/> August 16 – August 20         |
| <input type="checkbox"/> July 12 – July 16 | <input type="checkbox"/> August 23 – August 27         |
| <input type="checkbox"/> July 19 – July 23 | <input type="checkbox"/> August 30 – September 3       |
| <input type="checkbox"/> July 26 – July 30 | *The House will be closed Monday, July 5 <sup>th</sup> |

|   |
|---|
| <ul style="list-style-type: none"> <li> <b>Registration Fee: \$50 Per Semester</b><br/>           A one-time, non-refundable registration fee is due at the time of enrollment.         </li> <li> <b>Weekly Tuition per Child: \$160 Weekly</b><br/>           Tuition is due on the first day of the week.<br/>           A \$15 late fee is applied to tuition paid after Monday.<br/>           You must commit to paying for a <u>minimum of four</u> weeks.         </li> <li> <b>Extended Program Tuition per Child: \$5 Daily</b><br/>           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.         </li> </ul> |
| <i>Returned checks incur a \$25 bank fee and a \$15 late fee.</i>   |
| <b>Please make checks payable to: The House, Inc.</b><br><i>Form of payments accepted: Cash, Check, Money Order</i>   |

## 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 2010 \_\_\_\_\_

## 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)

## SWIMMING RELEASE

\_\_\_\_\_ My student **HAS** permission to swim during program hours. \_\_\_\_\_ (Initial)

\_\_\_\_\_ My student **DOES NOT HAVE** permission to swim during program hours. \_\_\_\_\_ (Initial)

- The parent/guardian understands that a minimum of four full weeks of enrollment is required at registration. Changes to these elected dates may be granted based only on availability and will require written request at least one week in advance. If the changes are not approved, the parent/guardian is responsible for the full weeks' tuition. If less than the required four weeks of summer camp is left at registration, the student must be registered for all remaining weeks of summer camp. \_\_\_\_\_ (Initial)
- The parent/guardian understands that if their student is enrolled in summer school, 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 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: \_\_\_\_\_