

**2018 SUMMER ENRICHMENT PROGRAM
STUDENT REGISTRATION AND EMERGENCY INFORMATION**

Child's Name: _____ Birthday: _____

Student Address: _____

Mother Name: _____ Home Phone: _____

Mother Address if different: _____ Cell: _____

_____ Work: _____

Mothers Occupation: _____ E-mail: _____

Father Name: _____ Home Phone: _____

Father Address if different: _____ Cell: _____

_____ Work: _____

Fathers Occupation: _____ E-mail: _____

Please List Any Health Problems: Does the students have any of the following that have been diagnosed by a health care provider? Check any that apply.

_____ ADHD _____ Diabetes _____ Hemophilia _____ Seizure Disorder

_____ Asthma _____ Hearing Problems _____ Migraines _____ Eating Disorder

_____ Dental Problems _____ Heart Condition _____ Poor Vision after correction

_____ Other _____

Please List Any Allergies (pet) and describe: _____

Please List Any Food or Drug Allergies and describe reaction: _____

_____ Wears Glasses for Reading _____ Wears Glasses for Distance

_____ Wears Glasses all the time

Is there a health problem that would prevent full participation in the school or physical education program? _____ Yes _____ No

Is the student taking medication on a regular basis? _____ Yes _____ No

If Yes, please list medication(s) _____

Is medication to be administered at school? If yes, complete and include physician form or prescription medication _____ Yes _____ No

Name of Student's Physician _____ Phone: _____

Emergency Contacts (other than parent/guardian):

Name: _____ **Relationship:** _____

Address: _____

Cell Phone: _____ **Home:** _____

Name: _____ **Relationship:** _____

Address: _____

Cell Phone: _____ **Home:** _____

Name: _____ **Relationship:** _____

Address: _____

Cell Phone: _____ **Home:** _____

Persons (full name) allowed to pick up your child: [Note: A photo I.D. must be shown to pick up your child and please notify the office in advance whenever possible]:

Persons **NOT** allowed to pick up your child:

Please note: if a biological parent is **Not** allowed to pick up the child, we must have a legal document such as a divorce or custody document, restraining order, etc. on file

Parent/Guardian Signature: _____ **Date:** _____

Financial Agreement

I wish to enroll _____ at Prince William Academy for the 2018 Summer Enrichment Program.

___ 5 full days ___ 5 half days ___ 3 full days ___ 3 half days ___ 2 full days ___ 2 half days

Please read carefully and initial the following statements:

1. _____ I/we agree to pay _____ (dollars) on the first day of each week for every week my child is enrolled in Prince William Academy's Summer Enrichment Program.
2. _____ I/we agree to pay _____ (dollars) on the first day of each week for (please circle one) Before and Aftercare combo, Before care only, Aftercare only.
3. _____ All fees and tuition are due on Monday of each week. A \$50 fee will be added to any tuition not paid at drop off. We will also charge a \$50 fee for any returned check. If more than one returned check is received, all payments thereafter must be made by guaranteed funds. A Credit Card Authorization form **must** be completed. If tuition is not paid at drop off, that credit card will be charged in the amount of tuition due that week, plus a 2% processing fee. If the card is rejected, a \$50.00 late fee will be assessed.
4. _____ There is a \$7.00 per minute charge for any child who is picked up after the school closing of the contracted hours (6:30pm).
5. _____ **Two weeks written notice must be given to cancel or change a week of the program. The applicable tuition must be paid regardless of attendance.**
6. _____ Parents will be responsible for any and all collection fees, attorney's fees and court costs incurred in collecting the amount owed to Prince William Academy.
7. _____ The school reserves the right to dismiss any child for cause. When possible the school will give notice.

I/we have read the above and agree to all terms.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Office Staff Signature

Date



Achieving Excellence One Student at a Time

Child's Name: _____ Birthday: _____

Please initial by the weeks your child will attend. Note you are welcome to add and change weeks if they are not full, and two weeks' notice must be given to change or cancel a week.

_____	Week 1	June 18 – June 22
_____	Week 2	June 25 – June 29
_____	Week 3	July 2 – July 6
_____	Week 4	July 9 – July 13
_____	Week 5	July 16 – July 20
_____	Week 6	July 23 – July 27
_____	Week 7	July 30 – August 3
_____	Week 8	August 6 – August 10
_____	Week 9	August 13 – August 17

How many days per week will your child attend?
Please note the corresponding days.

Circle One

2 Days (Tuesday and Thursday)

3 Days (Monday, Wednesday, Friday)

5 Days

Parent/Guardian Signature: _____ Date: _____



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FIELD TRIP & ACTIVITIES PERMISSION FORM

I give permission for my child to participate in the neighborhood walks or field trips in an authorized commercial vehicle, school bus, walking, or private automobile to and from authorized activities off the Prince William Academy school grounds. These situations include academic field trips and other approved school activities. The vehicles will be driven by faculty, parents or other school authorized drivers. When walking, students will be escorted by the aforementioned adults.

If you want your child to take advantage of such transportation, please acknowledge by completing and returning this form.

I give permission for my child _____ to take advantage of the school transportation arrangements for field trips and other school approved activities. I understand that I will be informed of all planned field trips and that I may withdraw my permission for a planned trip if I so desire.

Further, I also give permission for my child to use all the various physical education equipment at the Prince William Academy.

Parent/Guardian Signature

Date

PRINCE WILLIAM ACADEMY PHOTO RELEASE FORM

I, _____, the parent/guardian of

_____, a Prince William Academy Student/Summer Program Student, do hereby give my permission for my child to be photographed and/or videotaped. I understand that my child's picture or video likeness may be used and distributed to the public for purposes of furthering the mission of the Prince William Academy. Such publications include, but are not limited to, school advertisements, brochures, videos, power point presentations, the Prince William Academy website, and other online publications.

Parent/Guardian Signature

Date



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Code of Behavior:

Discipline is an important part of your student's school experience. Supporting discipline and good manners requires a joint effort. Our staff will support and encourage good behavior at school and reward your student's effort.

A behavior modification program is in place; marble jars, colored cards and other incentives will be used.

Each child will be expected to behave in a proper manner at school as well as on field trips. If a child misbehaves in the classroom, that child will be sent to the office and a note to the parent will be sent home that day. If this behavior continues, the parent will be called and asked to pick up their child. Persistent behavioral infractions will be a cause for expulsion and dismissal.

Please read the above policy. Discuss it with your child. Love and discipline are the best gifts you can give to your child.

***I have read and understood the above CODE OF BEHAVIOR Policy.**

Student Name: _____

Parent/Guardian Signature: _____ Date: _____

Relationship to Child: _____



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LICENSING REQUIRMENT PERMISSION FORM

Please read carefully and initial each statement:

Disease Information Notification

_____ I will inform Prince William Academy within 24 hours or the next business day after my child or any member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases, which must be reported immediately.

Sunscreen/Insect Repellant Policy

_____ I understand that if I want my child to have insect repellant or sunscreen applied, during attendance at Prince William Academy, I have to fill out a medical authorization.

Child's Information Policy

_____ It is the parents' responsibility to sign their child/children in and out on a daily basis at the front desk of the school.

_____ It is the parents responsibility to keep all emergency contact information up to date.

Parent/Guardian Signature

Date



SUNSCREEN MEDICATION ADMINISTRATION FORM

Parents/Guardians:

Virginia State Licensing requires that all children who need medication during school hours must do the following:

1. Present a written consent form signed by the parent or legal guardian.
2. Have this form completed by the Physician, if applicable.
3. Bring the sunscreen in the original bottle, properly labeled.

Name of Child _____ Date of Birth: _____

Today's Date _____

Sunscreen

Specific time(s) and dose(s) to be given at school	Start Date:
	End Date:
Are there any physical restrictions for this child? If yes, what and how long?	
What are the side effects?	
Printed name, address, phone number of Physician	

TO BE COMPLETED BY THE PARENT/GUARDIAN

I hereby authorize Prince William Academy personnel to apply **SUNBLOCK** to my child

_____ as directed above.

Parent/Guardian Signature: _____ Date: _____

Prince William Academy
(703) 491-1444

Child's Emergency Medical Authorization

Child's Name _____ Birthday _____

Parent(s) or Guardian(s) _____

Home Address _____

Telephone (s) _____

Mother's/Guardian's Employer _____

Address _____

Telephone (s) _____

Father's/Guardian's Employer _____

Address _____

Telephone (s) _____

The parent(s) or Guardian(s) authorizes Prince William Academy to obtain immediate medical care and consents to the hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to his/her child or ward if an emergency occurs when he/she cannot be located immediately. It is also understood that this agreement covers only those situations which are true emergencies and only when he/she cannot be reached. Otherwise, he/she expects to be notified immediately.

1. I/We will be responsible for payment of medical care expenses.

Signature: _____ Date: _____

2. Medical treatment costs are covered by:

_____/_____
Insurance Provider Policy Number

Child's physician or clinic attended _____

Date _____ Signature _____

Bookkeeping Enrollment Form

Child's Name: _____ DOB: _____ Grade: _____

Before Care: Y / N After Care: Y / N Both: Y / N

Date of Enrollment: _____ Summer Program Registration
Fee: _____

Parent/Guardian Billing Information:

Name _____ Email _____

Name _____ Email _____

Address: _____

Phone Numbers:

Home: _____

Dad Work: _____ Dad Cell: _____

Mom Work: _____ Mom Cell: _____

Office Use Only

Tuition: _____

Week 1: _____

Week 2: _____

Week 3: _____

Week 4: _____

Week 5: _____

Week 6: _____

Week 7: _____

Week 8: _____

Week 9: _____



Achieving Excellence One Student at a Time

Credit Card Authorization Form

I/we agree to allow the Prince William Academy to charge any remaining outstanding balances to my provided Credit/Debit Card.

If tuition is not paid at drop off, my credit card will be charged in the amount of tuition due that week, plus a 2% processing fee. If the card is rejected, a \$50.00 late fee will be assessed.

A 2% convenience fee will be added to all credit/debit card transactions.

_____ Master Card

_____ Visa

_____ American Express

Name of Card Holder: _____

Card Number: _____

Exp. Date: _____ Security Code (3 or 4 digits on back of card): _____

Card Holder Signature

Date