



Student Enrollment Packet 2019 Summer Camp

Student start date: _____ End date: _____

Child's Name: _____ **Birthday:** _____

Student Address: _____

Parent 1 Name: _____

Home Phone: _____

Address if different: _____

Cell: _____

Work: _____

Occupation: _____

E-mail: _____

Parent 2 Name: _____

Home Phone: _____

Address if different: _____

Cell: _____

Work: _____

Occupation: _____

E-mail: _____

Please List Any Health Problems: Does the student 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 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 and prescription medication. _____ Yes _____ No

Name of Student's Physician _____ Phone: _____

Emergency Contracts (other than parent/guardian):

Name: _____ Relationship: _____

Address: _____

Cell Phone: _____ Home Phone: _____

Name: _____ Relationship: _____

Address: _____

Cell Phone: _____ Home Phone: _____

Name: _____ Relationship: _____

Address: _____

Cell Phone: _____ Home Phone: _____

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.

LICESNING REQUIREMENT PERMISSIONS *Please read carefully and initial each statement*

DISEASE INFORMATION NOTIFICATION POLICY

_____ 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 repellent or sunscreen applied, while in attendance at Prince William Academy, I must fill out a medical authorization form.

CHILD'S INFORMATION POLICY

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

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

CHILD'S EMERGENCY MEDICAL AUTHORIZATION

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

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.

Each child's 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 would be sent to the office and a note to the parent would be sent home that day. If this behavior continues, the parent will be called and asked to pick up their child. Persistent truancy will be a cause for expulsion and dismissal.

A detailed code of conduct can be found in the school's handbook, given at the time of registration.

_____ I have read and understand the above code of behavior policy and will support the school in maintaining a high level of expectation for student conduct.

PHOTO RELEASE AUTHORIZATION

_____ I 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, the school advertisements, brochures, videos, power point presentations, the Prince William Academy website, social media platforms, and other online publications.

FIELD TRIP & ACTIVITIES AUTHORIZATION

_____ 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 above-mentioned adults.

I give permission for my child to take advantage of the school transportation arrangement 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.

SICK POLICY

_____ I acknowledge that the following guidelines will be followed unless a physician states in writing that my child is well enough to attend. I will keep my child home if they have:

- A temperature of 101 or above
- Conjunctivitis (pink eye)
- Diarrhea (more than one instance in a 12-hour period)
- Vomiting
- Severe cold with fever
- Contagious Disease (i.e. Roseola, strep, fifth disease, chicken pox, scarlet fever, croup, etc.)
- Head Lice
- Ring Worm

Your child may return to school within 24 hours only if they have a doctor's note stating that the child is not contagious and well enough to return to school. This policy is for the health, safety and protection of your child, fellow classmates and the staff of our center.

In addition, according to the State of Virginia Department of Licensing: ***"The parent must notify the Center if a member of their family has a reportable, communicable disease within 24 hours of the next business day."***

I hereby certify that the above information is true to the best of my knowledge. Furthermore, by signing below I certify that I have read and reviewed the Prince William Academy Family Handbook to include the Emergency Preparedness Plan. I also acknowledge that I am responsible for notifying the office of any changes to the above information.

Parent signature

Date

Parent signature

Date



2019 Summer Camp Contract

I wish to enroll _____ at Prince William Academy for the 2019 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 and on file. 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



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 17 – June 21
- _____ Week 2 June 24 – June 28
- _____ Week 3 July 1 – July 5
- _____ Week 4 July 8 – July 12
- _____ Week 5 July 15 – July 19
- _____ Week 6 July 22 – July 26
- _____ Week 7 July 29 – August 2
- _____ Week 8 August 5 – August 9
- _____ Week 9 August 12 – August 16

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: _____