

**For Office Use Only**

☐ Before & After ☐ After School ☐ Before School

☐ Cash ☐ Check ☐ Money Order Date \_\_\_\_\_

☐ New Application ☐ Renewal Application Acct No. \_\_\_\_\_

Medication Authorization Form: \_\_\_\_\_

# SY 2024-25 BEFORE & AFTER SCHOOL PROGRAM FOR PRE-TEENS AND TEENS | 4<sup>TH</sup> – 12<sup>TH</sup> GRADES

\*Please note that incomplete applications will not be accepted. The non-refundable \$50 registration fee per semester is due at time of enrollment.

## TUITION AND SCHEDULE:

Monday – Friday  
Before School 7:00am  
After School until 5:30pm  
Extended Program until 6:00pm

Before & After School Option | **\$95 Weekly**

After School Option | **\$75 Weekly**

Extended Program | \$5 Daily

Before School Option | **\$50 Weekly**

*Private shuttle services can be arranged to The House, Inc.  
for students participating in after school activities.*



**THE HOUSE**  
STUDENT LEADERSHIP CENTER

## STUDENT INFORMATION *(please print)*

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ ☐ Male ☐ Female

Student's Home Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Place of Birth \_\_\_\_\_ Student Cell Phone \_\_\_\_\_

School \_\_\_\_\_ Enrolled Grade 2024-2025 School Year \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION *(please print)*

Parent/Guardian 1 \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact # \_\_\_\_\_ Email \_\_\_\_\_

Employer Name \_\_\_\_\_ Occupation \_\_\_\_\_ Office # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact # \_\_\_\_\_ Email \_\_\_\_\_

Employer Name \_\_\_\_\_ Occupation \_\_\_\_\_ Office # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## ALTERNATE CONTACT *(please print)*

Signature required at pick up. Proof of identification may be requested.

First/Last Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

First/Last Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## EMERGENCY CONTACT AUTHORIZATION (please print)

The House, Inc. is authorized to make the student illness/emergency decision of when emergency exists. The House, Inc. is authorized to administer medical treatment. In an emergency, The House, Inc. has my permission to call 911 and/or send my student 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 student. The House, Inc. will make every reasonable attempt to contact the Parent/Guardian/Emergency Contacts.

**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) (please print)

Insurance Carrier \_\_\_\_\_ Policy/Group Number \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

## HEALTH HISTORY (please print)

List any illness or medical condition The House, Inc. should be aware of \_\_\_\_\_

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

Behavior conditions or problems of which The House, Inc. should be aware \_\_\_\_\_

List any medications the student 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** confirmed by medical testing within the last 3 years. My student is allergic to: \_\_\_\_\_

## VOLUNTEERISM

Each family must provide a minimum of five hours of volunteer service to The House, Inc. 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.

## TERMS AND AGREEMENT

- Tuition is continuous throughout the term (taking into account the days The House, Inc. is closed). The parent/guardian agrees to pay student tuition no later than Monday of the current week. If not paid by Monday of the current week, the parent/guardian will be charged a reoccurring \$15.00 late fee. Returned checks incur a \$50 bank fee and a \$15 late fee. Additional late check-outs shall incur a fee of \$1.00 per minute after 6:00pm for the additional care and services needed by your student. Shuttle cancellations will incur a \$5.00 fee if not communicated by 1:00pm of that day. Credits/Refunds are not issued for weather cancellations. The parent/guardian also agrees 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.*
- 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, Inc. reserves the right to access all academic records, observe the student at his/her campus, and confer with school staff as needed.*
- The parent/guardian consents to the photographing of their student (and parent/guardian, if applicable), the recording of their voice, and written material, and the use of these photographs, recordings and/or materials singularly or in conjunction with other photographs, recordings, and/or materials for advertising, publicity, commercial, or other business purposes. The parent/guardian understands that the term "photograph" as used herein encompasses both still photographs and motion picture footage.*
- The parent/guardian understands that the student who participates in activities of The House, Inc. does so of their own free will and is free to leave the premises without permission or supervision of The House, Inc. staff. Parent/guardians who wish for their student to remain at the facility during hours of operation must instruct them to do so.*
- To protect its character and stands of scholarship, The House, Inc. reserves the right, and the applicant concedes to The House, Inc. the right, to deny admission to any student at any time for any reason The House, Inc. deems sufficient. 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 House may at any time amend application and require individualized tiered support services for participant in its programs from its comprehensive categories (i.e., mentoring, inclusion aide, tutoring, and supervision).*
- The parent/guardian understands to withdraw their student from the program, they must give 14 days written notice to The House, Inc. 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.*
- By your signature below, the parent/guardian hereby release The House, Inc. and its employees and other agents from all claims arising from you or your child's participation including but not limited to personal injury, accidents, and other unintentional causes. 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, Inc. and damages, if necessary. You will be responsible for any damages for which The House, Inc. becomes liable or chargeable because of your student's actions. With admittance, you accept responsibility for any expenses resulting from such outside treatment, as needed in the event of accidental injury, illness, or symptoms arising during or after your student's time at The House, Inc. The parent/guardian is solely responsible and liable for any and all actions of their student during their time at The House, Inc., including, and not limited to, injury to another student, a House staff member, or a member of the public. Your acceptance of this agreement prohibits you from taking any action that negatively impacts The House, Inc. Subject to search: The House, Inc. reserves the right to search individuals and their belongings at its discretion. 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 House, Inc. is not responsible for damaged, lost, or stolen personal property.*
- The House, Inc. has the right to include additional items as it deems necessary. Programs and electives are subject to change. Your signature acknowledges your awareness and acceptance of our policies for this and all future visits.*

Parent Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date \_\_\_\_\_