



14000 Crown Court, Suite 105, Woodbridge, VA 22193

(703) 909 – 5459 | INFO@THEHOUSE-INC.COM

WWW.THEHOUSE-INC.COM

For Office Use Only

☐ Cash ☐ Check ☐ Money Order

Program Options: ☐ Before ☐ After

Acct No. _____ Date _____

Medication Authorization Form: _____

2024 SUMMER CAMP | REGISTRATION

3RD – 12TH GRADES

*Please note that incomplete applications will not be accepted. The non-refundable registration, t-shirt, and participation fees are due at time of enrollment.

\$50 Summer Registration

Weekly Tuition per Student | 9:00am – 5:00pm

\$180 per week | Monday – Friday

\$125 per week | Monday, Wednesday, Friday

Extended Program Hours:

\$25 per week | 7:00am – 9:00am (with breakfast)

\$20 per week | 5:00pm – 6:00pm

\$10 sibling discount.

\$25 Uniform T-shirt

Other Options and Fees:

Drop-in \$50 per day | 9:00am – 5:00pm

\$5 Lunch per day

Please select attendance (two-week minimum):

☐ May 28 – May 31

☐ July 8 – July 12

☐ June 3 – June 7

☐ July 15 – July 19

☐ June 10 – June 14

☐ July 22 – July 26

☐ June 17 – June 21*

☐ July 29 – August 2

☐ June 24 – June 28

☐ August 5 – August 9

☐ July 1 – July 5*

The parent/guardian is committed to the financial responsibility for all dates selected. A two-week minimum is required prior to utilizing the drop-in option.

**The House, Inc. is closed Wednesday, June 19th and Thursday, July 4th*

MORE: Students enrolled in summer school may access The House, Inc. through assigned school buses.

STUDENT INFORMATION *(please print)*

First Name _____ Middle Initial _____ 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 _____

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 _____

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: _____

SWIMMING STATUS

_____ My student **HAS** permission to swim during program hours. _____ My student **DOES NOT HAVE** permission to swim during program hours.

TERMS AND AGREEMENT

- 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. Pick-up after 5:00pm shall automatically incur the extended program fee of \$20.00. 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. The parent/guardian understands that a minimum of two weeks of enrollment is required at registration. The parent/guardian is committed to the financial responsibility for all dates selected; a change of contract week request must be made in writing and is subject to camp availability plus a \$25 change fee. Tuition for The House, Inc. may not be transferred to another student. 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 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).
- 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 _____