

Arches Oak Hills Registration Form



Program Information

Before School \$45/week \$15/day	Kindergarten/PreK Enrichment \$50/week \$17/day	Kindergarten/PreK Enrichment \$50/week \$17/day	After School \$50/week \$17/day
6:30 am – 8:30 am	8:30 am – 12:30 pm	11:30 am – 3:15 pm	3:30 pm – 6:00 pm

Multiple Programs			
Before & After School \$85/week	Before School & Enrichment \$90/week	Enrichment & After School \$90/week	Before, Enrichment, & After School \$125/week
Transportation Fee: \$80/month for 1 st child, \$60/month for 2 nd child, \$40/month for 3 rd child			

Student Information

Child 1

Last Name	First Name	Age	Grade	Birth Date	School Attending
-----------	------------	-----	-------	------------	------------------

Please check one or more programs:

<input type="checkbox"/> Before School	<input type="checkbox"/> Morning Enrichment	<input type="checkbox"/> Afternoon Enrichment	<input type="checkbox"/> After School	<input type="checkbox"/> Need Transportation
--	---	---	---------------------------------------	--

Child 2

Last Name	First Name	Age	Grade	Birth Date	School Attending
-----------	------------	-----	-------	------------	------------------

Please check one or more programs:

<input type="checkbox"/> Before School	<input type="checkbox"/> Morning Enrichment	<input type="checkbox"/> Afternoon Enrichment	<input type="checkbox"/> After School	<input type="checkbox"/> Need Transportation
--	---	---	---------------------------------------	--

Child 3

Last Name	First Name	Age	Grade	Birth Date	School Attending
-----------	------------	-----	-------	------------	------------------

Please check one or more programs:

<input type="checkbox"/> Before School	<input type="checkbox"/> Morning Enrichment	<input type="checkbox"/> Afternoon Enrichment	<input type="checkbox"/> After School	<input type="checkbox"/> Need Transportation
--	---	---	---------------------------------------	--

Please indicate days of the week care is needed: _____

Signature Indicating Responsibility of Payment

Date

Registration is \$30/\$5 each additional child.

For Director Use Only

TOTAL WEEKLY TUITION:

REGISTRATION FEE:

Registration Information

Enrollment is on a first come, first served basis, and cannot be guaranteed until the director has received all forms, including medical and registration fees.

School Information

Please indicate the current school your child(ren) attend(s) _____

Will your child(ren) be taking a bus to or from Arches? _____

Tuition

Tuition payments are due on the Friday before each week of service. **Full payments are due for each week, including those that have fewer school days and holiday weeks when the schools are closed.**

Parent Initial _____

Arches does not pro-rate tuition fees. For convenience, payments can be put in our mailbox or in the drop box located outside the director's door.

Late Payments

Payments received after 6pm on Friday are considered late. If payment has not been received by 6pm on Monday, your account will incur late fees.

If tuition is 7 days past due, a reevaluation of enrollment will be considered. In the event of non-payment, please understand it is your responsibility to speak with the director.

Signature Indicating Understanding of Late Payments and Tuition _____ Date _____

Two Week Notice

Clients who wish to discontinue childcare services with Arches must give a two weeks written advanced notice of withdrawal. Your child's withdraw date will be two weeks from the date notice is given, and you will be billed accordingly, regardless of actual attendance. Since payments at Arches are not prorated per day, two weeks' tuition will be due from the time notice is given.

Signature Indicating Understanding of Two Week Notice _____ Date _____

Parent Handbook

Arches parent handbook should fully inform of all policies and procedures of the program. Among other topics, I have now been informed of the policies regarding release of children, discipline, tuition, fees, communicable disease, administration of medication, medical emergencies, child abuse reporting, late pick-up fees, and termination from the program. The handbook should serve as a quick reference to answer most questions.

Signature Indicating Understanding and receiving of Parent Handbook _____ Date _____

Photo & Video Permission

Signing below indicates permission for your child's photograph to be take and or/video to be taken and used by Arches Oak Hills LLC in publications, social media, and possible release to local newspapers.

Signature Indicating Photo and Video Permission _____ Date _____

Family Information, Communication, and Emergency Contacts

In the event the need arises to contact parents/guardians, please indicate who is to be called first and so on. For weather or emergency closing procedures, you will receive an email or telephone call.

(Print clearly) We will be using emails to send out information and for communication.

Parent/Guardian Name _____	
Home Number _____	Cell Number _____
Work Number _____	Employer _____
Email Address _____	

Parent/Guardian Name _____	
Home Number _____	Cell Number _____
Work Number _____	Employer _____
Email Address _____	

Emergency Contacts (when parents/guardians cannot be reached)

Name _____	Name _____
Relationship _____	Relationship _____
Phone Number _____	Phone Number _____

Child lives with: Both Parents _____ Mother _____ Father _____ Guardian(s) _____

Is there a court order protecting the custody of the child? _____

If yes, a copy of the court order must be included with this registration.

Release to Pick Up (other than parents/guardians)

Please list at least two local adults, other than parents/guardians, who can pick up your child if you are delayed, or there is an emergency. This is MANDATORY. Arches staff will not release a child to any person not listed below unless the parents calls the director to make other arrangements. Please have adults other than yourself be prepared to show identification. Staff will not release children to people they do not recognize.

Name	Relationship	Phone Number

Routine Trip Permission Forms

Destination: GREEN TOWNSHIP PUBLIC LIBRARY

I, the undersigned, grant permission for my child to participate in routine walks, and outdoor activities, which will be scheduled during Arches regular hours. Every safety caution will be observed, along with take all medical plans while on the walking trip to the library.

The mode of transportation will always be walking. During any walking trip, children will never have access to water that exceeds one foot in depth and will not participate in water activities at all.

Child's Name _____

**form is valid for one year

Signature Indicating Permission for Child to Go on Walking Field Trips to the Library

Date

Destination: J.F. DULLES PLAYGROUND

I, the undersigned, grant permission for my child to participate in routine walks, and outdoor activities, which will be scheduled during Arches regular hours. Every safety caution will be observed, along with take all medical plans while on the walking trip to the playground.

The mode of transportation will always be walking. During any walking trip, children will never have access to water that exceeds one foot in depth and will not participate in water activities at all.

Child's Name _____

**form is valid for one year

Signature Indicating Permission for Child to Go on Walking Field Trips to the Dulles Playground

Date