

Arches Oak Hills Registration Form



Student Information

Child 1

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Last Name
First Name
Age
Must be 3
Grade
2021/22 School Year
Birth Date

Child 2

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Last Name
First Name
Age
Must be 3
Grade
2021/22 School Year
Birth Date

Child 3

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Last Name
First Name
Age
Must be 3
Grade
2021/22 School Year
Birth Date

Program Information

<h3>11 Week-Long Themed Camps</h3> <p>6:30 am – 6:00 pm</p>	
** Arches will be closed on May 31st for Memorial Day, July 5th and August 16th for Teacher In-Service Day**	
Weekly Fee: <small>4 or 5 days/week</small>	\$165 (1 st child), \$150 (2 nd child), \$135 (3 rd child)
Daily Fee: <small>1-3 days/week</small>	\$50 (1 st child), \$45 (2 nd child), \$40 (3 rd child)
Bus/Field Trip Fee: <small>*this fee is in addition to weekly/daily fees*</small>	\$295 (if paid in one installment) or \$15/trip (if not paid per trip) <small>*Children will attend 2 field trips per week – ALL CHILDREN WILL GO ON TRIPS ON WEDNESDAYS (if attending Wednesday must go on field trip)*</small>

Weekly Camps

Please check mark which camps you will be attending:

We Are Family May 31 – June 4 (Closed Monday, May 31)	Symphony of the Five Senses July 12 – July 16
Art-Rageous June 7 – June 11	The Big Leagues July 19 – July 23
World Travelers June 14 – June 18	Astronaut Adventures July 26 – July 30
Buggin' Out June 21 – June 25	Splish-Splash August 2 – August 6
Scientists Workshop June 28 – July 2	Under the Sea August 9 – August 13
Stars & Stripes July 5 – July 9 (Closed Monday, July 5)	

Please indicate days of the week you will be attending: _____

**Registration is \$35/\$5 each additional child OR
\$15/\$5 each additional child if enrolled at Arches for 2019-20 School Year**

Signature Indicating Responsibility of Payment	Date
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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.

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 days.**

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 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