

Student Information

Child 1

Last Name	First Name	Age	Birth Date

Please make ONE check mark:

3's and 4's Class			9:00 am – 11:50 am <small>*must turn 3 by December 31, 2017</small>
5 Days	3 Days <small>Monday, Wednesday, Friday</small>	2 Days <small>Tuesday, Thursday</small>	
<input type="checkbox"/> \$215 per month	<input type="checkbox"/> \$150 per month	<input type="checkbox"/> \$135 per month	
PreK Class			9:00 am – 12:00 pm
5 Days		4 Days <small>Monday-Thursday</small>	
<input type="checkbox"/> \$225 per month		<input type="checkbox"/> \$205 per month	

Child 2

Last Name	First Name	Age	Birth Date

Please make ONE check mark:

3's and 4's Class			9:00 am – 11:50 am <small>*must turn 3 by December 31, 2017</small>
5 Days	3 Days <small>Monday, Wednesday, Friday</small>	2 Days <small>Tuesday, Thursday</small>	
<input type="checkbox"/> \$215 per month	<input type="checkbox"/> \$150 per month	<input type="checkbox"/> \$135 per month	
PreK Class			9:00 am – 12:00 pm
5 Days		4 Days <small>Monday-Thursday</small>	
<input type="checkbox"/> \$225 per month		<input type="checkbox"/> \$205 per month	

Extended Care

Please make ONE check mark:

Before Preschool <small>6:30am-9:00am</small>	After Preschool <small>12:00pm-3:15pm</small>	After Preschool <small>12:00pm-6:00pm</small>
<input type="checkbox"/> \$45/week \$15/day	<input type="checkbox"/> \$50/week \$17/day	<input type="checkbox"/> \$85/week \$34/day
Multiple Programs		
Before & After <small>6:30-9:00 & 12:00-3:15</small>		Before & After <small>6:30-9:00 & 12:00-6:00</small>
<input type="checkbox"/> \$90/week		<input type="checkbox"/> \$120/week

*

Registration is \$55/\$5 each additional child

Signature Indicating Responsibility of Payment

Date

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 1st of each month. **Full payments are due for each month including those that have fewer school days and 3 holiday weeks that school is 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 the 1st of the month are considered late. If payment has not been received by 6pm on the 2nd 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

One Month Notice

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