

Simply...SpareTime, Incorporated

8310 Turning Leaf Lane
McLean, VA 22102
703.288.9393 Fax: 703.288.9393

**After-School Program
REGISTRATION FORM 2011-2012**

Name: _____ Nickname: _____ Date of Birth: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Home Phone: _____
Sex (circle): Male Female

Parents: Single Married Separated Divorced

Mother's Name: _____ Father's Name: _____
Address: _____ Address: _____

Mother's Employer: _____ Father's Employer: _____
Mother's Work Phone: _____ Father's Work Phone: _____
Mother's Cell Phone: _____ Father's Cell Phone: _____
Mother's Email Address: _____ Father's Email Address: _____
Social Security No: _____ Social Security No: _____

Persons or Agencies Having Legal Custody:

Special Instructions Regarding Child Custody: _____
Persons Authorized to Pick Up Child: _____
Persons NOT Authorized to Pick Up Child: _____

Note: Appropriate documentation such as divorce decree will be attached if a parent is not authorized to pick up the child.

Emergency Information: Please complete the following information with complete address and phone numbers. In an emergency, persons listed below will be contacted in the event that a parent cannot be reached. **Contacts MUST BE LOCAL.**

1. Name: _____ 2. Name: _____
Address: _____ Address: _____

Phone: _____ Phone: _____
Relationship: _____ Relationship: _____

Physician Name: _____ Phone: _____
Last Tetanus Shot: _____ Allergies or Intolerance to food: _____
Actions to take in an Emergency Situation: _____

Nationality: _____ Language Spoken at Home: _____
Center/School Previously Attended: _____
Reason(s) for Leaving: _____

How Did You Find Simply...SpareTime?
 Parent Referral Signs Internet

Are there other children in your family? _____
Entrance Date: _____ School Attending in the Fall: _____

Simply...SpareTime, Incorporated
AGREEMENT OF ENROLLMENT
(including new policies and procedures)

Enrollment: The parent(s)/guardian(s) of _____ submit herewith, **\$75.00 non-refundable registration fee** for the enrollment of the child in **Simply...SpareTime, Inc.'s After-School Program**, located at 8310 Turning Leaf Ln., McLean, VA 22102. The child is enrolled under the following circumstances:

1. **Tuition:** Parent(s) agree to pay tuition of \$131.25 per week per child equal to a monthly payment of \$525.00. Springhill tuition is \$500.00 per month. All payments are due monthly. Transportation is included in the monthly fee.
2. **Tuition is due on the first of the month regardless of holidays, sick days, inclement weather days, or vacations. Tuition is at any time during the month. Tuition is late on the 5th day of the month. There will be an adjustment of fees for Spring Break and June 14, 2012.**
3. **Late tuition payments, on the 5th, should include a late payment fee of 10% of the monthly tuition fee of \$525.00. Your check should be written to reflect this amount. Notice will be given for non-payment of late fees.**
4. **Tuition payments "after" the 5th should include an additional \$25 (plus the original late fee of 10%) up to the 15th of the month. Late fees after the 15th of the month should be discussed with the Director.**
5. Tuition and completed registration materials are due within two weeks of acceptance and prior to enrollment. It is also agreed that parent(s) shall be entitled to no deduction for absence of child from the Center for any reason. Tuition has already been divided equally for the entire length of this contract which is for the entire school year, beginning September 6th through Fairfax County Public School's last closing date of June 19, 2012. Simply Sparetime's openings and closings have been calculated and included in the yearly fee of tuition payments. There is no need for any "re-calculations" for closings or inclement weather days.
There may be additional, minimal fees for added hours of service during teacher work days, student holidays, and Spring Break. Amounts will be found on the SST's calendar provided before enrollment.
6. **There is a 10% sibling discount for two children enrolled.**
7. **There may be additional fees for activities during the year. Participation is optional.**
The parent(s) agree to pay court costs and 25% of the attorney's fees in the event of default in payment pursuant to the above terms.
8. **Notice of Withdrawal:** Parent(s) agree to child's enrollment for a minimum of 4 months and give **AT LEAST THIRTY DAYS** written notice to the Center before withdrawing their child. Regular tuition charges apply to this thirty day period. Simply stated, if you need to withdraw your child, a thirty day written notice is required, as well as one full month's tuition. Your child may not attend during this thirty day period.
9. Simply Sparetime is unable to return to a school to pick up your child if he/she misses the initial pick-up. Please notify us if your child did not attend school on a particular day or if you have already picked him/her up early. We cannot wait longer than 10 (ten) minutes for your child after the bell has rung.
10. **Simply Sparetime follows Fairfax County Public School's inclement weather policy. If the school is closed, Simply Sparetime is closed. There will be no communication outside of notice on website and voice message on Center phone. If FCPS closes early for inclement weather conditions, Simply Sparetime will NOT be able to pick up your children, and the Center will be closed for that day. We have to take into consideration driving conditions and staff to cover the ratio of children. We are an "after" school program and not an all day "Day Care Center". Our staff is not already at our Center, they only come for the "after school" time period of 3:00-6:00 pm. Weather conditions may prohibit them from coming in and we are not allowed to operate out of ratio.**

11. **Late pick-ups-** Our operating hours are: Monday early closing for your child's school until 6 pm or Tuesday through Friday closing time for your child's school until 6 pm. We have a grace period of 10 minutes if needed on occasion. After two repeated late pick ups, after 6:10 pm a late charge will go into effect, and is due at the time you pick up your child. The late fee is \$10.00 for the first 5 minutes and \$1.00 per minute there after. Traffic can get a little backed up, please plan accordingly.
12. **Wednesdays-**We share space with a church. They hold meetings and Bible Study on Wednesdays. Simply Sparetime likes to respect this time, and close at our stated closing time of 6:00 pm.
13. **Field Trips:** Unless parent(s) specifies otherwise in writing, it shall be agreed upon that the child has the parent(s) permission to go on Center sponsored field trips. In case of an admission charge, advance notice will be sent to parent(s)
14. **Use of Pictures:** Parent(s) hereby gives permission for use of picture(s) or video/audio recording of their child participating in Center activities for Center publicity purposes; unless specified in writing. Some pictures may appear on the website, without names or identification.
15. **Center Activities Waiver:** I/we agree that our child/children may participate in all physical activities/play while under the supervision of Simply Sparetime, Inc. unless otherwise noted. We understand that Simply Sparetime, Inc. will take caution and preventative measures to assure that our child/children are safe, and out of harm's way during any activities at their center. I/we hereby release Simply Sparetime, Inc. of any liability that may be a result of an accident involving my child not following instructions.
16. **Disenrollment/Suspension:** Reasons for disenrollment or suspension include, but are not limited to: acts or threats of physical violence, unresolved differences with a parent or child, non-payment of fees, and unacceptable behavior of children. Parents consistently late for pick up. The Director and Executive Administrator make the final decision.
17. **Care/Supervision:** The center shall exercise reasonable care in the supervision, education, and welfare of the child during the period the child is at the center. In a medical emergency, the Center shall attempt to contact the parent(s) and personal physician as soon as practicable, but it shall be free and hereby authorized to secure the most available medical assistance, with what appears to be the best interest of the child at the time of the emergency.
18. **Open Door Policy:** The Custodial parent(s) has the right to be admitted into the center at any time.
19. **Health Policy:** Parent(s) agrees that if the child's temperature rises above 100 degrees or shows signs of communicable illness while at the Center, the parent will make every effort to have the child picked up within the hour. We are required to take the children outside, weather permitting. If your child is too ill to go outside, then your child is too ill to be at the program. We cannot pick up your children from school if they are sick. Parent(s) agrees that they will inform the center within 24 hours or the next business day after, if any member of the immediate household has developed any reportable communicable disease, except for life threatening diseases, which must be reported immediately.

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

Simply...SpareTime, Inc.: _____ Date: _____

Proof of Identification: (Must be shown to Center Director before enrollment.)

Child's Name _____ Child's Date of Birth: _____

Document: _____ Document #: _____

Document State/Country: _____ Information received by: _____

Withdrawal Date: _____ Effective: _____

Reason: _____

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Child's Emergency Medical Authorization

Name of Child: _____ Date of Birth: _____

Name of Parent (s) or Guardian: _____

Home Address: _____, _____, _____
Street City Zip

Mother's Work Address: _____ Phone#: _____

Father's Work Address: _____ Phone#: _____

The Parent(s)/ Guardian authorizes Simply...SpareTime, Incorporated, to obtain immediate medical care and consents to the hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to his/ her child or ward if emergency occurs when he/she cannot be located immediately. It is also understood that this agreement covers only when he/ she expects to be notified immediately. I authorize emergency medical personnel to transport my child to a medical facility to receive immediate medical attention.

1.) I will be responsible for payment of medical care expenses _____

2.) Medical Treatment costs are covered by:

Name of Insurance Company: _____

Policy Number: _____

No Insurance: _____

a.) Medicaid Coverage Number: _____

b.) Other Medical Insurance: _____

Child's Physician or clinic attended: _____

Child's Allergies (if any): _____

Child's Doctor: _____ Phone#: _____

Family Doctor: _____ Phone#: _____

Medications child is taking: _____

Last Tetanus Shot: _____

Outstanding Medical History (i.e. diabetes, heart disease): _____

Signature: _____ Date: _____