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Summer Scouts 2017 Registration Form (Infants to Rising Kinder)

CHILD INFORMATION

Name of Child (Last, First, Middle Initial)				
Nickname		Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ___ / ___ / ___
Street Address		City	State	Zip Code
Names of sibling(s) enrolled in KCF	Home Phone		Allergies/Food Restrictions	
Previously attended school(s) / program(s)		Chronic physical problems and/or developmental information		
Primary Residence <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Guardian _____				
Days to Attend (3 day minimum): <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri			Arrival Time	Departure Time
<i>*Note: Any changes to days and/or times after enrollment will require a new form to be completed and a \$15 administrative fee.</i>				

PARENT/GUARDIAN INFORMATION

Name of Mother / Guardian #1	Name of Father / Guardian #2
Cell/Work Phone #	Cell/Work Phone #
Email Address	Email Address

EMERGENCY CONTACTS AND RELEASE PERSONS

**Please list persons other than those already listed in Parent/Guardian Information section*

1. Name / Relation to Child	Address	Phone #
2. Name / Relation to Child	Address	Phone #
3. Name / Relation to Child	Address	Phone #
Person(s) NOT Authorized to Pick Up Child:		
Physician's Name		Physician's Phone #
Physician's Address		

INSURANCE INFORMATION

Name of Subscriber	Relationship to Child	Insurance Company Name
ID Number	Group Number	Effective Date

SCHEDULE: Please check the weeks of enrollment	OFFICE USE ONLY:
<input type="checkbox"/> Week 1: July 3 – July 7 (4 day week)	REGISTRATION FEE: \$ _____
<input type="checkbox"/> Week 2: July 10 – July 14	TUITION: \$ _____
<input type="checkbox"/> Week 3: July 17 – July 21	SECURITY DEPOSIT: \$ _____
<input type="checkbox"/> Week 4: July 24 – July 28	SIBLING DISCOUNT: \$ _____
<input type="checkbox"/> Week 5: July 31 – Aug 4	TOTAL: \$ _____
<input type="checkbox"/> Week 6: Aug 7 – Aug 11	Amount Paid \$ _____
<input type="checkbox"/> Week 7: Aug 14 – Aug 18	Balance Remaining \$ _____
<input type="checkbox"/> Week 8: Aug 21 – Aug 24 (4 day week)	

POLICIES: Please initial each section below, then sign and date the bottom of the page.

- _____ **1. TUITION PAYMENTS:** Weekly payments ONLY and due on Monday of every week enrolled. Late tuition will incur a \$5 fee per day per child.
- _____ **2. MINIMUM REGISTRATION:** Two full weeks
- _____ **3. SECURITY DEPOSIT:** Two full week tuition. Security Deposit is waived if the entire summer tuition is paid in full at time of registration.
- _____ **4. DISCOUNT:** A 5% discount will be applied to sibling(s) within the school-age program.
- _____ **5. LATE PICK-UP:** Your child must be picked up ON TIME. Late Charge: \$1 per minute past pick up time.
- _____ **6. BEHAVIORAL ISSUES:** If a child causes injury to another child(ren) or staff, KCF reserves the right to deny his/her continuation in the program. If property is destroyed or damaged, parents or guardians may be required to pay for the repair or replacement.
- _____ **7. MEDICAL EMERGENCY:** KCF will obtain immediate medical care if any emergency occurs when the parent or guardian cannot be reached. KCF has permission to contact the family's physician and/or take the child to the emergency room at the parent's or guardian's expense.
- _____ **8. PHOTO RELEASE CONSENT:** KCF has permission to use photographs and/or videos of your child for purposes within KCF discretion unless otherwise noted by the parent.
- _____ **9. LIABILITY:** KCF is not liable for any and all claims of bodily injury and/or property damage which result from your child's participation in all activities hosted by KCF. KCF is held harmless against any claim, demand, debt, obligation, liability, cost, expense, right of action, or cause of action based on or arising out of an emergency on or off KCF property.
- _____ **10. PERMISSION:** Your child has permission to participate in all program activities and events hosted by KCF.
- _____ **11. COMMUNICABLE DISEASE:** If the child or member of the immediate household has developed a communicable disease, parents or guardians are required to inform KCF within 24 hours or by the next school day.
- _____ **12. RETURNED CHECKS:** A \$35 processing fee will be charged for all checks which are returned for any reason.
- _____ **13. SCHEDULE CHANGE:** A **two full week advanced notice** of any schedule change is required. Without proper notice, you are responsible for half tuition, regardless of attendance.
- _____ **14. REFUND:** A **written notice of cancellation** is required for a full refund (excluding the registration fee). Deadline for your refund is **two weeks prior to your enrollment date**.

PARENT or GUARDIAN SIGNATURE

I have read and understood all of the policies and requirements for the Kiddie College of Fairfax Summer Scouts 2017.

PARENT SIGNATURE

Date

ADMINISTRATION SIGNATURE

Date