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Summer Scouts 2017 Registration Form (Rising 1st to Rising 7th)

CHILD INFORMATION

Name of Child (First/Middle/Last)			
Nickname	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____ / ____ / ____
Street Address	City	State	Zip Code
Name of sibling(s) enrolled in KCF		Home Phone	
Primary / Secondary school enrolled		Chronic physical concerns and/or developmental information	
Primary Residence <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Guardian _____			

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

TUITION & FEES: Please check the weeks and time your child will be enrolling.

REGISTRATION:

- Until May 5th \$30
- May 8th – June 9th \$50
- June 12th – Aug 14th \$70

TIME:

- 9:00am – 3:00pm \$230/wk
- 7:00am – 3:00pm \$250/wk
- 9:00am – 5:30pm \$260/wk
- 7:00am – 6:30pm \$280/wk

SCHEDULE:

- Week 1: June 26 – June 30
- Week 2: July 3 – July 7 (*4 day week*)
- Week 3: July 10 – July 14
- Week 4: July 17 – July 21
- Week 5: July 24 – July 28
- Week 6: July 31 – Aug 4
- Week 7: Aug 7 – Aug 11
- Week 8: Aug 14 – Aug 18
- Week 9: Aug 21 – Aug 24 (*4 day week*)

Food Allergies: Yes / No

Please Choose:

- Peanuts/Tree Nuts
- Dairy
- Egg
- Fruits: _____
- Other: _____

Food Restrictions: Yes / No

List: _____

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

**KCF Summer Scouts 2017
Daily Schedule**

TIME	ACTIVITY	TIME	ACTIVITY
7:00 – 8:50	Arrival / Early Care	1:00 – 2:00	Activity 4: Recreational Time
9:00 – 9:30	Welcome / Snack	2:00 – 3:00	Activity 5: S.T.E.A.M. Projects (Science, Technology, Engineering, and Mathematics)
9:30 – 10:00	Activity 1: Community Building	3:00 – 3:30	Snack
10:00 – 10:45	Activity 2: Reading & Writing	3:30 – 4:00	Activity 6: D.E.A.R (Drop Everything and Read)
10:45 – 11:00	Break	4:00 – 4:45	Activity 7: Arts & Crafts
11:00 – 11:45	Activity 3: Math	4:45 – 5:30	Recess Outdoor Activities
12:00 – 1:00	Lunch	5:30 – 6:30	Free Choice Centers

OFFICE USE ONLY

Enrollment Date: _____

Total Weeks: _____

Hours Selected: _____

Registration Fee: \$ _____

Security Deposit: \$ _____

Tuition: \$ _____

Registration Form

Proof of Birth

Immunization Record (*international students only*)

TOTAL \$ _____

Staff Signature: _____

Date: _____