



White Rock North School

"Kids' Club" After School Program

2016-2017

Application for Admission

Effective dates: Monday, August 23, 2016- Thursday, June 1, 2017

Fees: \$100.00 Non-refundable Activity Fee (upon registration) \$310.00/month, charged on the 1st

If a child is not riding the WRNS van on any given day(s), WRNS must be notified by 1:00 p.m. A \$25.00 charge will be assessed to your account for failure to do so.

Date of Application: ____/____/____

Intended Date of Admission: ____/____/____

Child's Name	DOB	Age	Gender	Grade in Fall	School Name
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Contact person at your child's school: _____ School Phone #: _____

Parent Information

Parent/Guardian 1 Name	Cell	Work	Home/Other
Address	Do you own or rent?	Can you volunteer at WRNS?	Skills to offer
Employer	Occupation	DL #/ State	Email

Parent/Guardian 2 Name	Cell	Work	Home/Other
Address	Do you own or rent?	Can you volunteer at WRNS?	Skills to offer
Employer	Occupation	DL #/ State	Email

Is there legal documentation regarding the care, supervision or custody of this student? _____ If yes, a copy must be provided with the application.

Ethnicity (optional): _____

Student History: Briefly describe the applicant and give details that would assist our staff in becoming acquainted with him/her (personality, appearance, etc.) _____

Has your child been dismissed, suspended from or denied readmission to any school, for any reason? _____
If yes, please explain.: _____



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STUDENT SECURITY / EMERGENCY INFORMATION / RELEASES

Child's Name	D.O.B.	Age	Current Grade
Parent Name	Cell #	Work #	Address

Emergency Contacts (other than the Parents/Guardians)

Name	Cell #	Work #	Email
Name	Cell #	Work #	Email
Name	Cell #	Work #	Email

Person(s) Allowed To Pick Up Student

Name	Cell #	Work #	Email
Name	Cell #	Work #	Email

Physician Information

Physician Name	Physician Practice Name	Physician Address	Physician Phone #
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Allergies to Medication or Special Health, Behavioral Alerts: _____

EMERGENCY MEDICAL RELEASE

In order to meet all legal requirements, I hereby authorize the principal or the staff of White Rock North School to give consent for any and all necessary emergency medical care for my child, _____, while said child is in their custody.

Parent or Legal Guardian's Signature

The State of Texas, County of Dallas

Before me, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for purpose therein expressed. Sworn and subscribed before me this ____ day of _____, 20____.

Notary Public in and for Dallas County, Texas _____

My Commission Expires



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FINANCIAL INFORMATION

Please note: Vehicles that transport students from public school arrive at each school upon dismissal. The vans wait approximately 5 minutes for all students to arrive and then return the students immediately to the WRNS campus. Students that miss the WRNS vehicles are to report to their public school office and ask that White Rock North School be notified. A second driver will return for the child.

I have carefully read and understand all information contained in this agreement and agree to be bound by its terms and provisions. I accept the policies and regulations of White Rock North School, Inc., and release its owner, Mrs. Mary F. Adams, administrators, and any other employee from any and all liabilities for injuries and illness that might occur from attendance of my child in this program or while in the custody of said School.

Monthly tuition is due on the 1st of each month and is paid through Tuition Express. I understand there will be no reductions on rates for holidays, illness or vacations. Additionally, I understand that the term of agreement for services for "Kids' Club" ends the last day of school as determined by the Richardson ISD. Any miscellaneous payments, by check will be assessed a **\$38.00 NSF fee**.

If my child is withdrawn before the completion of any month, I realize that any money paid in advance will be refunded at a prorated amount. . A two week notice must be given, if relocating out of the area.

If I am late in picking up my child, I agree to pay \$10.00 for the first 5 minutes, starting at 6:00 p.m., and \$1.00 per minute, thereafter. The total amount of the late fee is to be paid in full to the individual that is caring for my child after hours. This is due IMMEDIATELY upon picking up my child and must be paid in cash.

In the event that any action is brought for enforcement of this Contract/Financial Agreement or the collection of any sums due under this Contract/Financial Agreement, Parents/Legal Guardians agree to pay reasonable attorney's fees and court costs incurred by the School in addition to any other damages to which the School may be entitled.

Signature of Financially Responsible Party: _____ Date: _____

White Rock North School admits students without regard to race, sex, color, religion, national or ethnic origin in the administration of its admission and educational policies, financial programs, employment practices and other school-administered programs.