



2020 Summer Program Registration (Rising 1st Graders – Rising 4th Graders)

Please verify EACH item below and complete and/or correct for our school records. Every field MUST have information or N/A in order for us to accept as complete.

| | | | | | | | |
|---------------------------------|---|-----------------------------------|--|-------------|--|--------|--|
| Student's Name | | Birth Date | | 19-20 Grade | | Gender | |
| LVS 19-20 Class | Previous Child Day Care / School Attended | | | From | | To | |
| First Date of Attendance at LVS | | Last Date of Attendance at LVS | | | | | |
| Primary Parent or Guardian Name | | Secondary Parent or Guardian Name | | | | | |
| Address | | Address | | | | | |
| City / State / Zip | | City / State / Zip | | | | | |
| Home Phone | | Home Phone | | | | | |
| Cell Phone | | Cell Phone | | | | | |
| Work Phone / Ext | | Work Phone / Ext | | | | | |
| Email | | Email | | | | | |
| Occupation/Title | | Occupation/Title | | | | | |
| Employer Name | | Employer Name | | | | | |
| Physician's Name | | Physician's Phone | | | | | |
| Hospital Preference | | Insurance Company | | | | | |
| Policy # | | Name Policy is Under | | | | | |

Emergency Contacts: List two LOCAL emergency contacts, other than parents, who can arrange for pick up of the student within one hour of being contacted. We must have complete addresses for both emergency contacts.

| | | | | | |
|---|--|--------------|--|------------|--|
| Contact 1 Name | | Relationship | | | |
| Full Address | | Home Phone | | Cell Phone | |
| | | | | | |
| Contact 2 Name | | Relationship | | | |
| Full Address | | Home Phone | | Cell Phone | |
| | | | | | |
| List Up to Four Individuals Who May Pick Up | | | | | |
| | | | | | |
| Who May NOT Pick Up | | | | | |

Allergies: Indicate allergies to food, medication, environment, etc.

| | | |
|--|--|---|
| | | Is your child prescribed other allergy medication (e.g., Benadryl) (Y/N)? |
|--|--|---|

Other Medical Needs: Indicate other medical conditions, pertinent developmental information or special accommodations needed.

| | |
|--|--|
| | |
| Is your child prescribed medication (e.g., inhaler, stimulants) (Y/N)? | |

Special Food Needs: Indicate food restrictions (other than allergies) due to intolerance or religious preferences.

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|---|---------------------|--|----------------------|--|---------------|--|
| Custody Terms: Appropriate paperwork, such as custody papers, shall be attached if a parent is not allowed to pick up the student. | Marital Status | | Custody | | Custody Notes | |
| | Date of Court Order | | Court Order on File? | | | |

SUMMER PROGRAM PREFERRED (Please circle choices below): Minimum 6 Weeks

| Session | Theme (Circle Choice) | Lunch (Circle Choice) | | Session | Theme (Circle Choice) | Lunch (Circle Choice) | |
|--|--------------------------|--------------------------|-------|-------------------|--------------------------|--------------------------|-------|
| 1. June 22 - 26 | Intro to Solar System | Buy | Bring | 5. July 20 - 24 | Weather Experiments | Buy | Bring |
| 2. June 29 - July 3 (Closed July 3) | Explore Life in Space | Buy | Bring | 6. July 27 - 31 | Drama** | Buy | Bring |
| 3. July 6 - 10 | All About Astronauts | Buy | Bring | 7. August 3 - 7 | Drama** | Buy | Bring |
| 4. July 13 - 17 | Fun Rocket Science | Buy | Bring | 8. August 10 - 14 | Sound Wave Experiments | Buy | Bring |

** The Drama program requires a minimum of 18 students. If less than 18 students register, these two weeks will be replaced with other alternate themes.

SUMMER PROGRAM FEES

| Program | Registration Fee (Non-refundable) | Schedule (Extended Day) | Tuition Per Session** (Sessions 1- 8) | Lunch Fees |
|--|--------------------------------------|----------------------------|--|------------------|
| Summer Program-only students | Per Student: \$65.00 | 7:00am – 6:00pm | \$360 | \$30/week |
| Students enrolled at LVS for the 2019-2020 school year | Per Student: \$45.00 | 7:00am – 6:00pm | \$360 | \$30/week |

** Tuition includes morning and afternoon snacks.

REGISTRATION INFORMATION

- Complete and sign the registration form along with VA School Entrance Health Form and the immunization record. Submit the form with the **non-refundable/non-transferable** registration fee **AND** the **non-refundable/non-transferable** fee for the **first session**. **ALL fees become non-refundable and non-transferable effective the date that the school receives the registration form.**
- Incomplete registrations may result in a delay of the child's acceptance into the program. **The registration is not valid unless signed by a parent or guardian.**
- The balance for **ALL** remaining registered sessions will be split into 2 equal payments due May 1st and June 1st. The total balance, payable to LVS, is due in **FULL** by **June 1st**.
- All tuition payments are the same, regardless of student absences and holidays.**

CHARGES/DISCOUNTS

- A change fee of \$30.00 will be assessed for each change after the registration has been accepted. Requests for schedule changes must be submitted in writing and approved by the school.
- The returned check/failed auto-debit/failed credit card fee is \$35.00.
- A late payment fee of \$30.00 per month will be charged if the balance is not paid in full by the deadline.
- A sibling discount of 10%** will be applied to the lesser tuition amount, when both siblings attend the same session.

LATE PICK-UP FEES

- The late pick-up fee is \$15.00 per 15 minutes or any portion thereof; \$25.00 per 15 minutes or any portion thereof after 5 late pick-ups; \$35.00 per 15 minutes or any portion thereof after 10 late pickups.

AUTHORIZED RELEASE OF THE CHILDREN

- Only individuals listed as 'Who May Pick Up' may pick up a child without additional notice from the parent. The school will allow a different individual to pick up the child only with prior written instructions from the parent. **Verbal permission over the phone is not legally sufficient.**
- Any individuals designated to pick up a child will be required to show identification, upon coming to pick up a child.
- NOTE: Section 22.1-4.3 of the *Code of Virginia* states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.

EMERGENCY

- The parent(s)/guardian(s) authorize the school to obtain immediate medical care if an emergency occurs when the parent(s)/guardian(s) cannot be located immediately.
- Minor accidents/injuries will be treated at the school, and the parent(s)/guardian(s) will be notified of any such treatment.

MEDICATION POLICY

- Please submit a medication authorization form, which is available in the office, for all medication to be administered at school during the school day. The school does not administer medication without written permission from the parent and/or physician.
- All medication to be administered at school must be kept in a locked box, in the school office.
- Medication must be presented in its original container with a label bearing the child's name, time, dose to be given, and the number of days to be administered.

- The school can administer any medication (prescribed or over-the-counter) for 10 days with the parent's authorization.
- The school can administer long-term medication (prescribed or over-the-counter) for 12 months with the parent's authorization and physician's authorization.
- For sunscreen, insect repellent, or diaper ointment to be applied at school, please submit a non-prescribed over-the-counter product authorization form, which will be valid for 12 months.
- It is the parents' responsibility to monitor the expiration date on Epi-pens, nebulizer medications, and inhalers.
- Medication will be returned to the parents or discarded after 14 days, if it is not picked up by the parents.

SCHOOL DIRECTORY

My child's name, my name, and my email address may be included in the Learning Village School Directory.

☐ Yes ☐ No _____ (initial)

MEDIA RELEASE AND PHOTOGRAPHS

Photographs and/or recordings may be taken of my child within the classroom, on school premises, and during in-house field trips for use in articles and information distributed to the Learning Village School families.

☐ Yes ☐ No _____ (initial)

I grant permission for my child to be photographed or featured in any video, television, audio recording, or broadcast in association with The Learning Village School that will be made available to the public.

☐ Yes ☐ No _____ (initial)

AGREEMENTS

1. I agree to abide by the guidelines outlined in the Learning Village Camp Handbook, accessible on the school app.
2. I understand that I am obligated to pay for all sessions I have selected.
3. By signing this agreement, I acknowledge that I am the person financially responsible for this account. All financial questions and inquiries must go through the Finance Office.
4. Acceptance and class placement in summer program is based on chronological age and at the school's discretion.
5. The school reserves the right to dismiss new/continued enrollment to a child for consistent aggressiveness or disruptive behavior (either physical or verbal) which constitutes a hazard to other children or staff.
6. The parent(s)/guardian(s) authorize the school to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. **
7. The school will notify me when my child becomes ill and I will arrange to have the child picked up as soon as possible if so requested by the school.
8. I will inform the school within 24 hours or the next business day after my child or any member of our immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.
9. I agree to cooperate with the general policies of the school, including the tuition information (registration fee and tuition), to perform the obligations of parents or guardians as set forth in the registration form, and to abide by the rules, regulations, set forth by the school. My signature indicates that I have read and understood the terms of registration agreement.
10. I agree that my child may participate in bitsy beach / water play, and occasional G-rated movies during the summer program.

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

Administrator of School

Date

** If there is an objection to seeking emergency medical care, the parent(s) or guardian(s) should submit a statement that states the objection and the reason for the objection.

SCHOOL USE ONLY

| Program Information (Circle Choice) | Summer Fees | Payment Amount (Circle Choice) | Check Number | Date Received | Initials |
|--|-------------------------------------|-----------------------------------|--------------|---------------|----------|
| Summer Session 1 2 3 4 5 6 7 8 | Registration: First Session Fee: | \$65 \$45 | | | |
| | First Payment: | | | | |
| | Second Payment: | | | | |