

2020-2021 Registration Form/Contract

Ages 3 - 12



Anna's House

101 VSDB Drive
 Staunton, Virginia 24401
 850-294-1122
<http://www.annashouseschool.org>

Child's Name: _____

Nickname: _____

Date of Birth: _____

Age at time of enrollment: ___ yrs. /mo. **Sex:** M or F

Mother

Father

Name: _____

Address: _____

Cell Phone: _____

Email: _____

Employer: _____

Occupation: _____

Work Phone: _____

Maternal Grandparents

Paternal Grandparents

Name: _____

What your child calls them: _____

Address: _____

Phone: _____

Email: _____

Sibling Names and Ages: _____

Names of Others Living with Child: _____

Relationship to Child _____

Household Pets and their names: _____

EMERGENCY CONTACTS

The following individuals are permitted to pick-up the child and should be contacted if the parent(s) are unavailable:

1. Name: _____ 2. Name: _____

Relationship to child: _____ Relationship to child: _____

Address: _____ Address: _____

Phone 1: _____ Phone 1: _____

Phone 2: _____ Phone 2: _____

Persons *not* permitted to pick up your Child

- Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the 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.

Health Conditions the school needs to be aware of: _____

Known Allergies: _____

Life - threatening? Yes _____ No _____ Epipen prescribed by physician? Yes _____ No _____

Precautions: _____

Dietary Restrictions: _____

Special Needs: _____

Child's Physician: _____ Phone: _____ City/State: _____

Permissions:

Picture Publishing Consent Agreement

____ Yes, I give permission for my child's, _____,
Photo to be used on the Anna's House website and other Internet venues. I understand that the pictures will not be identified with names.

____ No, I do not give permission for my child's, _____,
Photo to be used on the Anna's House website or other Internet venues.

Field Trip Consent Agreement

____ Yes, my child has permission to participate in field trips away unless the school receives written notice from me to the contrary.

____ No, my child does not have my permission to take field trips away from the school grounds.

____ Yes, my child has permission to be transported in a car or bus by a licensed and insured driver. I will provide a car seat for my child on these occasions.

____ No, my child does not have my permission to be transported by car or bus driven by anyone other than me.

____ Yes, I will be available to transport children on field trips. I will allow my current Driver's License and Insurance Information Card to kept on file at school

Social and Developmental Information

Is there any social or developmental information about your child that you need to share with the school?

Previous School or Program _____

Please put an X by one of the two statements below:

My Child is Potty Trained _____

My Child is NOT Potty Trained _____

Church

Church Home (Please let us know where or if you have a church home): _____

Enrollment Agreements**School Policies Agreements**

Please Initial	
	I have read the Parent Handbook. I understand the practices, policies, and procedures of the school and I agree to abide by them.
	I understand the Anna's House drop-off and pick-up procedures and agree to follow them.

Financial Agreements

Please Initial	
	I agree to pay the tuition to Anna's House to reserve a position for my child. All tuition and fees will be paid in accordance with the payment schedules and procedures established by the school.
	I understand that I have the obligation to pay all charges for the full academic year unless special mutually agreed upon arrangements are made with the school. Care Room programs will be on a month to month basis for the 2020 – 2021 school year.

Virginia Regulation Agreements

Please Initial	
	Anna's House agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.
	The parent(s)/guardian(s) authorize Anna's House to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. **
	The parent(s)/guardians agree to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.
	I agree to complete and submit all necessary enrollment forms to Anna's House. I understand that if these forms are not on record at least two weeks before my child's first day of school, his/her enrollment will be jeopardized. I will update all information as necessary.

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

Non-refundable Registration Fee of \$75 (3 Days only) Non-refundable Registration Fee of \$100 (5 Days)

3 Days a Week Care Program:

_____ 3 Days	8:30 a.m.—2:30 a.m.	\$4,500 per year
_____ 3 After School Days	2:30 p.m.—4:30 p.m.	\$95 per month
_____ Age (2 days a week are also an option with the cost being \$3,000 per year)		

5 Day a Week Academic Program:

_____ 5 Days	8:30a.m.—2:30 p.m.	\$7,500 per year
_____ 5 After School Days	2:30 p.m.—4:30 p.m.	\$160 per month
_____ PreK	_____ K	_____ 1 st _____ 2 nd /3 rd

Payment Information:

Payments can be made on a monthly, semi-annual, or annual schedule

\$75 late fee after the 5th of the month

\$75 returned check fee

Please ensure the following items have been included with the registration form

_____ Completed Registration/Enrollment form
 _____ Registration Fee
 _____ Discipline Policy

_____ VA School Entrance Health Form
 _____ Copy of Child's Birth Certificate
 _____ One Payment (be sure to ad in the small fee for semi-annual or the 10 month payment plans)

By signing below, I (we) are willing to meet the above requirements and will abide by the standing policies and handbook of Anna's House.

Parent/Guardian Signature

Print Name

Date

Director

Date

START DATE: _____ END DATE: _____