

Child's Application

The Adventure Club

A Great Place For Kids!



Adventure Club Site _____

Application Date: _____

Child's Personal Information:

Child's Full Name:	Child's Preferred Name:	Birth Date:	Age:
Complete Address:		Home Phone:	
Grade Level:	School:	Sex: M ___ F ___	
Likes:	Dislikes:	Special Interests/Hobbies:	Favorite Foods:

Developmental Information:

Please note any chronic physical problems and pertinent developmental information and any special accommodations needed

Medical Conditions:	None ___
Allergies:	None ___
Treatment Prescribed:	None ___
Are your child's immunizations current? ___Yes ___No If not, please explain:	
Are there any foods your child may not or cannot eat? <i>(Due to allergies, religion customs, etc)</i> <i>If so, please list:</i>	None ___
Does your child have intolerance to medications or any other substances? <i>If so, please list:</i>	None ___
List special actions to be taken in an emergency situation <small>(TAC will contact parent, administer First Aid, CPR and call 911 if necessary.)</small>	
Physician's Name: _____ Address: _____	Phone Number: _____
Hospital's Name: _____ Address: _____	Phone Number: _____



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77 Scattergood Drive Christiansburg, VA 24073 * The-AdventureClub.com * (540) 382-3783 * Fax (540) 382-6529

Parent/Guardian Information:

<u>Custodial Mother's Full Name:</u>	Home Phone:	Cell Phone:	Email:
Custodial Mother's Address: (If different from child's)		Social Security Number:	
Place of Employment/Position Held:	Full Business Address:	Business Phone Number:	
Work Schedule:	How long have you been at this employment?		
<u>Custodial Father's Full Name:</u>	Home Phone:	Cell Phone:	Email:
Custodial Father's Address: (If different from child's)		Social Security Number:	
Place of Employment/Position Held:	Full Business Address:	Business Phone Number:	
Work Schedule:	How long have you been at this employment?		
<u>Custodial Person or Agency:</u>	Home Phone:	Cell Phone:	Email:
Custodial Person or Agency's Address: (If different from child's)		Social Security Number:	
Place of Employment/Position Held:	Full Business Address:	Business Phone Number:	
Work Schedule:	How long have you been at this employment?		

Family Information:

Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <i>If you are in the process of divorce, the Virginia State Law prohibits child care programs from restraining a parent from picking up a child unless the program has on the premises custody papers stating who has legal custody. Without proper custody papers, the staff cannot legally stop a parent from picking up their child. Please notify your child's teacher if there are changes at home; this will help us help your child</i>
Birth Certificate/ Hospital Document: Place of Birth: _____ Birth Date: _____ Birth Certificate Number: _____ Date Issued: _____ Other form of Proof: _____ Documentation Viewed by: _____ Date Documentation Viewed: _____
Child Care/ School History: Has your child had any previous day care experience? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please list name and type of day care: _____ Has your child had any previous school experience? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please give name and type of school: _____

I will notify an Adventure Club Staff Member within 24 hours or the next business day, if my child or a member of our immediate household has been exposed to a communicable disease.

Parent Signature _____ **Date:** _____



Emergency Information:

Names and addresses of (2) two people to contact if **parents/guardians cannot be reached**. *Please notify these people that you have put them on the application. This policy is a state law requirement.*

Name: _____ Relationship to child: _____

Address: _____ Authorized Pickup: ___ Yes ___ No

Work Phone : _____ Home Phone: _____ Cell Phone: _____

Name: _____ Relationship to child: _____

Address: _____ Authorized Pickup: ___ Yes ___ No

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Pick-Up Policy

Please furnish The Adventure Club the following information. We will not release a child to anyone unless their names appear on this application. If someone not listed must pick-up your child, you must send a note or call us with a description. We will ask for proper identification and then release your child.

I agree that the following people (**in addition to parents/guardians and the two persons indicated above**) may pick up my child/children. **The Adventure Club** Staff may release my child/children to the following:

Name: _____ Relationship to child: _____

Address: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Name: _____ Relationship to child: _____

Address: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Unauthorized Pick-Up:

Is there anyone whom you do not wish to pick up your child? _____ Yes _____ No

*If yes, you must submit custody papers to The Adventure Club to retain on file. If so, please give name and relationship to child:

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

I have submitted custody papers to The Adventure Club to retain on file.*
(*Only sign if applicable)

Signature: _____ Date Submitted: _____

Documented by: _____ Date Documented: _____



Payment Policy Agreement

An annual, non-refundable registration fee is required at the time of enrollment in our school-year program; \$5.00 of the registration fee goes toward the supplemental accidental insurance policy and the remainder helps cover the cost of enrollment materials.

Child care businesses are very unique and labor-intensive: we see our "customer" (parents) every day, twice-a-day and we serve our "clients" (children) daily, on a regular basis!

In order to operate the program in an efficient manner, the following payment policies are necessary.

- All fees are due in advance. Flat-Discounted child care fees are due on every Monday.
- Flat Rate fees that are not paid by Wednesday each week are assessed a \$35.00 late fee per week. Care will be discontinued on Friday until the account is paid in full.
- Returned checks will result in a \$35.00 service charge.
- Parents may withdraw a child from the program at any time. Parents are required to give a 2 week written notice when withdrawing from the program or changing enrollment status. Parents who withdraw a child without notice will be responsible for the 2 weeks remaining fees.
- Parents paying the Flat-Discounted rate receive a discounted child care rate. Therefore no credit can be issued when a child is absent.

Payment Option 1, ACH Flat- Discount: Parents may pay child care fees through an automatic payment from an online account. Choose auto payments from Visa, MC, Discover, Amex or debit card.

Payment Option 2, Non-ACH Flat-Discount: Parents may pay for child care fees by handwritten checks, credit card payments, Social Services (Title XX), money order or cash. **All cash payments must be made in the Main Office.**

Payment Option 3, Flexible Pre-Paid Punch

Card: Parents may purchase a punch card in 20 hour or 40 hour increments to be used as needed. Cards will be kept on site and noted as used by the site director. New cards **MUST** be purchased upon pick up if that day's balance does not cover time used.

Late Pick-Up Fee: During the regular school year, the program closes promptly at 6:00pm, each day. After 6:00pm parents who are late will be charged \$1.00 for every minute past closing. This fee is to be paid directly to the staff who closes the program.

Changes in Tuition: Child care fees are subject to change; however, parents can expect a 30-day, written notice before they do change.

I have selected the ___ ACH Flat-Discounted ___ Non-ACH Flat-Discounted ___ Punch Card-Rate option.
_____ AM Only _____ PM Only _____ AM and PM

I agree to conform to the Payment Policies outlined above and will inform The Adventure Club Main Office of changes to my child(ren)'s attendance schedules.

Parent's Signature _____ **Date:** _____

Enrollment Agreement:

I consent to the enrollment of my child _____.

_____ I give consent for the staff to get emergency, medical care for my child in the event I cannot be reached.

_____ If I am notified by the program that my child has become ill, I will pick him/her up as soon as possible or arrange for another person to pick him/her up.

_____ I give my permission for my child to take part in all authorize field trips and enrichment programs. I agree to pay for fees according to the handbook.

_____ To prevent stress, failed expectations or an unpleasant experience at The Adventure Club, I acknowledge that I have read the parent handbook. To ensure continued compliance with the Virginia State Licensing Standards, I understand my responsibilities and will comply with its policies and procedures while my child attends The Adventure Club.

_____ I give The Adventure Club permission to use my child's pictures in any TAC sponsored advertising on the website and in print.

_____ I give permission to send me Adventure Club Business ONLY using my email _____.

Parent Signature _____ Date: _____

Office Use Only:

Admission Date: _____ Registration Fee Paid _____ Date Paid: _____ \$ _____ Check # _____ MCPS _____

Termination Date: _____ Office Manager Signature _____ Date: _____

DSS _____ Case Worker _____

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