



# White Rock North School

## "Kids' Club" After School Program

2018-2019

### Application for Admission

Effective dates: Monday, August 20th, 2018- Friday, May 31st, 2019

**Fees:** \$100.00 Non-refundable Activity Fee due upon registration  
\$310.00 Monthly tuition due on the 1<sup>st</sup> of each month

**If a child is not riding the WRNS van, parents must notify WRNS by 1:00 p.m. A \$25.00 charge will apply if you fail to contact the school on time.**

Date of Application: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Intended Date of Admission: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Current Grade: \_\_\_\_\_ Public School Applicant attends: \_\_\_\_\_

Contact person at your child's school: \_\_\_\_\_ School Phone #: \_\_\_\_\_

### Parent Information

**Parent 1:** Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Wk. Phone: (\_\_\_\_) \_\_\_\_\_ Hm. Phone: (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

**Parent 2:** Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Wk. Phone: (\_\_\_\_) \_\_\_\_\_ Hm. Phone: (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

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):** \_\_\_\_\_ Caucasian \_\_\_\_\_ Hispanic \_\_\_\_\_ Native American \_\_\_\_\_ African American  
\_\_\_\_\_ Asian/Pacific \_\_\_\_\_ Mid-Eastern \_\_\_\_\_ Other Explain: \_\_\_\_\_

**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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## "Kids' Club" Application

### Emergency Contacts

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

### Person(s) Allowed to Pick Up Student

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**SECURITY PASSWORD**  
(Please do not leave blank)

Please give information concerning any special needs the student has, such as a physical challenge, illnesses, etc.: \_\_\_\_\_

**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 1<sup>st</sup> of each month. 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 on the Corner" ends the last day of school as determined by the Richardson ISD. There is a **\$15.00 late fee**, if paid after the 5<sup>th</sup> of each month. If payment for tuition is returned, there is a **\$35.00 NSF fee**.

If my child is withdrawn before the completion of the semester, I realize a month's notice must be given.

**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. Any child who is picked up late more than three times will be dismissed from our program.**

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.



**EMERGENCY MEDICAL RELEASE**

In order to meet all legal requirements, I hereby authorize the Administrators 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

**EMERGENCY CONTACT INFORMATION**

***ALL INFORMATION IS REQUIRED AND MUST BE COMPLETED.***

Physician's Name & Practice: \_\_\_\_\_  
Physician Phone: \_\_\_\_\_

Does your child take any medications?: \_\_\_\_ If so, please list the medication and the daily dosage: \_\_\_\_\_

Allergies to Medication: \_\_\_\_\_  
Special Health Alerts : \_\_\_\_ No \_\_\_\_ Yes If yes, please explain: \_\_\_\_\_

Parent 1: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Home #: \_\_\_\_\_  
Home Address \_\_\_\_\_

Parent 2 : \_\_\_\_\_ Work #: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Home #: \_\_\_\_\_  
Home Address \_\_\_\_\_

Others to be Notified: \_\_\_\_\_ Relationship: \_\_\_\_\_