

# White Rock North School

## “Kids’ Club on the Corner”

### After School Enrichment Program

Application for Admission

2012-2013

Effective dates: August 20, 2012- June 6, 2013

**Fees:** \$100.00 Non-refundable Activity Fee due upon registration  
\$300.00 Monthly tuition due on the 1<sup>st</sup> of each month

**Any student that is not riding the WRNS van in the afternoon must have their parents notify WRNS by 11:00 a.m. that day. There will be a \$15.00 charge to be paid that day for any vehicle returning a second time to pick up a student or if you fail to contact the school by the appropriate 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: \_\_\_\_\_  
Do you \_\_\_rent\_\_\_lease\_\_\_own your dwelling?  
Home phone:\_(\_\_\_\_\_)\_\_\_\_\_ Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Work phone:\_(\_\_\_\_\_)\_\_\_\_\_ Cell phone: \_\_\_\_\_ Other: \_\_\_\_\_  
SSN#: \_\_\_\_\_ Driver’s License #: \_\_\_\_\_ ST: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Fax #:\_(\_\_\_\_\_)\_\_\_\_\_

**Parent 2:** Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Do you \_\_\_rent\_\_\_lease\_\_\_own your dwelling?  
Home phone:\_(\_\_\_\_\_)\_\_\_\_\_ Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Work phone:\_(\_\_\_\_\_)\_\_\_\_\_ Cell phone: \_\_\_\_\_ Other: \_\_\_\_\_  
SSN#: \_\_\_\_\_ Driver’s License #: \_\_\_\_\_ ST: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Fax #:\_(\_\_\_\_\_)\_\_\_\_\_

**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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### 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 10 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 call White Rock North School.

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 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 \$20.00 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.**

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: \_\_\_\_\_