

JACK AND JILL SCHOOL, INC.
8316 Michael Rd.
Richmond, VA 23229
2011 AFTERSCHOOL APPLICATION

Mary C. Cox, Director

Telephone: 270-3030

Hours: 2:30 p.m. - 5:30 p.m. Weekly Fee: \$105, or \$110 with pickup from certain schools Registration Fee \$30

Arrival Time: _____ Dismissal Time: _____ Pick Up From: _____ School
Parent's Name: _____ Address: _____
City: _____ State: _____ Zipcode: _____ Home Phone #: _____
Child's Name: _____ **Nickname:** _____ **Sex:** _____ **Age:** _____ **Birthdate:** _____
Child's Pediatrician: _____ Address: _____ Phone #: _____
Information on child's physical condition: *(Va. State Health Certificate MUST be submitted to Jack and Jill upon enrollment):*

Child's Previous School Experience: _____
What School Child Attends: _____ Date(s): _____

Father's Occupation: _____ Name of Business: _____
Bus. Address: _____ Bus. Phone #: _____
E-mail: _____ Cell Phone: _____

Mother's Occupation: _____ Name of business: _____
Bus. Address: _____ Bus. Phone #: _____
E-mail: _____ Cell Phone: _____
Church Affiliation: _____ Minister's Name: _____

Name, address and telephone number of two designated people we can call in case of emergency and parents cannot be reached. These should be people outside of the immediate family. Example; grandparent, aunt, etc. If one of these people cannot be reached we will try to contact the other.

Name: _____ Address: _____
Phone #: _____ Relationship to Child: _____
Name: _____ Address: _____
Phone #: _____ Relationship to Child: _____

AGREEMENTS:

1. The parent/guardian will give individual authorization for the child to participate in specific field trips, and agrees to keep the school up-to-date regarding any changes in address, telephone numbers, persons to contact, medical problems of the child, etc.
2. The school agrees to notify the parent/guardian whenever this child becomes ill and the parent/guardian agrees to pick the child up as soon as possible after being notified that the child is sick. In turn, Parent/Guardian agrees to notify the school within 24 hrs or the next business day after his/her 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.
3. The parent/guardian authorizes the school to obtain immediate medical care if any emergency occurs when he/she cannot be located immediately.
4. Jack and Jill reserves the right to dismiss a child with a week's notice if the director determines that the child is not able to benefit from the school's program.
5. Parent/guardian agrees to give this school's director, 2 weeks written notice in advance of withdrawal of the child and agrees to make full payment for those two weeks—even if the parent decides to take the child out of this school without having given such notice.
6. **All fees are due on Monday of the current week. There is a \$10 late fee charged for payments received after Monday. A \$25 fee will be charged the parent/guardian for any checks returned by the bank for any reason.**
7. *By signing below, the parent/guardian acknowledges and understands that this school is operated on a pre-determined budget, and that the weekly fees must be paid to the school whether or not the child is in attendance. There is no waiver or deduction of fees caused by parent holiday, vacation, the child's illness, or any other reason.*
8. An up-to-date health certificate for your child must be provided to this school upon application acceptance.
9. **Tuition rates are effective as of June 1st annually.**
10. Custody Papers shall be attached if parent is not allowed to pick up the child.
11. NOTE: Section 22:1-4.3 of the Code of VA states that unless a court order has been issued to the contrary, the non-custodial parent of a student enrolled in a public school or day care center must be included, upon the request of such non-custodial parent, as an emergency contact for events occurring during school or day care.

Date: _____

Parent's/Guardian's Signature

Name of person(s) or agency having legal custody of child: _____
List person(s) authorized to pick up child: _____
List person(s) NOT authorized to pick up child: _____

IDENTITY VERIFICATION

These documents must be shown to Jack and Jill's Director. Proof of the child's identity is not necessary, per VA Social Services Dept., when the child attends a **public** school in Virginia and the center assumes responsibility for the child *directly* from the school (i.e., after school program).

Place of Birth _____ Birth Date _____ Birth Certificate Number _____ Date Issued _____
Other Form of Proof _____

The registration fee of \$26 must be attached to this form. It is non-refundable. The parent/guardian acknowledges and understands that this school is operated on a pre-determined budget and that the weekly fees must be paid to the school whether or not the child is in attendance. There is no waiver or deduction of fees caused by parent holiday, vacation, child's illness, or any other reason.

Term Registered: (Day) _____ (Month) _____ (Year) _____