



## Preschool and Pre-K Registration Form 2017-2018

**Section A: All information must be provided below (no blank spaces)**

Child's Last Name: \_\_\_\_\_ Child's First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Name of Mother/Guardian: \_\_\_\_\_

Name of Father/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Mother's E-mail: \_\_\_\_\_

Father's E-mail: \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_ Mother's Job Title: \_\_\_\_\_

Father's Place of Employment: \_\_\_\_\_ Father's Job Title: \_\_\_\_\_

Child Lives with:  Mother  Father  Both

Mother's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Father's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

ADAMS Membership: Yes  No  Membership # \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE CHECK ONLY THAT WHICH APPLIES:**

**PRESCHOOL (9am-1pm):** \_\_\_\_\_

**PRE- K(9am-1pm):** \_\_\_\_\_

**PRE-K(9am-3pm):** \_\_\_\_\_

**PRECARE 8am – 9am:** \_\_\_\_\_

**AFTERCARE till**

**3pm: \_\_\_\_\_ 4pm: \_\_\_\_\_ 5 pm: \_\_\_\_\_**

**Payment method:**  Credit Card (\$5 Processing fee, \$20 fee for declined card)

Check (\$35 fee for bounced check)

### ADAMS Radiant Hearts Academy Liability Waiver Form

As the parent/legal guardian of the minor(s) listed below, I hereby grant permission for the student(s) to participate in all the field trips and activities of the All Dulles Area Muslim Society (ADAMS) Radiant Hearts Academy. I assume full responsibility for any injuries or damages which may occur to these student(s), in, on, or about the premises of the said academy, or arising out of its activities, and do hereby fully and forever release and discharge ADAMS, its Trustees, its Radiant Hearts Academy and all associated with it, including teachers, administrators, and volunteers, from any and all claims, demands, rights of action, or causes of action, present or future, whether same, be known, anticipated or unanticipated, resulting from or arising out of the student(s) participation in the programs and activities of the aforesaid academy. I further grant permission to provide emergency first-aid and/or hospitalization to the student(s) listed below in case of injury or illness as deemed appropriate by the academy or a physician. Any medical expenses incurred for medical treatment shall be my responsibility.

\_\_\_\_\_  
Signature of Parent/Guardian Date

**For more information call (571) 346-3259 or e-mail [Info@adamsrha.org](mailto:Info@adamsrha.org)**

<b>OFFICE USE ONLY:</b> Date submitted: _____ Time: _____ Initial: _____
--

**ADAMS Radiant Hearts Academy**  
Enrollment Agreement 2017-2018

**Terms and Conditions:**

- \_\_\_\_\_ (initial) I understand that upon enrollment, I am required to provide proof of my child's identity and age to the academy. A certificate of health for the child, signed by a doctor, is required upon admission.
- \_\_\_\_\_ (initial) I further understand that this application will make me eligible for an available space or I will be placed on the waiting list. **ENCLOSED IS THE NON-REFUNDABLE INITIAL FEE PAYMENT OF \$270, WHICH IS NON-REFUNDABLE AND WILL BE CASHED UPON RECEIPT UNLESS I AM NOT OFFERED A SEAT.**
- \_\_\_\_\_ (initial) I understand that my obligation to pay the fee of \$\_\_\_\_\_ per month, for the full academic year, is unconditional and that **no portion** of the fees paid or outstanding **will be refunded or canceled** in the event of absence, withdrawal or dismissal from ADAMS Radiant Hearts Academy of the above student. I also understand that I have two options of paying the monthly fee. I can either complete a credit card authorization form that will allow a monthly debit of \$\_\_\_\_\_, or I can provide the office with ten post-dated checks of the monthly tuition amount agreed upon above. I can withdraw my child from the academy in the first month of enrollment with a full refund of the monthly fees for the rest of the year. I am still responsible for the non-refundable initial fee as well as the first month's tuition. These are non-refundable no matter the reason.
- \_\_\_\_\_ (initial) I understand there will be a \$35 bounced check fee applied to my child's account if my check bounces for any reason and a \$20 declined credit card/debit card fee applied to my child's account if my card is declined for any reason. I understand there will be a \$5 processing fee per month for credit/debit cards.
- \_\_\_\_\_ (initial) I understand there will be a monthly security fee of \$25 added to the monthly tuition fee. This is to cover the cost of a security officer.
- \_\_\_\_\_ (initial) I understand that in signing this Enrollment Agreement for the coming academic year, the parties hereto agree that the program makes all policies regarding operational and education matters, and the rules concerning payment of fees as stated above.
- \_\_\_\_\_ (initial) I agree to accept the rules and regulations of ADAMS Radiant Hearts Academy as stated in the current Parent Handbook. I understand that the Parent Handbook may be subject to revisions at any time. I will be given notice of change.
- \_\_\_\_\_ (initial) I understand ADAMS may use my child's picture or his or her likeness in its brochure and advertising materials without any monetary compensation.
- \_\_\_\_\_ (initial) I hereby give permission to ADAMS Radiant Hearts Academy to seek emergency medical treatment for my child(ren) in case I cannot be contacted by phone. I will be responsible for all expenses incurred by any treatment.
- \_\_\_\_\_ (initial) I understand that if I choose to participate in the text messaging service, I will be responsible for all related charges from my carrier. I will in no way hold Adams Radiant Hearts Academy responsible for any charges that may arise from this service. Adams Radiant Hearts Academy will not share, sell or exchange any cell phone number with any person or entity.
- \_\_\_\_\_ (initial) I hereby accept that I have been provided with a copy of the Parent Handbook, and I agree to abide by the rules stated therein.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**CONTINUED COMMITMENT TO ADAMS RADIANT HEARTS ACADEMY**

\_\_\_\_\_(initial) I understand that I will not withdraw my child from ADAMS Radiant Hearts Academy in the middle of the year so that he/she may attend another program either at ADAMS or an outside program within the vicinity of ADAMS. In the event that I do withdraw my child in the middle of the year, I will still be responsible for all the monthly fees for the rest of the academic year. I understand there will be no concessions made.

\_\_\_\_\_(initial) I understand that if my child is placed on the waitlist my registration fee will not be processed unless I am offered a seat. Once I am offered a seat, regardless of my decision to enroll my child or not, I understand that I will now have my registration fee processed for payment.

\_\_\_\_\_(initial) I understand that ADAMS Radiant Hearts Academy will release students to both parents unless a court custody/visitation order is presented.

\_\_\_\_\_(initial) I understand that ADAMS Radiant Hearts Academy may invite the school counselor for observation.

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

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

---

**EMERGENCY INFORMATION:**

Contact(an adult other than parents): \_\_\_\_\_ Phone #: \_\_\_\_\_

Food Allergies: \_\_\_\_\_ Allergies to Medicine: \_\_\_\_\_

Action To be Taken in Case of Allergic Reaction: \_\_\_\_\_

Asthmatic(Yes/No): \_\_\_\_\_ Medication: \_\_\_\_\_

Medical Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

---

**OFFICE USE ONLY**

\_\_\_\_\_ Photo

\_\_\_\_\_ Copy of Birth Certificate

\_\_\_\_\_ Health Form



## Information Sheet

**Preschool & Pre-Kindergarten classes will be held Monday through Thursday**

**Preschool:** For children between the ages of 3 and 4  
Part-time classes: 9am - 1pm

**Pre-Kindergarten:** For children between the ages of 4 and 5  
Part-time classes: 9am - 1pm  
Full-time class: 9am - 3pm

### Fees for ADAMS Members:

1. **Non-refundable initial fee payment of \$270** (\$70 registration, \$100 supply, \$30 field trip, \$30 graduation, \$30 field day and \$10 technology). Lump sum payment is due with registration form.
2. **Monthly tuition:**  
**A: \$275** (\$250 monthly tuition fee + \$25 monthly security fee) for 9am - 1pm classes (10 post-dated checks for September. 01, 2017 until June. 01, 2018 OR credit card form)  
**B: \$375** (\$350 monthly tuition fee + \$25 monthly security fee) for 9am - 3pm class (10 post-dated checks for September. 01, 2017 until June. 01, 2018 OR credit card form)

### Fees for NON-Members:

1. **Non-refundable initial fee payment of \$270** (\$70 registration, \$100 supply, \$30 field trip, \$30 graduation, \$30 field day and \$10 technology). Lump sum payment is due with registration form.
2. **Monthly tuition:**  
**A: \$300** (\$275 monthly tuition fee + \$25 monthly security fee) for 9am - 1pm classes (10 post-dated checks for September. 01, 2017 until June. 01, 2018 OR credit card form)  
**B: \$400** (\$375 monthly tuition fee + \$25 monthly security fee) for 9am - 3pm class (10 post-dated checks for September. 01, 2017 until June. 01, 2018 OR credit card form)

**Precare:** \$50/month for 8:00 am to 9:00 am.

**Aftercare:** \$100/month for 1:00 pm to 3:00 pm, \$200/month for 1:00pm - 4:00pm and \$280/month for 1:00pm - 5:00pm.

**Uniforms:** All ADAMS Radiant Hearts Academy students are required to wear velcro sneakers every day.

# **2017-2018 REGISTRATION PROCESS:**

The dates below are for currently enrolled students and their siblings. Everyone else can wait until March, 1, 2017 @ 9am to start Registration Part I.

## **REGISTRATION PART I (Feb. 01, 2017 @ 9am):**

ONLY Completed registration form (all 3 sides)

Either email to [info@adamsrha.org](mailto:info@adamsrha.org) or drop off form in person.

Please note: Do not email or drop off your form before 9am on Feb.01, 2017. It will not be processed.

After a few days you will receive an email to sign up for an appointment time for Registration Part II

## **REGISTRATION PART II (Feb. 13 – Feb. 28 @ 9am – 2:30pm):**

Handing in of items 1-4 below:

1. A recent passport size photo of the student
2. Original birth certificate and one photo copy (only for new students)
3. Payment of non-refundable initial fee (check or credit card form)
4. Post-dated checks or credit card form for monthly tuition

Once items 1-4 are complete, you will receive your parent handbook and your child's seat will be confirmed.

If you miss your appointment or you are missing an item, you will lose your spot on the list and your name will go down to the end of the list.

## **REGISTRATION PART III (March. 01 – Aug. 16, 2017)**

1. A school health form completed by a physician is required for all Preschool and new students. Returning Pre-K students do not need to hand in a new health form this year.