



Preschool and Pre-K Registration Form 2018-2019

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 WHICH APPLIES:

PRE-SCHOOL (9am-1pm): _____

PRE-SCHOOL (2pm-5pm): _____

PRE- K(9am-1pm): _____

PRE-K(9am-3pm): _____

PRE-K(1pm-5pm): _____

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

OFFICE USE ONLY: Date submitted: _____ Time: _____ Initial: _____

ADAMS Radiant Hearts Academy
Enrollment Agreement 2018-2019

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 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 authorize ADAMS Radiant Hearts Academy, at their discretion, to make my child's information available to obtain assessments by a school counselor.

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 and TB Assessment



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
Part-time classes: 2pm - 5pm

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

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: \$235 (\$210 monthly tuition fee + \$25 monthly security fee) for 2pm-5pm Preschool class (10 post-dated checks for September. 01, 2018 until June. 01, 2019 OR credit card form)
B: \$285 (\$260 monthly tuition fee + \$25 monthly security fee) for 9am-1pm Preschool and Pre-K classes and 1pm-5pm Pre-K class (10 post-dated checks for September. 01, 2018 until June. 01, 2019 OR credit card form)
C: \$385 (\$360 monthly tuition fee + \$25 monthly security fee) for 9am - 3pm Prek class (10 post-dated checks for September. 01, 2018 until June. 01, 2019 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: \$260 (\$235 monthly tuition fee + \$25 monthly security fee) 2pm-5pm Preschool class (10 post-dated checks for September. 01, 2018 until June. 01, 2019 OR credit card form)
B: \$310 (\$285 monthly tuition fee + \$25 monthly security fee) for 9am-1pm Preschool and Pre-K classes and 1pm-5pm Pre-K class (10 post-dated checks for September. 01, 2018 until June. 01, 2019 OR credit card form)
C: \$410 (\$385 monthly tuition fee + \$25 monthly security fee) for 9am - 3pm Pre-K class (10 post-dated checks for September. 01, 2018 until June. 01, 2019 OR credit card form)

Checks must be made payable to ADAMS.

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 1:00 pm to 4:00 pm
\$280/month for 1:00 pm to 5:00 pm

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

2018-2019 REGISTRATION PROCESS:

The dates below are for currently enrolled students and their siblings. Everyone else can wait until March, 1, 2018 at 9am to start Registration Part I.

REGISTRATION PART I (Feb. 01, 2018 at 9am):

1. Completed registration form (all 3 sides)
2. Payment of non-refundable initial fee (check or credit card form)

Either email to info@adamsrha.org or drop off form in person.

Please note: Do not email your forms before 9am on Feb.01, 2018. 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. 19 – Feb. 28 at 9am – 2pm):

Handing in of items 1-3 below:

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

Once items 1-3 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.

REGISTRATION PART III (March. 01 – Aug. 30, 2018)

1. A school health form and TB assessment completed by a physician is required ONLY for Preschool and new students