

# FORCEY 360 2022-23 REGISTRATION FORM

## Registration Instructions:

1. Fully complete this registration form. Each section must be complete for processing.
2. Pay enrollment fee by check to become enrolled in Forcey 360:
  - ✓ If paid by Fri, Sep 2nd, 2022 = \$50 (covers whole year)
  - ✓ If paid by Fri, Sep 30th, 2022 = \$100 (covers whole year)
  - ✓ If paid after Fri, Sep 30th, 2022 = \$150 (\$75 for half-year)
3. Mail or return this registration form with enrollment fee payment to:
 

Forcey 360  
2130 East Randolph Road  
Silver Spring, MD 20904
4. A confirmation will be sent to the primary guardian *through email*.

*Please let us know of any questions: phone: (301) 622-5987 / email: [forcey360@forcey.org](mailto:forcey360@forcey.org)*

## FAMILY INFORMATION

Name(s) of students registered: \_\_\_\_\_

Home address of child(ren): \_\_\_\_\_  
\_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Primary Email: \_\_\_\_\_

Church Name (if applicable): \_\_\_\_\_

## PARENTS/GUARDIANS (if entry is not applicable, please note N/A)

Mother: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Other: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

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## METHOD OF PAYMENT (check one)

\_\_\_\_ Cash

\_\_\_\_ Check (check number \_\_\_\_); make payable to **“Forcey 360”**

Name on check: \_\_\_\_\_

\_\_\_\_ Money Order

## **PARENTAL CONSENT**

- ✓ I understand that full tuition for each child is according to the “Pricing Information” policy, which is available at [www.forcey360.org](http://www.forcey360.org) or in the Forcey Christian School office.
- ✓ I understand that tuition is based on enrollment, not on attendance. I will pay in advance of each month and will not be reimbursed for days or times which I do not use.
- ✓ I understand that Forcey 360 closes each weekday at 6:00 PM unless otherwise noted. If my student is not picked up by then, a late fee will be assessed (see “Forcey 360 Policies” for more information). Additionally, drop-off in the morning is not permitted before 6:30 AM.
- ✓ I give permission for my child(ren) to participate in scheduled activities, and every safety precaution will be taken but that Forcey 360 assumes no liability for harm resulting from regular participation.
- ✓ I give permission for the Forcey 360 staff and any agency acting on its behalf to provide medical attention that might be necessary and urgent during a time when I cannot be contacted by telephone.
- ✓ I understand that the enrollment fee is non-refundable and must be included with this registration form.
- ✓ I understand there will be a \$15.00 fee for a returned check due to bank charges.
- ✓ I understand that medications can only be administered with a completed Physician’s Medication Order form signed by the prescribing doctor. *This form will be sent to applicable families in advance of the school year.*
- ✓ I understand that the staff of Forcey 360 reserves the right to suspend a student for any length of time when it is deemed necessary in the best interest of the program. Such a decision would only be determined after a parent conference.
- ✓ I give permission for 360 to use my child’s name, voice, testimony, and/or picture in any type of promotional material. I will notify the Director if this is unacceptable.
- ✓ I understand that my child may not be dropped off before 6:30 any morning, and that I must walk in with my child for sign-in. To ensure safety, **dropping off at the curb is not allowed.**
- ✓ I understand that any late fees and accumulated drop-in charges will be assessed at the end of the month and must be paid by the beginning of the next month.
- ✓ Upon Forcey 360 receiving my registration, I will be emailed a confirmation letter.

By signing my name, I indicate that I have read and have understood each of the above statements, and agree to relate with Forcey 360 in a way that reflects my understanding of this page.

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Parent/Guardian Signature

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Date

## STUDENT INFORMATION

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

Grade (2022-23): \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: M or F

**Select Tuition Option(s) Below** (see “Pricing Information” policy):

**All 5 Days/wk:** \_\_\_\_ All-Access \_\_\_\_ Before-School \_\_\_\_ Early-Drop \_\_\_\_ After-School

**Any 3 Days/wk:** \_\_\_\_ All-Access \_\_\_\_ Before-School \_\_\_\_ Early-Drop \_\_\_\_ After-School

**Any 1 Day/wk:** \_\_\_\_ All-Access \_\_\_\_ Before-School \_\_\_\_ Early-Drop \_\_\_\_ After-School

**We will pay (check one):** \_\_\_\_ Monthly \_\_\_\_ Half-Year

## Medical Information

*(Necessary Information)*

➤ Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

➤ Primary Care Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**DATE OF CAMPER'S LAST TETANUS SHOT:** \_\_\_\_ / \_\_\_\_ (month/year) – ***essential information***

➤ Explain below any allergies/restrictions that may hinder the student from fully participating in any activities:

➤ Please list pertinent medical, emotional or behavioral conditions that may affect the student's experience:

➤ Will the student need to take any medications during operating hours? YES NO (circle one)

**Note:** If so, a medication form for self-administered medication will be included in a follow-up packet before the school year begins.

## STUDENT INFORMATION

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

Grade (2022-23): \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: M or F

Select tuition option(s) by checking below (see “Pricing Information” policy):

*All 5 Days/wk:*    \_\_\_\_ All-Access    \_\_\_\_ Before-School    \_\_\_\_ Early-Drop    \_\_\_\_ After-School

*Any 3 Days/wk:*    \_\_\_\_ All-Access    \_\_\_\_ Before-School    \_\_\_\_ Early-Drop    \_\_\_\_ After-School

*Any 1 Day/wk:*    \_\_\_\_ All-Access    \_\_\_\_ Before-School    \_\_\_\_ Early-Drop    \_\_\_\_ After-School

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**Note:** If so, a medication form for self-administered medication will be included in a follow-up packet before the school year begins.