



Kindergarten Registration Form 2024-2025
Kindergarten classes are held Monday-Thursday 8:30am – 3:00pm

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: _____ ZipCode: _____

ADAMS Membership: Yes No Membership # _____

Would you like to stay with a virtual program in case we are required to close down our on site program: Yes No

Payment method: Credit Card (1.15% Processing fee per transaction)
 E-Check (15 cents processing fee per transaction)

ADAMS Radiant Hearts Academy Liability Waiver Form

As the parent/legal guardian of the minor(s) listed above, 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
I hereby type my name as my signature.

Date

For more information e-mail Info@adamsrha.org

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

PLEASE CHECK ONLY WHICH APPLIES:
PRECARE 8am-8:15am: _____
AFTERCARE till 4pm: _____
AFTERCARE till 5pm: _____

ADAMS Radiant Hearts Academy
Enrollment Agreement 2024-2025

Terms and Conditions:

- _____ (initial) I understand that Kindergarten classes are held Monday-Thursday 8:30am – 3:00pm.
- _____ (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 \$450, 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 provide credit card information or echeck information that will allow a monthly debit of the monthly tuition amount agreed upon above. I can withdraw my child from the academy in the first month of enrollment with no liability to pay fee 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 regardless of any reason.
- _____ (initial) I understand there will be a surcharge of 15 cents per student’s e-check transaction and \$15 bounced echeck fee applied to my child’s account if my echeck bounces for any reason. I understand there will be a 1.15% processing fee per student’s transaction 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 will be provided with a copy of the Parent Handbook, and I agree to abide by the rules stated therein.

Parent Signature: _____ Date: _____
I hereby type my name as my signature.

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 initial 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 non-refundable initial 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: _____

I hereby type my name as my 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(to be taken at school): _____

Medical Insurance Co.: _____ Policy #: _____

Doctor's Name: _____ Phone #: _____



Recurring Payment Authorization Form

Parent/Guardian Name: _____

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage).
- Your payment is always on time (even if you're out of town), eliminating late charges.

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I _____ authorize ADAMS Radiant Hearts Academy to charge my credit card/Bank account indicated below for my child/children _____ enrolled at ADAMS Radiant Hearts Academy, as per the following payment plan:

- Onetime Initial Fee:** For the amount of \$ _____
- Monthly Payments:** First payment of \$ _____ to be charged on **September 1st, 2024** and **9** recurring payments of \$ _____ to be charged on **1st** of each month from **October 2024** to **June 2025**

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Checking/ Savings Account

Checking Savings

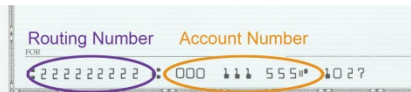
Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



(There will be \$0.15 surcharge per ACH transaction)

Credit Card

Visa MasterCard

Amex Discover

Cardholder Name _____

Account Number _____

Exp. Date _____

CVV (3 or 4 digit number on back of card) _____

(There will be 1.15% surcharge per credit card transaction)

If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that ADAMS Radiant Hearts Academy may at its discretion attempt to process the charge again within 30 days and agree to an additional \$35 charge for each attempted returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____

DATE _____

I hereby type my name as my signature.



Information Sheet

Kindergarten classes are held Monday-Thursday 8:30am – 3:00pm for students between the ages of 5 & 6.

Fees for ADAMS Members:

1. **Non-refundable initial fee payment of \$450** (this payment is due with registration form).
2. **\$460** (Recurring Payment Authorization Form Attached).

Fees for NON-Members:

1. **Non-refundable initial fee payment of \$450** (this payment is due with registration form).
2. **\$485** (Recurring Payment Authorization Form Attached)

Precare: \$25/month from 8:00 am to 8:15 am

Aftercare: \$100/month for 3:00 pm to 4:00 pm and \$180/month for 3:00 pm to 5:00 pm.

Precare will be provided at no additional cost to siblings registered in our Preschool or Pre-K classes.

Uniforms:

All ADAMS Radiant Hearts Academy homeschooling students will be required to wear their uniforms every day Monday-Thursday.

Boys: Uniform consists of khaki pants, red polo shirts, red sweaters and velcro sneakers.

Girls: Uniform consists of khaki pants, khaki jumpers, khaki tights, red polo shirts, red sweaters and velcro sneakers.

These can be purchased at target, sears, frenchtoast.com. or at any other retail store.



2024-2025 REGISTRATION PROCESS:

The Registration Part I date for currently enrolled students and their siblings is February 01, 2024 at 9:00 am. Everyone else must wait until March 04, 2024 at 9:00 am to start Registration Part I.

REGISTRATION PART I:

Email the below documents to info@adamsrha.org.

1. Completed registration form (all 3 sides)
2. Recurring Payment Authorization Form for non-refundable **initial fee and monthly fee**
3. A recent passport size photo of the student
4. Original birth certificate and one photo copy (only for new students)

Please note: Do not email your forms before 9:00 am. It will not be processed.

REGISTRATION PART II (April. 01 – Aug. 15, 2024)

1. A school health form and TB assessment completed by a physician is required via email (info@adamsrha.org).