2026-27 Roo's World After School Care Application

Please check the location where you will enroll your child:

☐ Janie Darr **Pre-K** ☐ Tucker **Pre-K** ☐ Westside **Pre-K** ☐ Pre-K Center of Rogers Public Schools

☐ Janie Darr **School Age** ☐ Tucker **School Age** ☐ Westside **School Age** ☐ Arkansas Arts Academy **School Age**

☐ Arkansas Arts Academy **Before School Care** ☐ Fairview ☐ Arkansas Arts Academy **Pre-K**

☐ Tillery

Intended Start Date: _____

Child's Information: _____

Child's Full Name: _____

Child's School: _____ Current Grade: _____

Child's DOB____/_____/_____ Gender: ☐ Female ☐ Male Language spoken at home: _____

Child's placement at school: ☐ General Special Ed ☐ 1:15 room ☐ 1:10 room ☐ 1:1 Resource Room

Has your child ever received: OT: ☐ Yes ☐ No PT: ☐ Yes ☐ No Speech Services: ☐ Yes ☐ No

Caregiver Information: _____

Primary Caregiver Name:_____

Relationship to child:_____

Home Address:_____ City: _____ State: _____ Zip: _____

Mobile Phone: _____ Home Phone: _____ Work Phone: _____

Email Address:_____

Place of Employment: _____ Work Hours: _____

Secondary Caregiver Name: _____

Relationship to child:_____

Home Address:_____ City: _____ State: _____ Zip: _____

Mobile Phone: _____ Home Phone: _____ Work Phone: _____

Email Address:_____

Place of Employment: _____ Work Hours: _____

Emergency Contact if caregivers cannot be reached: _____

Emergency Contact Name:_____

Relationship to child:_____

Home Address:_____ City: _____ State: _____ Zip: _____

Mobile Phone: _____ Home Phone: _____ Work Phone: _____

Is this person authorized to take child from center: ☐ Yes ☐ No

Additional Adults Authorized to take child from center: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Medical Information - Please complete the ENTIRE section for licensing requirements

_____ _____
Pediatrician's Name or Emergency Treatment Facility Phone Number

_____ _____ _____ _____
Clinic Address City State Zip

Insurance Information:

_____ _____ _____
Policy Holder Name Policy Number Group Number

_____ _____
Name of Insurance Company Insurance Company Phone Number

☐ Check here if you do not have insurance

I, _____, the _____ of _____,
Parent/Guardian Name mother, father, guardian Child's Name

I do hereby give my consent to the Director of Roo's World, or her duly appointed representative, for said child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency and when a parent cannot be reached. Consent is also given for the Director, or her duly appointed representative, to transport said child for emergency medical treatment if a parent cannot be reached.

_____ _____
Signature of parent/guardian Date

Medical & Developmental Information

Is there a History of:

☐ Fainting Spells ☐ Temper Tantrums ☐ Biting ☐ Measles ☐ Mumps ☐ German Measles ☐ Chicken Pox

☐ Diabetes ☐ Colds ☐ Whooping Cough ☐ Contracted Tuberculosis ☐ Frequent Ear Infections

☐ Defective Heart ☐ Frequent Throat Infections ☐ Seizures ☐ Sun Sensitivity

Food Allergies: _____
Medical Allergies: _____
Current Medications: _____
Physical or Emotional Concerns: _____
Special Food Needs: _____
Siblings: Name and ages:

_____

Permissions

I hereby ☐ do ☐ do not give the Director of Roo's World, or an appointed representative, permission to give my child, _____ acetaminophen. I understand I will be notified if it is administered.
Child's Name

_____ _____
Parent/Guardian Signature Date

I hereby give Roo's World permission to transport my child in cars/vans/buses at any time to and from locations for After School Care.

_____ _____ _____
Child's Name Parent/Guardian Signature Date

I hereby ☐ do ☐ do not give permission for the use of suntan lotion/sunscreens for my child in permittable weather. School age children may reapply sunscreen to themselves with supervision in accordance with DCCECE/ Child licensing Unit: 1100.1101.17.

_____ _____
Parent/Guardian Signature Date

I hereby ☐ do ☐ do not give Roo's World permission to take photographs or videos of my child for use in the facility or for use on social media and/or the facility's webpage in accordance with licensing DCCECE/Child Care Licensing Unit 600.604.1.k and l.

_____ _____
Parent/Guardian Signature Date

Acknowledgements

1. This is a statement of verification that I have been informed that childcare licensing/child maltreatment investigators and/or law enforcement may possibly interview my child for the purpose of determining licensing compliance or for investigative purposes. In accordance with licensing DCCECE/Child Care Licensing Unit 200.201.4

   _____ _____
   Parent/Guardian Signature Date

2. This is a statement of verification that I have been informed through the Parent Handbook of the behavior guidance policy practiced. In accordance with licensing DCCECE/Child Care Licensing Unit 500.501.7

   _____ _____
   Parent/Guardian Signature Date

3. I, the parent/guardian of this child, understand that I may ask for a conference with the Director/staff of Roo's World as needed.

   _____ _____
   Parent/Guardian Signature Date

4. I recognize that Roo's World can dismiss my child from the program at any time, without warning, due to child and/or parental behavior.

   _____ _____
   Parent/Guardian Signature Date

5. I acknowledge that I will receive the Parent Handbook when my child is enrolled and it is my responsibility to read it. I acknowledge I am responsible for all the information in the Parent Handbook.

   _____ _____
   Parent/Guardian Signature Date

6. Procedure for reporting suspected Child Abuse and Neglect: Facility employees and parents may report any instances of suspected child abuse or neglect to the Arkansas Child Abuse Hotline. Employees are mandatory reporters, this is an obligation under the law and mandated reporters can be prosecuted for failing to report. The child abuse hotline can be reached at 1-800-482-5964.
   Procedure for reporting licensing violations: Any employees or parents of this facility may report any suspected licensing violations to the Child Care Licensing Central Office at 501-682-8590
   Procedure for compliance notices: The Licensing compliance forms (DCC-521) are available at the facility for three (3) years. The facility compliance forms are available for review upon any parent request.

   _____ _____
   Parent/Guardian Signature Date

7. I understand that Roo's World has trained hypoallergenic therapy dogs that will be on site to provide care.

   _____ _____
   Parent/Guardian Signature Date

Release of Liability, Waive of Claims, Express Assumption of Risks, & Hold Harmless Agreement

In consideration of participating in any/all field trips and transportation to and from Roo's World for students enrolled in After School Care or Summer Camp, I hereby agree as follows:

I, _____, for myself and my child,_____,
Parent/Guardian Name Child's Name

hereby release and hold harmless the Roo's World employees, representatives, agents, board members, and volunteers (collectively "Roo's World") from any and all liability and responsibility whatsoever, however caused, for any and all damages, claims, causes of action that may result in any loss, illness, personal injury, death, or property damage arising out of, connected with, or in any manner pertaining to any/all field trips and transportation to and from Roo's World After School Care & Summer Camp, whether caused by the negligence of releases or otherwise. I fully understand that there are potential risks associated with all field trips and related programming, travel, including, but not limited to, possible injury or loss of life. Despite the potential risks associated with the many field trips with "to and from" transportation. I wish to proceed with enrolling my child in Roo's World After School Care & Summer Camp, and I, the parent/guardian of _____(child's name) freely accept and assume all risks that could arise for my child. I further hereby agree to indemnify and hold harmless Roo's World AFC &SC from any judgement, settlement, loss, and liability that may occur due to my child's participation in the program and in any/all field trips and transportation to and from Roo's World ASC & SC.
In signing this agreement, I acknowledge and represent that I have read and understand it; that I sign it voluntarily.

_____ _____ _____
Parent/Guardian Printed Name Parent/Guardian Signature Date

Tuition Payment 2026-27

After School Care tuition will be billed per week & there is a registration fee each semester

*I understand that my enrollment will not be considered complete until I provide my child's immunization records, set up my ACH information in the ProCare app, and pay the Registration fee.

_____ _____ _____
Parent/Guardian Printed Name Parent/Guardian Signature Date

Non-Refundable Registration Fee & Withdraw:
I understand that the non-refundable registration fee should be paid by the invoice due date in Procare & my child does not have a confirmed spot in the After School Program until the registration fee is paid. I also understand that Roo's World requires a 2-week notice to withdraw from the program and will be responsible for 2 weeks of tuition from the withdraw request.

_____ _____ _____
Parent/Guardian Printed Name Parent/Guardian Signature Date

For Questions about the application, ProCare set-up, or registration, please email: roowinchester@outlook.com