

2026-2027 Roo's World After School Care



Please check the location where you will enroll your child:

- | | |
|--|---|
| <input type="checkbox"/> Arkansas Arts Pre-K BEFORE School Care | <input type="checkbox"/> Arkansas Arts School Age BEFORE School Care |
| <input type="checkbox"/> Arkansas Arts Pre-K AFTER School Care | <input type="checkbox"/> Arkansas Arts School Age AFTER School Care |
| <input type="checkbox"/> Janie Darr Pre-K After School Care | <input type="checkbox"/> Janie Darr School Age After School Care |
| <input type="checkbox"/> Fairview After School Care | <input type="checkbox"/> Tillery After School Care |
| <input type="checkbox"/> Tucker Pre-K After School Care | <input type="checkbox"/> Tucker School Age After School Care |
| <input type="checkbox"/> Westside Pre-K After School Care | <input type="checkbox"/> Westside School Age After School Care |

Child's Information (Please print neatly)

Start Date: _____

Child's Name: _____

Child's School: _____ Current Grade _____

Child's DOB ___/___/___ Gender: Male Female (circle one)

Primary language spoken by caregiver: _____

Circle your 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 (Please print neatly)

Primary Caregiver Name: _____

Relationship to child: _____

Home Address: _____ City, State, Zip _____

Cell Phone _____ Home Phone _____ Work Phone _____

Working Email Address (please print) _____

Place of Employment _____ Work Hours _____

Secondary Caregiver Name: _____

Relationship to child: _____

Home Address: _____ City, State, Zip _____

Cell Phone _____ Home Phone _____ Work Phone _____

Working Email Address (please print) _____

Place of Employment _____ Work Hours _____

Emergency Contact: if caregivers cannot be reached (Please print neatly)

Emergency Contact Name: _____

Relationship to child: _____

Home Address: _____ City, State, Zip _____

Cell Phone _____ Home Phone _____ Work Phone _____

Is this person authorized to take child from the center? YES NO (circle one)

Additional Adults Authorized to take this child from the center (Please print neatly)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

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

Signature

Date

Medical Information (Please print neatly- please complete the ENTIRE section for licensing requirements)

Pediatrician's Name or Emergency Treatment facility

Phone Number

Clinic Address

City, State, Zip

I, _____, the mother/father/guardian (circle one) of
(Caregiver's Name)

_____, do hereby give my consent to the Director of Roo's World,
(Child's Name)

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

Insurance Information (Please print neatly)

Policy Holder Name

Policy Number

Name of Insurance Company

Group Number

Insurance Company Phone Number

Check here if you do not have insurance _____

Medical & Developmental Information (Please print Yes or No neatly)

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 _____ Frequent Food Allergies _____
- Medical Allergies _____
- Current Medications _____
- Physical or Emotional Concerns _____
- Special Food Needs _____
- Siblings (Name and Ages) _____

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)

(Guardian signature)

(Date)

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.

Signature

Date

I hereby **do/do not** (circle one) give the Director of Roo's World, or an appointed representative, permission to give _____ acetaminophen. I understand I will be notified if it is administered.
(Child's Name)

(Guardian signature)

(Date)

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

(Guardian signature)

(Date)

I hereby **do/do not** (circle one) 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

(Guardian signature)

(Date)

Acknowledgments

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

(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

(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.

(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.

(Guardian signature)

(Date)

5. 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.

(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, _____,
(print guardian name) (print 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

(print 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.

Printed Name

Signature

Date

Tuition Payment: 26-27 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, provide my ACH information in the ProCare app, and pay the Registration fee.**

Printed Name

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.

Printed Name

Signature

Date

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