

# 2025-2026 Roo's World After School Care



Please check the location where you will enroll your child:

- ☐ Arkansas Arts Academy Elementary Campus (\$92)  
☐ Rogers Location (906 S 12 PL. Rogers, AR 72758) for Rogers Public Schools (\$125)  
☐ Tillery Elementary (Vouchers will not be accepted, please select Rogers Location to use vouchers) (\$65)  
☐ Pre-K Center (805 W Olrich St, Rogers, AR 72756) for Pre-K ages (\$92)

## 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 permittable 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

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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 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: This facility and any employees of this facility will report any instances of suspected child abuse or neglect to the Arkansas Child Abuse Hotline. As mandated 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: This facility and any employees of this facility will report any suspected licensing violations to the Child Care Licensing Central Office at 501-682-8590 or complete online report at [https://ardhslicensing.my.site.com/elicensing/s/complaint?language=en\\_US](https://ardhslicensing.my.site.com/elicensing/s/complaint?language=en_US). 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

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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

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**Tuition Payment:** 2025 After School Care tuition will be billed per week & there is a Registration fee each semester

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**\*\*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

Tuition will be paid by: (circle one)      Private Pay      Low Income Voucher

I understand that maintaining eligibility on the voucher program is my responsibility and should I fail to meet the requirements to re-enroll, I will be responsible to pay the tuition and fees.

\_\_\_\_\_  
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](mailto:Office@RoosWorld.com)