



2026 Summer Camp Information

Welcome to the beginning of your summer adventure: Roo's World is Northwest Arkansas's premier summer camp experience! We provide much more than childcare during the summer. Our program offers an unparalleled blend of excitement, learning, and lifelong memories.

Location

Arkansas Arts Academy 2005 S 12th St. Rogers, AR 72758

2 Sessions

We offer 2 different 3-week camp sessions: June 8th – June 26th and July 13th – July 31st

Hours

Our hours of operation will be: 8:00 AM–4:00 PM

Option for extended care: 7:30 AM–4:30 PM for an additional \$75 per week.

Registration

Registration opens **April 1st**. You may email COMPLETED applications to roowinchester@outlook.com and once accepted you will be invoiced for the registration fee.

Ages

For summer, we will take students who have completed Kindergarten and older.

Tuition & Fees

Weekly Tuition: \$250

Registration Fee: \$300

*Sibling Discount: \$20 off weekly tuition

What sets us apart is our unwavering commitment to excellence in every aspect of our program. Our experienced and passionate staff members are dedicated to creating a safe, inclusive, and supportive environment where campers can thrive and grow. With a focus on character development, teamwork, and personal growth, we empower campers to unlock their full potential and build lifelong skills.

Roo's World Summer Camp



Has this student ever attended a Roo's World Program? Yes No

Child's Information (Please print neatly)

Child's Name: _____

Grade **ENTERING** in Fall 2026: _____ Child's DOB ___/___/___ Gender: M F

Primary language spoken in the home: _____ School Your Child Attends _____

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

Check All Sessions Your Child Will Attend: Hours: 8am-4pm

Session 1: June 8th – June 26th _____ (3 weeks)

Session 2: July 13th – July 31st _____ (3 weeks)

Check here to Enroll in Extended Hours: 7:30am-4:30pm: \$75/ week _____

Caregiver Information (Please print neatly) Include

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 (if different): _____ 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 on site to provide care.

(Guardian signature)

(Date)

Medical Information (Please print neatly)

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 the 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 the 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 _____

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

Is there a History of:

Measles _____ Mumps _____ German Measles _____ Chicken Pox _____ Diabetes _____

Whooping Cough _____ Contracted Tuberculosis _____ Frequent Ear Infections _____

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

Frequent Colds _____ Fainting Spells _____ Temper Tantrums _____ Biting _____

Food Allergies _____

Medical Allergies _____

Current Medications _____

Physical or Emotional Concerns _____

Other Comments _____

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 Summer 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: 2026 Summer Care tuition will be billed per week & there is a \$300 Registration fee

**I understand that my enrollment will not be considered complete until I provide my ACH information in the ProCare app, and pay the Registration fee. I have read and agree to the refund and payment policies.

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 Summer Care 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

All Communication will come through ProCare

You will be sent a link to purchase camp shirts. Your child MUST have a shirt to attend camp.

Demographic Information for Grants & Additional Funding

1. Please circle your child's ethnicity?

Hispanic White Black or African American American Indian and Alaska Native Asian
Native Hawaiian and Other Pacific Islander Other Race Multiracial, non-Hispanic

2. Does your child receive free and reduced lunch? YES NO If no, do you need help applying?

3. What is the main language spoken in your home? _____

4. Do you feel that your family has enough food to eat daily? YES NO

5. Has this student been diagnosed with a disability? YES NO

If yes, what? _____ Does this child have Medicaid or a passe?

If no, do you suspect the child has a disability? YES NO

Do you need assistance obtaining services to explore this further? YES NO

6. Are there other services your family is receiving:

(Circle each): SNAP Housing Assistance Childcare vouchers (or for Roo's World) ARKids
TEFRA ARHIPPMedicaid for a child Medicaid for an Adult Dental Care Medical Care
Help paying for internet Help obtaining a phone OTHER _____

7. Are there other services your family would like help applying for:

(Circle each): SNAP Housing Assistance Childcare vouchers (or for Roo's World) ARKids
TEFRA ARHIPPMedicaid for a child Medicaid for an Adult Dental Care Medical Care
Help paying for internet Help obtaining a phone OTHER _____

8. What is your family's total annual income? (Best guess is okay) _____

9. Is there any need your family has that was not mentioned above? How can we try to help?

10. If assistance was available to help you apply for any needed services, would you be willing to meet with someone to help (completely free to you)? YES NO

Name(s) of child(ren) enrolled at Roo's World _____

Parent/Guardian Name _____

(Guardian signature)

(Date)