

SACRED HEART CLUBHOUSE AFTER SCHOOL

Need a place for your child before or after school?

Sacred Heart School offers “The Clubhouse” for any child in the Effingham School District area. Grounded in the belief that children need time to relax at the end of the school day, the program allows youngsters the opportunity to play informal games, have a snack, and receive homework assistance.

The hours are convenient. Bus transportation to “The Clubhouse” from Unit 40 schools is available.

Please contact Tracy Roderick at 347-5754 to register.



Clubhouse Hours:

After School Hours: 1:30 P.M. to 5:30 P.M.

(When No School) Hours: 6:30 A.M. to 5:30 P.M.

(with the minimum of 8 children enrolled)

Rates:

\$30.00 registration fee ~ \$ 7.00 per day after school ~ \$13.00 all day

10% discount for 2 or more children

SACRED HEART CLUBHOUSE PROGRAM

REGISTRATION FORM

Child's Last Name _____

First Name _____

Child's Last Name _____

First Name _____

Address _____

Home Phone _____

Birthday _____

Age _____

School(s) _____

Teacher(s) _____

Parent(s) or Guardian(s) with whom the child lives:

Name _____

Phone _____

Business Address _____

Occupation _____

Name _____

Phone _____

Business Address _____

Occupation _____

Pediatrician:

Name _____

Address _____

Phone _____

In case of health and/or emergency pick-up contact:

Name/Relation _____

Phone _____

Name/Relation _____

Phone _____

Please tell us anything about your child that you think would be helpful for us to know:

Tuition:

Morning Program (6:30-8:30 A.M.)

Afternoon Program Cost (1:30-5:30 P.M.)

All Day (with minimum of 8 children enrolled)
(when no school ~ 6:30 A.M.-5:30 P.M.)

Cost: \$2.00 per hour (*Coming in Fall 2009!*)

\$7.00 per day (10% discount 2 or more in family)

Cost: \$13.00 per day

Parent/Guardian Signature _____

Date _____

THE CLUBHOUSE PROGRAM

PARENT CONTRACT

In consideration of my child's participation in THE CLUBHOUSE PROGRAM, I agree to the following:

1. I agree to pay a nonrefundable registration fee of \$30.00 per child.
2. I agree to pay as my share of the cost of THE CLUBHOUSE PROGRAM an amount determined by the number of sessions my child is attending and specified herein. I agree to submit each month's fees by the first day of each month. I understand that there is a \$15.00 late fee for payments made after the fifth day of each month.
3. I understand that one month's prior notification of withdrawal from THE CLUBHOUSE PROGRAM is required.
4. I agree that I will pick up my child by 5:30 P.M. or earlier and I understand that it is my responsibility to provide alternative arrangements for picking up my child if I am unavailable. I understand that in the event my child is not collected by 5:30 P.M., a fee of \$5.00 for the first fifteen minutes (until 5:45 P.M.) and \$5.00 for each additional fifteen minutes or any part thereof will be charged. After 6:00 P.M., my emergency contact will be called.
5. I agree to personally pick up my child from THE CLUBHOUSE PROGRAM and sign him or her out for the day except when I have authorized in writing alternative arrangements.
6. I agree that the Sacred Heart Board of Education and THE CLUBHOUSE PROGRAM Directors will be held free and harmless from any and all injuries occurring to my child, except as to injuries that directly result from acts of negligence on the part of the Sacred Heart Board of Education and/or THE CLUBHOUSE PROGRAM Directors.
7. In the event of an emergency, I give my permission to the teacher to have my child treated by medical personnel. The staff member in charge shall make reasonable attempts to contact my prior to any emergency medical treatment.
8. I understand that in the event of continued late payment of tuition, late pick-up of tuition, late pick-up of my child, or for any other good cause, THE CLUBHOUSE PROGRAM reserves the right to remove any child from the program.
9. I understand that if THE CLUBHOUSE PROGRAM is terminated because enrollment is not sufficient or for any other reason given by the Board of Education, all money paid by me for the period after termination will be refunded to me.

PARENTS/GUARDIANS SIGNATURE

DATE

DIRECTORS OF CLUBHOUSE PROGRAM SIGNATURE

DATE

THE CLUBHOUSE PROGRAM

EMERGENCY MEDICAL AUTHORIZATION

Child's Last Name _____ First Name _____

After unsuccessful attempts to contact the parent/guardian by telephone, the following doctors will be contacted in the order given:

Doctor _____ Doctor _____

Address _____ Address _____

Phone _____ Phone _____

In the event of serious illness or injury, the child will be taken to St. Anthony's Memorial Hospital for emergency treatment.

Medications _____

Foods / Other _____

NOTE: The staff will not administer any prescription or nonprescription drugs for any reason. Please notify the staff if the child is ill with a communicable disease.

Please list any special information or medication that is important for us to know: _____

EMERGENCY CONTACTS

Please give the name, address, and phone number of two people who may be contacted in case of emergency or illness, when the parent or guardian is not available. For convenience, these contacts should be within the vicinity of the school district during the hours of the program.

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone: _____

THE CLUBHOUSE PROGRAM is not liable for any claim arising out of the doctor's actions. All medical expenses shall be the parent/guardian's responsibility. I agree to assume the full risk of any injuries, including loss of life, damages, or loss which my child may sustain while at THE CLUBHOUSE PROGRAM. I further agree to waive and relinquish the directors and employees of THE CLUBHOUSE PROGRAM from any and all claims resulting from injuries, including loss of life, damages, and losses sustained by my child and arising, connected with, or in any way associated with THE CLUBHOUSE PROGRAM.

Parents/Guardians Signature _____ If possible, please have both parents sign.

Address _____

Home Phone _____ Cell Phone _____ Wk Phone _____

Date _____