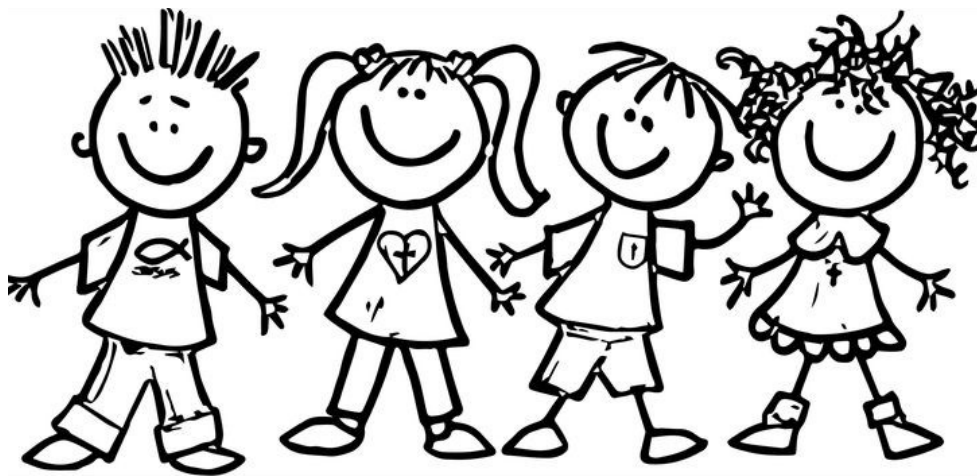


CLUBHOUSE

Need a place for your child after school ?

Sacred Heart School offers an after-school child care program, “CLUBHOUSE,” which is available to students attending Sacred Heart PreK through Grade 6. Clubhouse activities include: snack time, working on homework, projects, experiments, playing games, and playing outside. Students can stay until 5:30 P.M.—perfect for working parents and guardians!



Clubhouse Hours:

3:00 P.M. to 5:30 P.M. (11:15 A.M.-5:30 P.M. for Preschoolers)

Half Dismissal Days: 12:00 P.M. to 5:30 P.M.

Rates:

Registration Fees: \$30 Per Child / OR \$50 Per Family Each Year
(Fees must accompany this completed registration packet)

Regular Dismissal Days: \$11 per day for K-6
\$21 for Pre-K (school lunch option or bring sack lunch)

Half Dismissal Days: \$21 per day for all students

Questions about Clubhouse can be directed to the school office at 342-4060, or to Clubhouse Director, Kayla Pontious at 217-821-4094 or k.pontious@sheff.org.

SACRED HEART CLUBHOUSE PROGRAM

REGISTRATION FORM

Child's Last Name First Name Grade Birthday Age

Child's Last Name First Name Grade Birthday Age

Child's Last Name First Name Grade Birthday Age

Child's Last Name First Name Grade Birthday Age

Address

Home Phone

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

Name _____ Email Address _____

Home or Cell Phone _____ Work Phone _____

Employer _____ Occupation _____

Name _____ Email Address _____

Home or Cell Phone _____ Work Phone _____

Employer _____ Occupation _____

Please circle your preferred way for Clubhouse to reach you if payment is owed: Email Phone Call

Please list the email address and phone number by which you prefer to be contacted:

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

Name/Relation _____ Phone _____

Name/Relation _____ Phone _____

Pediatrician:

Name _____

Address _____ Phone _____

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

Fees:

Annual Registration Fee: \$30.00 per child or \$50.00 per family
(Must accompany completed registration packet)

K-6 Regular Dismissal Days (3:00-5:30 P.M.): \$11.00 per day

Pre-School Dismissal Days (11:15 a.m.-5:30 P.M.): \$21.00 per day

Half Dismissal Days (12:00-5:30 P.M.): \$21.00 per day

Parent/Guardian Name

Parent/Guardian Signature

Date

SACRED HEART 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.

Medication Allergies: _____

Food/Other Allergies: _____

NOTE: The staff will not administer any prescription or non-prescription 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.

If possible, please have both parents sign.

Parent/Guardian Name _____ Parent/Guardian Signature _____

Parent/Guardian Name _____ Parent/Guardian Signature _____

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Date _____

SACRED HEART CLUBHOUSE PROGRAM

PARENT CONTRACT

In consideration of my child's participation in The Clubhouse Program, I agree to the following:

- **I agree to pay a non-refundable annual registration fee of \$30.00 per child or \$50.00 per family.** (Checks should be payable to Sacred Heart with Clubhouse in the memo.)
- 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 understand that monthly schedules and payments are due by the 25th of the month prior to service, with a late fee being assessed on the 1st of the month. I understand that payments will not be refunded or carried over to the next month for days my child(ren) was/were scheduled to go to Clubhouse but did not end up going. (Payments may be carried over to the next month if the absence was due to illness.)**
- I will contact the Clubhouse Director, Kayla Pontious with any changes in my child's schedule at 217-821-4094 or k.pontious@sheff.org.
- 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 \$10.00 for the first 15 minutes (until 5:45 P.M.) and \$10.00 for each additional 15 minutes or any part thereof will be charged. After 6:00 P.M., my emergency contacts will be called.
- I agree that a guardian or designated person will pick up my child from The Clubhouse Program and sign him or her out for the day. If someone other than the designated persons is picking up my child, an email or phone call notification is required.
- 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.
- 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 me prior to any emergency medical treatment.
- I understand that in the event of continued late payment 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.
- 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.
- I understand that Clubhouse follows all Sacred Heart School rules—both inside the building and outside on the playground.
- **Preschool Parents Only**—I agree to send a thick beach towel or blanket, small pillow and stuffed animal for my child to use during rest time.

If possible, please have both parents sign.

Parent/Guardian Name _____ Parent/Guardian Signature _____

Parent/Guardian Name _____ Parent/Guardian Signature _____

Date _____

Director of Clubhouse Program Signature

Date