

# CLUBHOUSE

*Need a place for your child after school?*

Sacred Heart School offers an after-school child care program, "CLUBHOUSE," available to students attending Sacred Heart PreK-Grade 8. CLUBHOUSE enables children to relax at the end of their day, play games, eat a snack, and work on homework. Students can stay until 5:30 P.M. —perfect for working parents and guardians!

**Please contact Holli Sarchet at 342-4060 to register.**



## **Clubhouse Hours:**

After School Hours: 1:00 P.M. to 5:30 P.M.

## **Rates:**

\$30.00 registration fee, and \$7.00 per day after school (up to 5:30 P.M.)  
*10% discount for 2 or more children*

\*In case of an emergency during after-school hours, please contact Holli at 217-821-9154.\*

# 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:

Afternoon Program Cost (1:00-5:30 P.M.): \$7.00 per day (10% discount for 2 or more in family)

\_\_\_\_\_  
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.

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

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:

1. I agree to pay a non-refundable 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 understand that payments are due by the 25th of the month prior to service, with a late fee being assessed on the 1st of the 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 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 give by the Board of Education, all money paid by me for the period after termination will be refunded to me.
10. I agree to provide two pairs of non-slip socks for use when my child plays in the gym during CLUBHOUSE hours.

---

PARENT/GUARDIAN SIGNATURE

---

DATE

---

DIRECTOR OF CLUBHOUSE PROGRAM SIGNATURE

---

DATE