

2019-2020 Creative Clubhouse K-6 Enrollment Form

Child's Name _____ Birth Date _____ Gr__*

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*Grade in 2019-2020 school year

Home Address _____

Parent Name _____ Parent Name _____

Phone # _____ Phone# _____

Email _____ Email _____

Registration Fee \$55 (\$110 Family Cap Fee)

T-shirt Size Circle: Youth S Youth M Youth L Adult S Adult M

Please Mark Contracted Sessions Needed:

Before Session 6:45-9:20

___ Full Time M-F for entire school year \$60 Week / \$240 Month

___ Part Time M T W TH F (Circle the days) \$18 per Before Session

Arrival Time _____

After Session 4:00-6:00

___ Full Time M-F for entire school year (\$50 Week / \$200 Month)

___ Part Time M T W TH F (Circles the days) \$12 per After Session

Pick Up Time _____

Drop in Fee **\$18 per session Before or After**

Release Days: **Pre-registered \$45**

After deadline \$50

The number of sessions indicated above will be considered your contract. Each week you will be required to pay for the indicated number of sessions whether or not your child attends. This will be done through TADS.

In order to add days you must notify us in person or email the Program Coordinator in advance.

Switching days is not allowed.

Two week written notification is required to change this registration form.

Registration fee must accompany this form and is Non-Refundable.

I understand that I am enrolling my child for the Creative Clubhouse School Year Program and I agree to pay for said days marked above for my billing contract.

Signature: _____ Date: _____

Optional Information

What would you like your child to gain from our program?

Please list any behaviors or attitudes you would like the staff to aware of:

What are some of his/her recreational or special interests?

Is there anything particularly significant about your family situation we should know about? (Divorce, separation, custody, death etc.)

Other significant information about your child that would be helpful to staff?

Please list the names and ages of siblings:

[Type here]

2019-2020 School Year Creative Clubhouse Emergency Health Form

Child's Name: _____

Birth Date: _____

Home Address: _____

City: _____ **Zip:** _____

Home Phone: _____

Sex: M or F

Parent/Guardian Names:

Name: _____ **Name:** _____

Work # _____ **Work #** _____

Cell # _____ **Cell #** _____

Email _____ **Email** _____

Emergency Contact/Authorization to Pick Up:

Name: _____ **Relationship:** _____ **Phone :**() _____

Name: _____ **Relationship:** _____ **Phone :**() _____

Name: _____ **Relationship:** _____ **Phone :**() _____

Name: _____ **Relationship:** _____ **Phone :**() _____

My child MAY NOT be released to the following people: _____

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to Creative Clubhouse to take whatever emergency measures, as judged necessary for the care and protection of my child while under the supervision of the Creative Clubhouse staff. This includes the transportation of my child to a hospital for emergency or surgical treatment if the local emergency resource (police, rescue squad), deems it necessary.

Furthermore, I understand that the child will be transported at the expense of me and my insurance company, and that in some medical situations; the staff will need to contact the local emergency resource before the parent, child's physicians, and/or other adult acting in the parent's behalf. It is understood that I will be advised of any further treatment by the hospital or doctor.

Preferred Hospital: _____

Insurance Carrier: _____

Family Doctor: _____

Policy # _____

Phone: _____

Dental Carrier: _____

Family Dentist: _____

Policy # _____

Phone: _____

Parent Signature: _____ **Date:** _____

[Type here]

2019-2020 School Year Creative Clubhouse Emergency Health Form

Does your child have any of the following health concerns (Please indicate by circling):

No Concerns	Bee Sting Reactions	Asthma (see below)
Seizures	Hay Fever	Frequent Sore Throat
Shunt	Allergies	Constipation
Heart Problems	Bloody Noses	Bladder/Bowl Problems
ADD/ADHD	Diabetes	Anxiety
Autism	Dizzy/Fainting Spells	Behavioral Concerns
Other Social/Emotional/Mental Health Concerns		Glasses

Please describe in detail any of the above concerns circled: _____

Does your child require an Epi Pen? Yes or No Reason for Epi Pen: _____
Does your child require an Inhaler? Yes or No Reason for Inhaler: _____
Creative Clubhouse needs to have them onsite for the summer with prescription label on it.

All severe allergies in need of medication requires A SEVERE ALLERGY EMERGENCY HEALTH PLAN ON FILE WITH CREATIVE CLUBHOUSE/CUB CLUB!

Diet: Does your child have a medically prescribed diet? Yes or No

Please Describe: _____

Physical Limitations: Yes or No

Please Describe: _____

Please write down any special medical conditions we should be aware of:

Does your child take daily medication? If yes please list name and dosage:

Medications: If your child will need to have medications administered while attending you must fill out a Creative Clubhouse Medication Permission form.

In case of minor accident or illness, where it seems advisable to dismiss a child from Creative Clubhouse the procedure will be:

1. Contact the parent at home, work, or cell.

2. Contact the other designated persons to care for your child until you can be reached.

If a child is seriously injured or ill and requires medical attention, 911 will be called first!

Month, date and year of most recent immunizations. This information is required unless you are submitting an immunization record form!

DTP _____

POLIO _____

MMR _____

HEP. B _____

HIB _____

VAR _____

HEB. A _____

PCV _____

TETANUS _____

Creative Clubhouse Behavioral Guidelines

1. Verbal warning is given with an explanation of why the behavior is inappropriate.
2. Withdrawal from the activity: Child will be asked to leave the activity to take a break and be given time to refocus. (1&2 may occur simultaneously)
3. Reasoning: Every effort will be made to help the child understand the inappropriateness of his or her actions and agree to an alternate form of behavior. When the conflict is child to child (including sibling to sibling) every effort will be made to have them reason together face to face with staff facilitating.
4. Redirection: When reasoning has been pursued and behavior has not changed, the child will be redirected to another activity or quiet time to do a puzzle or read a book.
5. Child/Creative Staff /Parent Conference: When the staff is not successful in correcting the behavior a behavior contract will be given. Parents will be given a copy of behavior contract and it will need to be returned back to staff with parent signature. If the coordinator needs to be consulted they may decide on further actions or consequences.
6. Parent/Coordinator Conference: If the parent needs to be formally involved in the process, specific changes in behavior will be requested, with specific consequences for non-compliance outlined.
7. Field Trips/Swimming: All children are expected to show the same behavior guidelines on field trips/swimming as they do at Creative Clubhouse. They are also expected to follow rules of field trip/pool being attended. If a child continually refuses to comply on field trip a future field trip may be lost at staff/coordinator's discretion and is non-refundable.
8. If all above have been applied and there is still no change in behavior a conference with coordinator will be held to discuss behavior and consequences. Being suspended for a day from program or being dismissed from program may result from this.

A behavior contract is used for a child who, after much effort and numerous attempts has not been able to modify their behavior. Goals are stated in positive ways to help the child understand the expected behavior and the time line is fair, realistic, and age appropriate.

In order to provide a safe, effective program suspension or removal from program may result for children unable to follow the behavioral guidelines.

We reserve the right to bypass the above behavior steps at any time and dismiss a child from our care for reasons of safety.

If a child is dismissed from care they may not reenter program for one year after said time of dismissal.

Creative Clubhouse Behavior Expectations

1. I will be a good role model for the younger children.
2. I will listen and respect all staff.
3. I will play electronics only at designated times and will stop when told to. I will not share them with others.
4. I will find activities for myself to do during free time that uses the time effectively.
5. I will participate in the activities presented to me without argument or complaining.
6. I will keep my body to myself at all times (even if siblings attend too).
7. I will use appropriate language to others and staff (even if siblings attend too).
8. I will handle all supplies, equipment, and toys gently not to cause damage to them.
9. I will take care of my personal belongings leaving toys and other special things at home unless there is permission for a special day or for electronics time.
10. I will present myself with a positive attitude and behavior.

I understand Creative Clubhouse is providing me a place to go during the summer/school year which is safe. I understand I am expected to present myself as a positive role model for younger children in the program.

A Behavior Contract will begin if I am unable to follow the above expectations. A Behavior Contract is used for a child who, after communication with child and parent, has not been able to modify their behavior.

In order to provide a safe, effective program, suspension or removal from the program may result for children unable to follow the Behavioral Guidelines. A privilege to go on a field trip may also be removed by the coordinator who will decide which fieldtrip it will be.

Child's Signature	Date
Parent/Parent's Signature	Date
Coordinator's Signature	Date

**2019-2020 School Year Creative Clubhouse
Waiver Form**

Field Trip Consent:

I, _____ grant permission for my child, _____
(Parent or Guardian's Name) (Child's Name)

to participate in these Creative Clubhouse events that requires transportation to a location away from the Creative Clubhouse site. These activities will take place under the guidance and direction of Creative Clubhouse/Nativity of Mary employees and/or volunteers from the Church of The Nativity of The Blessed Virgin Mary.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Church of The Nativity of The Blessed Virgin Mary, its officers, directors, agents, and the Archdiocese of St. Paul/Minneapolis, chaperons or representatives associated with the event, from any claims or lawsuits arising from or in connection with my child attending the event, or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to reimburse Creative Clubhouse, the parish, its officers, directors and agents, and the Archdiocese of St. Paul/Minneapolis, chaperons, or representatives associated with the event for reasonable attorney's fees and expenses arising from such claims or lawsuits.

_____ **Initial** I agree to abide by the terms and conditions of Nativity of Mary's Creative Clubhouse Parent handbook, which can be accessed on-line or in paper form upon request, governing the enrollment of child named above.

_____ **Initial** I grant permission to Nativity of Mary and or Creative Clubhouse to use my child's name, picture, anecdotes for the purpose of publicizing the services available.

_____ **Initial** In the event that my child needs immediate medical attention for injuries received while participating in the Creative Clubhouse Program, I give my permission for a staff member to administer necessary medical treatment. Staff may also admit my child to a hospital emergency room for emergency medical treatment without my consent if I cannot be reached to give permission or my own source of medical care cannot be reached.

_____ **Initial** I give my child permission to view "PG" movies, consent will be previewed by staff.

_____ **Initial** I give my permission to go on walking field trips in the Nativity of Mary neighborhood.

CREATIVE CLUBHOUSE HANDBOOK

ACKNOWLEDGEMENT

Creative Clubhouse must receive the below signed acknowledgement regarding the Creative Clubhouse handbook before your child's first day of attendance.

The Creative Clubhouse handbook outlines our goals and procedures for the program.

It is available on the Nativity of Mary website at school.nativitybloomington.org

For Creative Clubhouse hand book click on Activities first. Then click on Extended Day/Creative Clubhouse. The Creative Clubhouse icon is in the lower right hand corner.

The Creative Clubhouse Handbook is also available upon request in paper form.

I, _____, have read and acknowledge the goals and procedures for the Creative Clubhouse Program.

Parent Signature

Date

Smart Locks User Agreement

Agreement:

Subject to the terms of this Agreement, Creative Clubhouse/Nativity of Mary agrees to provide a smart card to the User who in turn will use the Card to obtain passage into the Creative Clubhouse building.

User Agrees:

To use the Smart Card solely to obtain passage through the Southwest doors of Creative Clubhouse during childcare hours.

To not lend or allow another person to use their card. The user will be responsible for any entry into the building unless notification is given of a lost or stolen card.

The user shall take all reasonable care of the Card to prevent it from damage, defacement, destruction, or loss of any kind.

The Smart Card is the property of Creative Clubhouse/Nativity of Mary. Any card (whether interior or exterior) that has been altered, defaced, or damaged in any manner will result in a \$10.00 fee for the user.

User must notify Connie Dowzak (952-881-9103) or Jim Ellison (612-804-8058) of any lost or stolen Smart Card by name and serial number. Until Connie or Jim is notified, the User continues to Be Responsible for any entry into the building using their User Card.

The User shall pay the cost of \$10.00 for replacement cards.

The cards must be returned in proper working condition to Creative Clubhouse upon termination of the program. Any unreturned cards will incur a \$10.00/per card fee charged to your billing account.

Failure to comply with any portion of this agreement may result in Creative Clubhouse/Nativity of Mary blocking the use of the Card.

By signing below you agree to fully comply with the Terms and Conditions, including any future amendments thereto. All Users must sign and date.

Name of User

Name of User

Address

Address

Home Phone #

Cell Phone #

Home Phone #

Cell Phone #

E-Mail Address

E-Mail Address

Signature of User

Date

Signature of User

Date

Creative Clubhouse