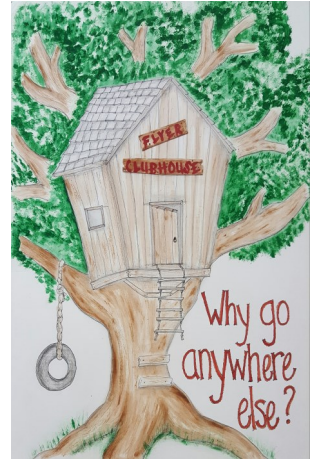


FOR OFFICE USE ONLY

Date registered _____

\$10.00 Registration Fee received (per family)



Flyer Clubhouse Registration

Child's Name (Last) _____ (First) _____

Preferred Name/Nickname _____ Male Female

Child's Birthdate ____/____/____ Grade 2017-2018 _____

Home Address _____

Parent/Guardian's Contact Information

Name _____

Home/Cell Phone_(_____)_____-_____

Work Phone_(_____)_____-_____

Relationship to child _____

Email _____

Parent/Guardian's Contact Information

Name _____

Home/Cell Phone_(_____)_____-_____

Work Phone_(_____)_____-_____

Relationship to child _____

Email _____

Does the child live with: both parents father only mother only

NOTE: Custody agreement should be on file with the school.

other _____

If living separately, who is the financially responsible party? Where should invoices and tax statements be mailed: both parents father only mother only

other _____

Billing Address _____

City _____ State _____ Zip _____

NOTE: Invoices will be issued the next business day following the week of Clubhouse use. All invoices must be paid by close of business on the Friday of the week they are issued. Prepayments are welcomed and encouraged.

By signing below, I am agreeing to pay the amount due in full on a weekly basis. I understand that if I do not pay the amount due in full on a weekly basis, the services may not be available for my child(ren).

Signature of Financially Responsible Party

Date _____

Flyer Clubhouse (Child Care) Policy Agreement

Norwalk Catholic School - Early Childhood Center
77 State Street | Norwalk, OH 44857

Clubhouse Policy Agreement

Please read carefully. Indicate your agreement with Flyer Clubhouse policies by signing below.

I understand that Flyer Clubhouse will not provide child care on a drop-in basis. I must **provide an anticipated schedule** for my child's attendance. If I need to use Clubhouse on a day that my child would not normally attend, I must **notify Clubhouse** (with 24 hours notice whenever possible) so proper staffing can be maintained. A **drop-in fee of \$5** will be charged when a student is dropped off without notifying Clubhouse by 6pm the day before. The fee is necessary to offset the cost to schedule staff at the last minute. If taking an unscheduled child would force us over the state's limit for staff-to-student ratios, we cannot take the drop-in at Clubhouse for that day. If an emergency arises, you can contact the Director to request the fee be waived or an exception be made.

I understand that it is my responsibility to contact the Flyer Clubhouse **if my child will be absent** from Clubhouse on a normally scheduled day, prior to my child's normal arrival time.

I understand that if my **child care payment falls behind**, Flyer Clubhouse (child care) services for my child may be suspended until payment is made.

I understand that **when a child is left past closing time**, emergency contacts listed on the child's enrollment form will be called until 6:15 pm. If no one can be reached to assume responsibility for the child, the Clubhouse staff member will contact Children's Services or the police for advice or assistance.

I understand that I will be charged a **late fee of \$1.00 per minute** when my child remains in the building past closing time of 6:00 pm. I understand that on a **non-school day** I am required to **sign-up** for child care, and that if we do not show up without cancelling, I will be charged a \$10 no-show fee.

I understand that parents/guardians will be held **financially liable for any property damage** caused by their children. This includes, but is not limited to, any property owned by Norwalk Catholic School, St. Mary Parish, other partner organizations, or any personal property of others.

I understand that in the event of a **school delay**, the Flyer Clubhouse will remain open during normal business hours (6:30 am to 6:00 pm). But in the event school is first delayed then **school is cancelled**, I will need to come in and pick up my child as the Clubhouse will close at 9:30 am. Clubhouse will be closed when school is cancelled.

_____ I have read the above policy and the **Flyer Clubhouse Handbook**, and have
initials included a **\$10.00 per family registration fee**.

_____ For students in Grades 1-6 only, I grant my permission for my child(ren), _____
initials

_____ to ride school bus transportation between the Flyer Clubhouse at the Early Childhood Center and Norwalk Catholic Elementary School (St. Mary Campus to/from St. Paul Campus). I release Norwalk Catholic School, Norwalk City Schools, the Diocese of Toledo Catholic School Services, and any associated person or agency from any claims or ordinary negligence, in consideration for the opportunity to ride the bus.

Parent/Guardian Signature _____

Date _____

Flyer Clubhouse (Child Care) Permissions

Norwalk Catholic School - Early Childhood Center
77 State Street | Norwalk, OH 44857

Please read carefully and respond to each of the following permissions.

Permission for Walking Field Trips

Yes. _____ has my permission to take part in our school's walking field trips on and around the campus (e.g. to the Church, playground or park). As parent or guardian, I release the school, Catholic School Services, and any associated person or agency from any claims of ordinary negligence, in consideration for the opportunity to participate in these activities.

No. I do not want my child, _____, to participate in walking field trips.

Permission to Photograph/Videotape

During the school year, Norwalk Catholic School takes many photographs and some videos of children participating in school lessons and activities. The photographs may appear in highlight videos, in our school yearbook, on our website or social media pages, in local newspapers, school newsletters, annual reports, brochures and other communications and promotional materials. **Unless "no" is checked below, your child's photo may be used in our materials.**

Yes. I, _____, **do** want photos/videos of my child, _____
_____, to be used in school materials.

No. I, _____, **do not** want photos/videos of my child, _____
_____, to be used in school materials.

Parent/Guardian Signature _____

Date _____

CHILD'S HEALTH INFORMATION FORM

IMPORTANT: The information sought on this form will help us 1) respond to any medical situation that arises with your child, 2) better understand your child's day care experience, and 3) make accommodations for any special needs. **Below, please provide us the information needed to protect your child's health and safety.** You may attach additional paper if needed. Please mark "none" or "n/a" when there is no information to provide for an item. Additionally, the Physical Form required for attendance at the ECC preschool will be available to preschool Clubhouse staff in compliance with Ohio Administrative Code §3301-37-05. No physical is required for attendance at day care for school age children.

Child's Name	Name(s) of Parent/Guardian	
Date of Birth	Height	Weight

Allergies: Please list all allergies affecting your child and any special precautions or treatments indicated for these allergies. _____

Medications: List all medications currently being administered to the child. _____

Relevant Chronic Physical Problems:
 List all chronic physical problems affecting the child. _____

Relevant History of Hospitalizations:
 List dates of all hospitalizations. _____

Diseases: List all communicable diseases the child has had. _____

Has your child ever had a serious illness we should be aware of? _____

Does your child have (please check all that apply):
 asthma, frequent sore throats, chronic cough, urinary tract infections,
 frequent stomach pain, frequent vomiting, frequent diarrhea

Does your child wear (or is he/she supposed to wear) eyeglasses? Yes No
 Does your child have problems with ears/hearing (ear pain, frequent earaches, discharge or favoring one ear)? Yes No

Has the child ever had a convulsion or seizure? If so, is your child taking any medications for seizures?
 When was the last seizure? _____
 Is your child currently being treated by a physician or dentist? _____
 Does your child have any dietary restrictions? _____
 Do any of the conditions covered here interfere with your child's everyday activities? Yes No
 Are there any conditions not covered here that interfere with your child's everyday activities? If so, please explain. _____

Parent/Guardian Signature _____ Date _____

EMERGENCY TRANSPORTATION AUTHORIZATION

Please complete either Part I <or> Part II below. Everyone completes Part III.

Part I

Permission to Transport Child

I, _____ **give my permission** to Norwalk Catholic School to transport my child, _____ to _____ (name of hospital/clinic) for emergency medical care or to _____ (name of dentist/clinic) for emergency dental care, or to the nearest available source of assistance or to _____ (medical specialist).

Parent/Guardian Signature

Date

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

----- OR -----

Part II

Refusal to Grant Permission

I, _____ **do not give permission** to Norwalk Catholic School to transport my child, _____ for emergency medical or dental care. In the event of an illness or injury which requires emergency medical or dental treatment, I wish the following action to be: _____

Parent/Guardian Signature

Date

----- AND -----

Part III

Child's Physician & Dentist

Please provide the name for your child's physician and dentist. If your child has not yet visited the dentist, please put the family dentist, our school dentist Dr. Julie Roberts, or any dentist you wish to be contacted in the event of a dental emergency.

Name of physician, practice or clinic: _____

Address: _____ Phone: _____

Name of dentist or clinic: _____

Address: _____ Phone: _____

SCHEDULE, AUTHORIZATION TO PICK-UP & EMERGENCY CONTACTS

For Clubhouse Student: _____
(last name, first name)

IMPORTANT: For your child's protection, communication with the school about attendance is critical. We must staff the Clubhouse for our daily student census. And we must have enough information to account for your child. When the morning or afternoon schedule changes, when the arrival/dismissal plan changes, or when your child will not be coming as scheduled, please call the school at (419) 668-8480 or email ecc@ncsmaail.org before their normal school/Clubhouse arrival or departure time. To bring your child to Clubhouse on a day not normally scheduled, please call the Office 24 hours in advance or as soon as you know, to notify us of your plans. Because we must schedule the appropriate number of staff to supervise the students present each day, **Flyer Clubhouse is not a drop-in day care service.**

I have read the above statement. I assume responsibility for providing a planned attendance schedule below, for providing updates to the schedule, and for communicating daily changes to my child(ren)'s schedule to the ECC Office in a timely manner.

Parent/Guardian signature _____ Date _____

Schedule:	Monday Schedule	Tuesday Schedule	Wednesday Schedule	Thursday Schedule	Friday Schedule
Estimated drop-off time					
Estimated pick-up time					

This schedule can be updated throughout the year by calling the Office or completing an updated form available in the Office or at norwalkcatholicschools.org.

Authorized Pick-up List

The people listed by you below are the only persons to whom your child will be released.

1. Please include parents/guardians.
2. Please list at least 3 other people authorized to pick up your child. Please list them in order of people most likely to pick up your child. You may attach another sheet of paper if needed.
3. Please notify us when there are changes to this list or the order. **This list must be on file before your child uses Flyer Clubhouse.**

Name	Relation to Child	Phone #1	Phone #2	✓ if emergency contact
1)	parent/guardian			
2)	parent/guardian			
3)				
4)				
5)				