

The Klubhouse Child Care

Before & After School Program



2017-2018

Dear Elementary Parents,

As our summer ends and the beginning of the school year is near, we wanted to inform you of our services. **The Klubhouse Child Care** is a licensed before and after school care program located on campus at FWC to serve Prek-5th grade families. Your child can attend on a full time or part time basis.

Attached are the documents you will need to enroll your child in our program. A complete packet is also available in the elementary office.

If your child will be attending Klubhouse this year, we need the following:

- an enrollment form-new students only
- a city of NRH form notarized if not previously done
- registration fee of \$60.00 made payable to Klubhouse
- shot records (pre-k only)

These documents are due **August 4th** so that we may have adequate time to prepare for your child's first day. You may drop them by the elementary office or mail to FWC. We need to make sure we have the correct number of staff trained and ready to be you're your children daily.

We look forward to seeing your children when school starts. The first day that the Klubhouse is open is Friday, August 11th. Please feel free to contact me with any questions you may have. Thanks for trusting us with your little ones.

Blessings,

Sherrie Alexander
Owner/Director
Klubhouse Child Care
6200 Holiday Lane
NRH, TX 76180
(817)994-6799
www.facebook.com/theklubhouse

THE KLUBHOUSE CHILD CARE

2017-18 SCHOOL YEAR

OWNER/DIRECTOR: Sherrie Alexander
PHONE (817)994-6799
OFFICE: (817)281-6504 ext. 201

HOURS:

6:15 A.M. - 8:00 A.M.
2:45 P.M. - 6:15 P.M.

Monday-Friday
Monday-Friday

Before School Care (Pre-k thru 5th)
After School Care (Pre-k thru 5th)

RATES:

REGISTRATION FEE PER CHILD.....\$60.00 ANNUALLY

PRE-K -5TH FULL TIME: Full-time rates are charged regardless of attendance

Before School Only	\$55.00	Bi-weekly
Prek-5 th After school	\$150.00	Bi-weekly
Prek-5 th Before/After school	\$160.00	Bi-weekly
Daily from 2:45-3:15	\$55.00	Bi-weekly
Noon Dismissals	additional \$5.00	per child

DROP-INS: Due each week based on days attended

Pre-K Thru 5th after school	\$18.00	Day
Full day drop-in	\$25.00	Day
Morning care drop in with notice	\$5.00	Day
Noon dismissals	additional \$5.00	fee

(Drop in rate is the same regardless of time stayed)

LATE PAYMENT FEE: \$10.00 EACH WEEK LATE - LATE ARRIVAL FEE: \$10.00

HOLIDAYS THE KLUBHOUSE WILL BE CLOSED: (subject to change)

First day of school - noon dismissal, Labor Day, Fall Break, Thanksgiving Break, Christmas Break (1 week) 2nd week TBA, New Year's Eve, New Year's Day and January in-service due to use of Campus Center, Martin Luther King Birthday, President's Day, Spring Break, Easter Break, Memorial Day

Summer schedule separate for children entering Pre-Kindergarten and Kindergarten.

*Klubhouse is open during other breaks, but your child MUST BE SIGNED UP to attend
Minimum of 12 children is required for opening.*

ADMISSION INFORMATION

Operation Name <b style="font-size: 1.2em;">Klubhouse Childcare		Director's Name <b style="font-size: 1.2em;">Sherrie Alexander	
Child's Full Name		Child's Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission	Date of Withdrawal		
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers below where parents/guardian may be reached while child will be in care:			
Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.	Cell Phone No
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			

CHECK ALL THAT APPLY:		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give		– consent for my child to be transported and supervised by the operation's employees:	
1. <input type="checkbox"/> TRANSPORTATION:		Walk home <input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school			
2. <input type="checkbox"/> FIELD TRIPS:		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Field Trips:			
Parent's Comments:					
3. <input type="checkbox"/> WATER ACTIVITIES:		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Water Activities:			
		<input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> water table play			
4. <input type="checkbox"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES:		I acknowledge receipt of the facility's operational policies including those for discipline and guidance.			
5. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:		<input type="checkbox"/> None <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack			
6. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:					
<input type="checkbox"/> Mondays	from:		to:		
<input type="checkbox"/> Tuesdays	from:		to:		
<input type="checkbox"/> Wednesdays	from:		to:		
<input type="checkbox"/> Thursdays	from:		to:		
<input type="checkbox"/> Fridays	from:		to:		
<input type="checkbox"/> Saturdays	from:		to:		
<input type="checkbox"/> Sundays	from:		to:		

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:		
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:		
Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
_____ Signature - Parent or Legal Guardian		

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800)-514-0383 (TTY).

Signature – Parent or Legal Guardian

Date

SCHOOL AGE CHILDREN:

My child attends the following school:

Name of School and Address School Ph.#

CHECK ALL THAT APPLY:

His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.

My child has permission to: walk to or from school or home,
 ride a bus, and/or be released to the care of his/her sibling(s) under 18 years old.

Name of sibling(s): _____

IMMUNIZATION RECORD:

I have provided the childcare operation with a copy of my child's most current immunization record.

ADMISSION REQUIREMENT: If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.

Please check only one option:

1. HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is able to take part in the day care program.

Health Care Professional's Signature Date

2. A signed and dated copy of a health care professional's statement is attached.

3. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

4. My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.

Name and address of health care professional:

Signature - Parent or Legal Guardian Date

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
HEARING	1000 Hz	2000 Hz	4000 Hz
R			
L			
			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	

Signature – Parent or Legal Guardian

Date

ADMISSION INFORMATION

HEALTH REQUIREMENTS

Name of Child:	Date of Birth:

Age ► Vaccine ▼	Birth	1 mos	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	19-23 Mos	2-3 Yrs	4-6 Yrs
Hepatitis B											
Rotavirus											
Diphtheria, Tetanus, Pertussis											
Haemophilus influenzae type b											
Pneumococcal											
Inactivated Poliovirus											
Influenza											
Measles, Mumps, Rubella											
Varicella											
Hepatitis A											
Meningococcal											

TB TEST (if required)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date: _____
------------------------------	-----------------------------------	-----------------------------------	-------------

Signature or stamp of a physician or public health personnel verifying immunization information above. _____

Signature Date

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about (date) _____ and does not need varicella vaccine.

Parent's signature _____	Date _____
--------------------------	------------

I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.

For additional information regarding immunizations contact the Department of State Health Services at www.dshs.state.tx.us/immunize/public.shtm

IMPORTANT: City of North Richland Hills Ordinance

The Environmental Services division of the City of North Richland Hills requires additional information that the State of Texas does not.

1. All health/medical emergency information must be notarized for each child in care.
2. A unique "family security code" must be listed below and used in the event a person other than designated on the enrollment form is sent to pick up the child. The designated person must know the code word for the child to be released.

The Elementary School Administrative Assistant is a Notary, or you may use an outside source. Please complete and return.

I confirm that the medical and emergency information listed on the enrollment form is correct and is authorized for the Klubhouse Childcare records.

Signed: _____ Date: _____

Subscribed and sworn to (or affirmed) before me this _____ day of _____

Signature of Notary Officer: _____

My commission expires: _____

Family Security Code: _____