



# **St. Wenceslaus School CLUB HOUSE 2009/2010**

School Age Childcare

## ***MISSION STATEMENT***

*"The St. Wenceslaus School community is dedicated to providing a nurturing environment so that each individual's potential can be realized. We are life-long learners called to make a difference in our changing world, as we are shaped by our Catholic faith and challenged to embrace the Gospel."*

## **PHILOSOPHY**

We believe that the St. Wenceslaus School community is called together by God to provide a Christian education to the children entrusted into our care. Children are offered the opportunity to encounter God in their parents, pastor, school staff, fellow students, and parishioners, as well as in their faith, prayer, and worship experiences. We believe that a nurturing community is comprised of responsible individuals who share respect and concern for themselves and all others. We recognize that our strength as a community lies in our God-given individual differences. We value and celebrate our diversity of abilities and talents, learning styles, and cultures that influence our community.

We believe students learn best through active engagement with subject matter and the promotion of critical thinking skills. We provide educational opportunities for the whole child, supporting spiritual, intellectual, social, emotional, physical, and creative growth. We believe our children need these tools to make responsible decisions and to be good stewards in our ever-changing world.

We look at our world through the eyes of our Catholic faith. Our service to each other is one of dedication, love and involvement. To live and teach as Jesus did through word and action is the essence of this service. As we plant the seeds of discipleship, we bring ourselves and others closer to God.

## **REGISTRATION**

Parents registering their child must complete and submit the St. Wenceslaus Club House registration form. Current students in the Club House program will have first priority for enrollment in the next year's program. Any unfilled spots in the program are then filled from the waiting list.

- Your account must be current and paid in full
- An annual \$25.00 registration fee per family must accompany registration form.
- A completed Emergency & Health Information Sheet must be updated and in the Club House files for all students.

***Please note any changes during the year regarding your registration and Emergency forms must be submitted to the Club House in writing.***

***Payments are due by the 15<sup>th</sup> day of the month on a consistent monthly basis.***

## **ENROLLMENT POLICY**

St. Wenceslaus Club House has been designed to serve the needs of children in kindergarten through eighth grade at St. Wenceslaus School. Contracted enrollment is for families who register for after school care. This contracted enrollment is open on a space available basis.

## **HOURS**

St. Wenceslaus Club House is open immediately following the school day and closes promptly at 6:00 pm. The program is in session every school day, Teacher Workshop and Conference days. Club House will be open on School Vacation days ONLY if 5 or more children are in attendance. Club House is closed on Thanksgiving and the following Friday, Christmas Eve, Christmas Day, New Years Eve and New Years Day.

After School	2:30 pm – 6:00 pm
Non-School Days	7:00 am – 6:00 pm Monday – Friday (if 5 children in attendance)

## **FEES**

	<b><u>Contracted</u></b>
After School (on school days)	\$9.00/day
Non - School Days	\$28.00/day (anything over 4 hours)
	\$14.00 - 1/2 day (4 hours or less)

School Days	<b><u>Drop-In – Non-registered</u></b>
	\$5.00 per hour

\$25.00 Registration Fee \_\_\_\_\_  
(Date paid)

St. Wenceslaus School  
Club House - School Age Child Care  
**Registration Form**

Family Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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1. Child's Name: \_\_\_\_\_ Nickname \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Circle One: Male/Female

2. Child's Name: \_\_\_\_\_ Nickname \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Circle One: Male/Female

3. Child's Name: \_\_\_\_\_ Nickname \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Circle One: Male/Female

4. Child's Name: \_\_\_\_\_ Nickname \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Circle One: Male/Female

**My child will attend Club House on the following days.**

Place and X by the days your child will attend.

Monday \_\_\_\_\_

Thursday \_\_\_\_\_

Tuesday \_\_\_\_\_

Friday \_\_\_\_\_

Wednesday \_\_\_\_\_

I understand that by signing below this information is accurate to the best of my knowledge, and I am responsible for payment for the days my child/children attend the St. Wenceslaus Club House after school Child Care Program.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EMERGENCY INFORMATION**

Father's Name/Legal Guardian \_\_\_\_\_ Work ( ) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work hours \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Mother's Name/Legal Guardian \_\_\_\_\_ Work ( ) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work hours \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Student lives with: Both parents/legal guardians \_\_\_\_\_ / Father \_\_\_\_\_ / Mother \_\_\_\_\_

Is anyone restricted from being in contact with your child by court order? \_\_\_\_\_  
(a copy must be placed in the school files)

Please list the adults other than yourself who are authorized to be contacted and or available to pick up your child(ren) in case of Emergency:

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ / ( ) \_\_\_\_\_  
(Relationship)

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ / ( ) \_\_\_\_\_  
(Relationship)

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ / ( ) \_\_\_\_\_  
(Relationship)

Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Dentist \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**Health History**

List any major illness, allergies, including food, or other related problems in the past year. \_\_\_\_\_  
\_\_\_\_\_

Is your child taking any medication? \_\_\_\_\_ If yes, please list: \_\_\_\_\_

For what reason; \_\_\_\_\_ Will medication need to be given while at  
the Club House? \_\_\_\_\_ Do you have any concerns about hearing, vision, or general  
health? \_\_\_\_\_

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Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_