

SCHOOL YEAR: \_\_\_\_\_

HOMEROOM: \_\_\_\_\_

# Club 180 Enrollment Form

## Student Information

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street City State Zip*

Phone Number: \_\_\_\_\_ Sibling(s) at Clark-Shaw: \_\_\_\_\_

## Parent/Guardian Information

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Authorized to pick up?  Yes  No Authorized to pick up?  Yes  No

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Student lives with:  *mother*  *father*  *both parents*  *other*

## Medical Information

Name of Primary Physician: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Medications: \_\_\_\_\_

Medical Conditions/Special Needs: \_\_\_\_\_

*In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize Clark-Shaw staff to arrange for emergency medical care for my child.*

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Permission to Release

Please list any additional individuals not listed above who are authorized to pick up your child. They will be required to show proof of identification.

Name	Relationship	Phone Number

# Club 180 Enrollment Information

**Description:**

Club 180 provides after-school care for currently enrolled Clark-Shaw Magnet School students until 6:00 pm Monday through Friday. Care is offered only for days in which school is in session and will be closed in the event that MCPSS cancels or closes school early. Club 180 is not offered on holidays, teacher work days, or the last calendar school day. Students must have paid the annual registration fee in order to participate.

**Fees:**

	Registration	Fee:
Full Time, 1 <sup>st</sup> Child:	25.00 / year	55.00 / week
Full Time, 2 <sup>nd</sup> Child:	25.00 / year	45.00 / week
Part Time, each child:	25.00 / year	15.00 / day

**Parent Agreement:**

Please read and initial the following:

\_\_\_\_\_ *I understand that weekly fees are due on Friday for the week of care, and if not made by the following Friday (including late charges), my child will be removed from Club 180.*

\_\_\_\_\_ *I recognize that an additional fee of \$20 is due if my child is not picked up by 6:00 pm, and that fee increases to \$40 if not picked up by 6:06 pm. At 6:15 pm, the teacher on duty will notify the principal and Mobile Police that the child has not been picked up.*

\_\_\_\_\_ *I understand that in the event my child's behavior becomes severely disruptive, unsafe to his/her self or others, or does not respond to intervention, I will be called to pick him/her up immediately.*

\_\_\_\_\_ *If my child will not be attending Club 180 because of a scheduled appointment, vacation, or other planned absence, I will notify the staff in advance.*

\_\_\_\_\_ *I understand that refunds are not given for days missed due to suspension from school.*

*I have completed all registration information to the best of my knowledge. I have read the above information and agree to abide by Club 180 policies and procedures and to support the Student Code of Conduct and uniform policy. I acknowledge that the MCPSS acceptable use policy for computer use applies to my child's use of computers in Club 180. I understand that Club 180 staff members are not responsible for my child's personal belongings. I confirm that my child's current health immunization information is on file in the school office. I will notify the Club 180 staff in writing of any changes made to the information on this form.*

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Office Use Only:

Registration paid: \_\_\_\_\_ Added to Master List: \_\_\_\_\_ Yearly Summary: \_\_\_\_\_