



**Saint Wenceslaus School
Clubhouse 2017-18 School year
Registration/Emergency Form**

Office Use
Session _____
Paid _____

Session you'll be using – Check all that apply.

_____ Morning PreK program 7:00-8:00 am

What is the estimated drop off time? _____

_____ Regular school days (PreK) 11:00/12:00 – 5:30

_____ Regular school days (K-5) 2:30 – 5:30

What is the estimated pick up time? _____

***\$25 Annual
Registration Fee Due***

Family Name _____ Home Phone _____

Address _____

City/State/Zip _____

Mother's Place of Employment _____ Phone _____

Email _____ Cell Phone _____

Father's Place of Employment _____ Phone _____

Email _____ Cell Phone _____

Child is in custody of: Mother Father Both Parents Other: _____

Is anyone restricted from being in contact with your child by court order? _____

1. Child's Name _____ Grade _____ Birthdate _____
2. Child's Name _____ Grade _____ Birthdate _____
3. Child's Name _____ Grade _____ Birthdate _____
4. Child's Name _____ Grade _____ Birthdate _____

Persons who can be contacted in an emergency and assume responsibility for the child if the parent cannot be reached. These individuals are also authorized to pick up the child. Please not identity validation will be required, e.g. driver's license, etc.

1. Name _____ Phone _____

Address _____ Relation to Child _____

2. Name _____ Phone _____

Address _____ Relation to Child _____

3. Name _____ Phone _____

Address _____ Relation to Child _____

Please list any medical conditions that Clubhouse staff must be aware of, e.g. allergies, asthma, migraines, etc.

Child _____ Condition _____

Child _____ Condition _____

I understand that the fees are due as stated in each monthly contract, and are pre-paid and non-refundable; that each day checked on the calendar/contract is reserved for my child; changes in the schedule are dependent upon availability and are subject to additional fees. I understand that it is my responsibility to immediately report changes to the information provided above.

Mother's Name (please print)

Father's Name (please print)

Mother's Signature

Father's Signature

Return this form and your \$25 Annual Registration Fee to the Saint Wenceslaus School Office at 227 Main Street East, New Prague. Fax (952)758-2958. Email: kim.doyle@swsaints.org.