

ECC & FLYER CLUBHOUSE PACKET

Norwalk Catholic School - Early Childhood Center
77 State Street | Norwalk, OH 44857
419-668-8480



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

Preferred Name/Nickname _____ Male Female

Child's Birthdate ____/____/____ Grade 2019-2020 _____ Meal Magic # _____

Home Address _____

Parent/Guardian's Contact Information	Parent/Guardian's Contact Information
Name _____	Name _____
Home/Cell Phone_(_____)_____-_____	Home/Cell Phone_(_____)_____-_____
Relationship to child _____	Relationship to child _____
Email _____	Email _____
Employer _____	Employer _____
Work Phone_(_____)_____-_____	Work Phone_(_____)_____-_____

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

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

FOR OFFICE USE ONLY	Date registered _____ <input type="checkbox"/> \$10.00 Registration Fee received (per family)
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If parents/guardians living separately, who is the financially responsible party? Where should invoices and tax statements be mailed: both parents father only mother only
 other _____

Clubhouse Registration Only
Billing Address _____
City _____ State _____ Zip _____
<input type="checkbox"/> GO PAPERLESS, bill me by email (listed above)
<i>NOTE: Invoices will be issued by Thursday following the week of Clubhouse use. All invoices must be paid by close of business on the Wednesday of the week they are issued. Prepayments are welcomed and encouraged.</i>
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, Flyer Clubhouse may not be available for my child(ren).
_____ Signature of Financially Responsible Party
_____ Date
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Flyer Clubhouse (Child Care) Policy Agreement

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

I understand that I will be **charged for use of Flyer Clubhouse** at an hourly rate of \$4/hour (family discounts apply--see the Flyer Clubhouse handbook for details) for the hours my child is in Clubhouse. I understand that my daily charges for Clubhouse will not to exceed a **daily maximum of \$23 per child** (family discounts apply). I understand that I will be charged a **daily minimum of 15 minutes per child**.

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 the 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 _____

FOR OUR INFORMATION, GETTING TO KNOW _____

Child's Name (Last, First)

By providing complete information about your child, you will help us give him/her a positive experience at the ECC. Please list any information that will help us understand your child's world, preferences, abilities and/or personality so we can make him/her comfortable and meet his/her needs. Thank you!

Preferred Name/Nickname: _____ Child is: right handed left handed

Members of your child's immediate family: _____

Who lives at home with your child? _____

Are there any special family arrangements like shared parenting, living in two homes or custody specifications? _____

What is the primary language spoken in your home? English Other: _____

Have there been any recent changes or transitions for your child (e.g. sleep schedule, new home, divorce, death of a family member, friend or pet)? _____

Are there any special cultural or religious practices we should be aware of? _____

Has your child attended preschool/daycare before? ____ If so, where? _____

Likes & dislikes: _____

Hobbies & interests: _____

Pets: _____

Favorite color: _____ My child drinks: milk juice water

Favorite foods: _____

Food dislikes: _____

IMPORTANT: Please note any allergies or food sensitivities on the child's health information form. (page 8)

Please check all of the words below that best describe your child's personality and behavior:

- active adventurous affectionate anxious bossy bright busy calm cautious
- cheerful content creative curious easily-angered easily-discouraged emotional
- energetic excitable friendly happy hesitant insecure jealous likes structure/routine
- loud loving mellow outgoing prefers adult company prefers children's company quiet
- reluctant to share sensitive serious shares easily shy silly social soft-spoken
- spontaneous stubborn tentative other: _____

Anything that frightens your child? _____

Routines/actions/items that comfort your child? _____

What causes your child to feel angry or frustrated? _____

Any other personality or behavior traits we should be aware of? _____

What methods do you use to encourage positive choices and to respond to negative choices?

This section for preschoolers only.

Does your child use any special comfort items for sleep time? _____

PARENTS USING PRESCHOOL CLUBHOUSE IN THE AFTERNOON: If your child relies on an item to go to sleep, please send that item to school with your child for their afternoon nap.

What time does your child usually go to bed & wake up? _____

What time(s) & for how long does your child usually nap? _____

What is your child's mood when waking? _____

Does your child have trouble sleeping (nightmares, trouble falling asleep, etc.)? _____ Please explain:

Where is your child at with toilet training? accidents are rare awake or asleep

only has accidents while asleep ≤3 accidents per week ≤6 accidents per week

has an accident daily while awake has a medical issue that causes frequent accidents: _____

Does your child require help using the toilet? _____ If so, how? _____

How does your child let you know he/she needs to use the bathroom? _____

Are you or your child anxious about anything as he/she starts the school year? _____

What are you or your child excited about as he/she starts the school year? _____

What are your goals for your child this school year? _____

Please list any talents, hobbies, skills, etc. that you would be willing to share with their teachers/the school.

Please include any other information that would be helpful to their teachers. _____

Parent/Guardian Signature _____

Date _____

EMERGENCY CONTACT INFORMATION

Child's name (last, first): _____ Birthdate ____/____/____

Home address: _____

In the event of sickness or an emergency, who should we contact, please include parents' contact information to be contacted. In addition to parent(s)/guardian(s), please list two other contacts. Please list them in the order you want us to call them during the school day, #1, #2, #3... Please do not list any phone numbers that we may not call during the day (e.g. work).

① **Emergency contact's name:** _____

Address: _____

Relationship to child: _____

Phone #1: _____ Phone #2: _____

② **Emergency contact's name:** _____

Address: _____

Relationship to child: _____

Phone #1: _____ Phone #2: _____

③ **Emergency contact's name:** _____

Address: _____

Relationship to child: _____

Phone #1: _____ Phone #2: _____

④ **Emergency contact's name:** _____

Address: _____

Relationship to child: _____

Phone #1: _____ Phone #2: _____

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: _____

<OR> I designate the **school dentist**, Dr. Julie Roberts, for dental emergencies occurring at school. She can be reached at 107 W. Main St., Norwalk OH 44857 (419)668-1317.

Parent signature _____ Date _____

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 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.

Class Roster Permission

Each year we prepare a roster for each group of children in our program. This roster will not be furnished to any persons other than parents/guardians of children enrolled in our program.

I give permission for the following information to be put on a class roster:

Name of child: _____

Name of parent(s)/guardian(s): _____

Address of child: _____

Phone number: _____

<OR> I **do not** give permission for information to be put on a class roster.

Parent/Guardian Signature _____

Date _____

Please check if you have already submitted this form for your child; you do not need to complete it again.

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 _____

AUTHORIZED PICK-UP LIST FOR STUDENT: _____

(last name), (first name)

Please provide us with a list of individuals authorized to pick up your child. [We know that arrangements often change throughout the year; but you must update this form to include any person who will be sent to pick up your child.]

Authorized Pick-up List (School Hours 8:50am-3pm) (Clubhouse hours 6:30am – 6:00pm)

Those on the following list are the only persons to whom your child will be released.

- 1) Please include parents/guardians.
- 2) Please list all other people authorized to pick up your child in order of people most likely to pick your child up. (You may add paper as needed.)
- 3) Please notify us when there are changes to the list or the order. **This list must be on file by the first day of school.**

Name	Relation to Child	Phone #1	Phone #2
1)	parent/guardian		
2)	parent/guardian		
3)			
4)			
5)			

Clubhouse Schedule

For your child's protection, communication with the school about attendance is critical so we can account for your child. When the morning or afternoon schedule changes from the usual routine, or when your child is absent, please call the school at (419) 668-8480 or email flyerclubhouse@ncsmail.org before their normal arrival time at the school or Clubhouse.

This schedule can be updated throughout the year by calling the office or completing an update form available in the office or at ncsweb.org.

Child's Name (Last, First) _____

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

Your child's schedule can be updated throughout the year by calling the Office or updating this form.