

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 or teacher work days. Students must have paid the annual registration fee in order to participate.

Fees:

	Registration - Paid Yearly	Fees – Paid Weekly
Full Time, 1 st Child:	25.00 / year	55.00 / week
Full Time, 2 nd Child:	0.00 / 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** of each week.

- **Cash will not be accepted**
- Payments may be made in person or by mail, using a check or money order. Online payments may be made at: waiting on information from Central Office

_____ I understand that if my fees are not paid on time, my child may be removed from the after-care program.

_____ I understand that my child must be picked up by **6:00 pm**. 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 6:10 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.

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

Email confirmation will be emailed to the address listed above when registration is complete.

[Type here]

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: _____

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 already listed above who are authorized to pick up your child. They will be required to show proof of identification. This information can be modified in writing at any time throughout the year.

Name	Relationship	Phone Number