

The **CLUBHOUSE** at Texas Woman's University

Enrollment Form

Term(s) and year of enrollment: 20_____ Summer I 20_____ Summer II 20_____ Fall 20_____ Spring

Affiliation: ___ On-Campus TWU Student ___ Commuting TWU Student ___ Staff/Faculty (on a space avail basis)
_____ Continuing Clubhouse enrollment _____ new applicant

Child's Name: (first, middle, last) _____

Grade: _____ Age: _____ Date of birth: _____ T-Shirt Size: _____

I will need Clubhouse to pick up my child from my child's school _____ NO _____ YES
(The Clubhouse will only pick up from schools located within the Denton city limits)

If yes, name of child's school _____

Street Address of School _____

Telephone Number of School _____

Parent(s) / Legal Guardian(s) Contact Information:

Name: _____

TWU ID #: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Pager: _____

Cell Phone: _____

Work Phone: _____

Email: _____

_____ I'd like to volunteer to help with a special event, program, and/or field trip. Best time to call: _____ AM _____ PM

Person(s) to contact other than parent if unable to reach parent. It is your responsibility to gain permission from the individual you list. This person must be willing to assist the child if called upon.

Name: _____ Relationship to child : _____

Phone: Home: _____ Work: _____ Cell: _____

Person(s) authorized to pick up my child(ren):

Name: _____ Phone: (Home) _____ (Work) _____ (Cell) _____

Name: _____ Phone: (Home) _____ (Work) _____ (Cell) _____

Name: _____ Phone: (Home) _____ (Work) _____ (Cell) _____

Signature _____ **Date** _____

Right to Review and Correct: With few exceptions you are entitled, upon your request, to be informed about the information Texas Woman's University collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have TWU correct information about you held by us that is incorrect, in accordance with the procedures set forth in the TWU Policy Manual. The information that TWU collects will be retained and maintained as required by Texas records retention laws (Sect. 441.180 et seq. Of the Texas Government Code) and rules. Different types of information are kept for different periods of time.

Forms Checklist

Please complete all of the enclosed forms and return them along with payment to the Clubhouse business office located on the third floor of Jones hall in the Housing Office.

- _____ Application (one for each child)
- _____ Clubhouse Policies & Procedures signed
- _____ Medical Statement (must be signed by physician)
- _____ Immunization Record
- _____ Medical Consent Form
- _____ Vision & Hearing Screening Statement
- _____ Authorizations
- _____ Child's Personal Record
- _____ Parent's class schedule/work schedule

The **CLUBHOUSE** at Texas Woman's University

1. The Clubhouse is a recreational program designed for school age children between the ages of 5 and 12 (At the time of the child's enrollment in the program) of enrolled TWU students with priority given to TWU students living on-campus in family housing. Non-students affiliated with TWU will be considered on a space available basis.
2. Program activities include swimming, field trips, sports, arts and crafts, fitness, and other fun activities. Attached to this document are forms for a parent to sign to authorize a child's participation in program activities.
3. Parents may visit the Clubhouse at any time during normal operating hours. Parents will be asked to sign-in and out and be escorted by a Clubhouse staff member during their visit.
4. The Clubhouse closes promptly at 5:30pm during the summer sessions, and 6:00pm during the fall and spring semesters. A late fee of \$1.00 per minute per child will be charged for any child(ren) left past closing time. If you cannot pick up your child(ren) on time, please arrange for someone else on your pickup list to pick her/him up for you. Late fees must be paid in full prior to your child(ren) attending future days.
5. A Clubhouse Application, Child's Personal Record, Medical Statement, Immunization Record, Medical Care Consent Form, Vision/Hearing screening records, Authorizations Form, Class Schedule and a signed copy of the Clubhouse Policies and Procedures must be on file and the appropriate fees paid before enrollment may begin.
6. Tuition for each semester / summer session is to be paid in full, in advance, prior to child(ren) attending The Clubhouse. Checks must be made payable to TWU. We accept MasterCard and Visa for your convenience. All special days fees must be paid at least 5 business days prior to the special day. A minimum of four children must be pre-registered to attend special days by the posted deadline, or Clubhouse will be closed for that day.
7. All payments must be made in the TWU Housing Office, 3rd floor of Jones Hall. Payment is due a minimum of 5 business days prior to the start of each fall, spring or summer session. Payment due dates are shown in the Clubhouse Application for the appropriate semester/session.
8. All children must be left with a staff member. Children will be released only to the parents or person designated by the parents. If someone other than the designated person is to pick up your child, The Clubhouse staff must be notified in writing, in advance. E-mail Clubhouse@mail.twu.edu and call (940) 898-3653 to verify email has been received.
9. Discipline will be consistent and based on individual needs. It shall be of a positive nature, directed toward acceptable behavior.
10. Special problems or occurrences affecting your child(ren) will be brought to the attention of the parents/guardians. Please feel free to request a conference concerning your child(ren) at anytime.
11. If your child requires medication, you must meet with the Center Director to issue and review written directions regarding dispensing of the medication. If explicit written directions are not provided by the parent/guardian, the Clubhouse staff will not dispense any types of medication.
12. If your child is ill, or has signs and symptoms of illness, including but not limited to: having a communicable disease and/or a temperature of 99.4 or greater, and/or behavioral changes, she/he must be kept at home. In the event your child becomes ill while at the Clubhouse, she/he will be isolated and you will be called immediately to pick up your child.
13. In the event that your child has come in contact with an infectious disease, or if your child is carrying an infection of some type, you must notify the center Director as soon as possible.
14. In the event of a medical emergency Clubhouse staff will immediately contact emergency medical services as well as the parent/guardian. If the parent/guardian cannot be reached, the staff will follow the directives of medical providers and will authorize transportation to the nearest medical treatment facility.
15. During the after-school program, Clubhouse provides one snack in the afternoon. Snack food items served will be of high nutritional value; During the summer program, Clubhouse provides two snacks. Clubhouse does not provide meals. Parents are responsible for providing meals from home for their child. Clubhouse provides secure and appropriate storage for meals sent from home.
16. Parents must notify the Clubhouse staff via e-mail or voice-mail, in advance by 2 pm, the latest if their child does not need to be picked up from school on any given day. Failure to notify the Clubhouse staff in a timely manner will result in a written reminder on the first occurrence, the second occurrence will result in a \$5.00 fee, third and subsequent occurrences will result in a \$10.00 fee. Fees must be paid in full prior to your child attending future days.
17. For your child's protection and to remain in compliance with state certification standards, we require that you sign your child in and out each day.

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18. To report child abuse or neglect call the TDFPS at 1.800.252.5400 to make confidential reports.
19. If your child will be absent for any reason, please call the business office at 940.898.3653 and E-mail clubhouse@mail.twu.edu in advance.
20. If written cancellation is received in the Housing Office prior to the first day of Clubhouse, any tuition payment received will be refunded. Up to one-half of the full session tuition may be refunded if written cancellation is received within the first week of the session. No refunds will be made after the first two weeks of the session. No refunds will be made for missed days or activities.
21. The Clubhouse Children's Recreation program is licensed by the Department of Family and Protective Services. To contact DFPS in Denton call, (940) 591-6300. To view a copy of the minimum standards and inspection reports for child-care centers visit www.dfps.state.tx.us. A copy of these documents is also posted and available in the Clubhouse business office.
22. I agree to hold harmless the Texas Woman's University and its officers, agents and employees from any and all liability including claims, demands, losses, costs, damages, and expenses of every kind and description (including death) or damage to the child(ren) enrolled in the CLUBHOUSE, or property arising out of use of TWU facilities and services by parent/legal guardian and the enrolled child(ren). TWU is not responsible for any medical or health problems or expenditures for the child(ren). It is understood that the individuals will abide by the rules, regulations, and requirements of the Texas Woman's University Department of University Housing and the State of Texas for the use of its various services and facilities on the campus, property, and grounds of TWU.
23. I have read and understand the policies and procedures of the Clubhouse.

Parent /legal guardian signature: _____ Date: _____

Print parent/guardian name: _____ Child's name: _____

Medical Statement

This form must be signed by a physician and returned to the Department of University Housing before the child's first day of attendance at the Clubhouse. This statement must be signed by your child's physician stating the physician has examined your child within the past year.

_____ has been examined on
(Child's first and last Name)
_____ and is free of communicable diseases.
(Date of Examination)

This child is physically and mentally able to participate in a group recreation program.

Please describe any special problems noted during the examination:

Allergies: _____

Chronic Health Problems: _____

Mobility/visual/auditory/limitations: _____

Sun Sensitivity: _____

Recommendations for this child: _____

Physician's Signature: _____

Date: _____

Physician's Name (printed or typed): _____

Address: _____

Phone Number: _____

Immunization Record

Please complete the following information as required by the Texas Department of Health. You may also submit an immunization record from a state or local health authority or a record received from school officials.

Name of Child:				Date of Birth:	
IMMUNIZATIONS	Date / dose 1	Date / dose 2	Date / dose 3	Date / dose 4	Date / booster
Hepatitis B					
DTP / DTaP / DT					
Hib					
POLIO IPV or OPV					
MEASLES					
MUMPS					
RUBELLA Varicella (see below)					
Pneumococcal Conjugate Vaccine					
Hepatitis A					
TB TEST (if required)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date: _____		
Signature or stamp of a physician or public health personnel verifying immunization information above. _____					
Signature			Date		
Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about (date) _____ and does not need varicella vaccine.					
_____ Parent's signature			_____ Date		

MEDICAL CONSENT FORM

Childs Name: _____

Allergies or Allergic Reactions to Medication: _____

Family Physician: _____ Physician's Phone: _____

Hospital Preference: _____

Relative or Friend to Contact if Parent is Unavailable*:

Name: _____

Phone: (Home) _____ (Work) _____ Cell _____

***It is the parents responsibility to gain permission from this individual.
This person must be willing to assist the child(ren) if called upon.**

Medical Insurance Information:

Company Name: _____

Street Address: _____

City & Zip: _____

Phone: (_____) _____

Insurance Policy #: _____

Group #: _____

Name of Policy Holder: _____

Policy Holders ID#: _____

Name of Employer: _____

Parent Name(s): _____

Street Address: _____ City&Zip: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

If, in the judgment of any Clubhouse staff, the child named above should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize and consent to such care and treatments as may be given to said child by any physician or medical facility (in the event that the parent(s) cannot be reached):

Parent's Signature: _____ Date: _____

Vision and Hearing Screening Statement

This statement verifies that my child _____
(PRINT child's first and last name)

has been screened, or has had a professional examination for possible vision and hearing problems as required by the Texas Department of State and Health Services and the Minimum Standards for licensed child care centers regulated by the Texas Department of Protective and Family Services.

Screening records are current and on file at _____ school,
where my child is currently enrolled.

School Name: _____

Street Address: _____

Phone Number: _____

Parent Signature

Date

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AUTHORIZATIONS

Child's Name: _____

I hereby authorize The Clubhouse Children's Recreation Program to transport my child(ren) from school to the clubhouse, and to and from educational excursions or on other program-sponsored activities.

Parent's Signature

Date

.....

I hereby authorize The Clubhouse Children's Recreation Program to include my child(ren) in supervised water activities.

Parent's Signature

Date

.....

I am aware that children enrolled in The Clubhouse Children's Recreation Program are observed and guided by students in training under the supervision of the center staff, and TWU faculty. I give The Clubhouse my permission to include my child(ren) in any TWU student or faculty research studies.

Parent's Signature

Date

.....

I hereby consent to and authorize the use and reproduction by the Clubhouse, or anyone authorized by TWU, of any and all photographs, videotapes or films which may be taken of my child(ren) for any purpose whatsoever, without compensation to me. All negatives and positives, together with the prints, shall constitute TWU property, solely and completely.

I certify that I am the parent or legal guardian of the child(ren) listed above and I do give my consent without reservations to the above photo/video release on behalf of him/her/them.

Parent's Signature

Date

CHILD'S PERSONAL RECORD

Child's Name: _____ Nickname: _____

Home Address: _____ Phone: _____

Child's school: _____

Birthdate: _____ T-Shirt Size: _____

Brothers and Sisters of Child: (List Names and Birthdates)

How would you describe your child's personality?

Does your child have any special fears that you are aware of?

What foods does your child like? _____

What foods does your child dislike? _____

List any dietary restrictions: _____

List any allergies your child may have: _____

Please give a statement of your child's overall health:

Comments:

Form Completed By: _____ Date: _____

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Class & Work Schedule

Please show your class schedule, including the building and room numbers. Include places where you can be reached when you are not in class. Please note that The Clubhouse is open for Summer sessions from 7:30 AM to 5:30 PM. and Fall and Spring semesters from 3:00 PM to 6:00 PM only.

	Monday	Tuesday	Wednesday	Thursday	Friday
7:30 AM					
8:00 AM					
9:00 AM					
10:00 AM					
11:00 AM					
12:00 PM					
1:00 PM					
2:00 PM					
3:00 PM					
4:00 PM					
5:00 PM					
5:30 PM					