

## **Form 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 Consent Form
- \_\_\_\_\_ Immunization Record Statement
- \_\_\_\_\_ Vision & Hearing Screening Statement
- \_\_\_\_\_ Authorizations
- \_\_\_\_\_ Child's Personal Record
- \_\_\_\_\_ Parent's Class Schedule/work schedule

# THE CLUBHOUSE Application Form

Term(s) and year applying for: \_\_\_\_\_

Affiliation:

On-Campus TWU Student     Commuting TWU Student     TWU Faculty/Staff     Alumni

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

If yes, name of child's school \_\_\_\_\_

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.

**CLUBHOUSE POLICIES AND PROCEDURES continued**

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. Any person outside of the parent will need to provide a photo ID before the child will be released. Fees will be charged to the parents' current TWU student or university account.
5. A Clubhouse Application, Child's Personal Record, Medical Care Consent Form, Immunization Record statement, Vision/Hearing screening statement, 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. Parents may choose to pay tuition on a semester or monthly basis. A \$15 per month processing fee will be assessed to all monthly payments. Monthly tuition payments will due on the first business day of each month. A late fee of \$15 will be assessed if payment has not been made by the 15<sup>th</sup> of the month.
7. CCMS parents will be responsible for properly checking their child(ren) in and out each day. Failure to do so will result in the parent being charged the daily amount to the Clubhouse.
8. All payments must be made in the TWU Housing Office, 3<sup>rd</sup> 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.
9. 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.
10. Discipline will be consistent and based on individual needs. It shall be of a positive nature, directed toward acceptable behavior.
11. 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.
12. 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.
13. 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 100.0 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.
14. 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.
15. 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.
16. 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.
17. Parents must notify the Clubhouse staff via e-mail or voice-mail, in advance no later than 2 pm, if 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 will be charged to the parents' current TWU student or university account.
18. 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.
19. To report child abuse or neglect call the TDFPS at 1.800.252.5400 to make confidential reports.
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) 627-2188. To view a copy of the minimum standards and inspection reports for child-care centers visit [www.dfps.state.tx.us](http://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. Detailed explanation of The Clubhouse policies and procedures can be found in *The Clubhouse Parent Handbook*.

Parent /legal guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print parent/guardian name: \_\_\_\_\_ Child's name: \_\_\_\_\_

## 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: \_\_\_\_\_



Texas Woman's University  
Department of University Housing  
The Clubhouse Children's Recreation Program

## Immunization Record Statement

This statement verifies that my child \_\_\_\_\_  
is up to date with all of their immunizations required to enter the Texas public school system  
as outlined by the Texas Department of State and Health Services.

Immunization records are current and on file at \_\_\_\_\_  
Elementary School, where my child is currently enrolled.

<i>School Name</i>	
<i>Address</i>	
<i>Telephone Number</i>	

Parent Name (printed) \_\_\_\_\_

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

Date \_\_\_\_\_



Texas Woman's University  
Department of University Housing  
The Clubhouse Children's Recreation Program

## Vision and Hearing Screening Statement

This statement verifies that my child \_\_\_\_\_  
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 \_\_\_\_\_  
Elementary School, where my child is currently enrolled.

<i>School Name</i>	
<i>Address</i>	
<i>Telephone Number</i>	

Parent Name (printed) \_\_\_\_\_

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

Date \_\_\_\_\_

**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: \_\_\_\_\_

## TWU Class & or 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					