

2019-2020 CLUBHOUSE EMERGENCY FORM  
707-765-4345 EXT. 110

Child's Name \_\_\_\_\_

Grade \_\_\_\_\_ Teacher and Room # \_\_\_\_\_

Child's Address \_\_\_\_\_

Parent \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_

Parent \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_

Please list those who may pick up your child at any time or in case of an emergency, illness, accident, or if your child is not picked up before 6:00 p.m.

Name \_\_\_\_\_ # \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Name \_\_\_\_\_ # \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Name \_\_\_\_\_ # \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Carrier and # \_\_\_\_\_

Does your child take medications, have allergic reactions (please list), or special needs?

Is there additional information you want us to have to better care for your child?

By signing her I authorize Cinnabar Clubhouse to use an Epi-Pen (Adrenalin) if they believe my child is experiencing a life threatening allergic reaction before phoning 911 and parents.

X \_\_\_\_\_

I have read and agree to all policies and procedures listed in the Parent Handbook I received. I will Cinnabar Clubhouse if any of the above information changes.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Cinnabar Clubhouse Agreement**

Please choose the rate that best fits your needs. Payment is due in full before the 25th of each month for upcoming services. For example, pay by August 25th for September. Families that have not paid their Clubhouse fee, overdue or prior to arrival, will not be served and a daily rate applied if parents do not pick up by 3:15 daily.

**School Year Fee Schedule**

**(Combine rates if you use morning and afternoon care)**

**Morning (Only) Monthly Flat Rate (per child) PLEASE CHECK PREFERRED SCHEDULE**

**Choose day(s) of week M T W T H F / Day(s) of the week may be changed through written consent of the Clubhouse staff.**

- 1 morning per week \$12.00\_\_\_\_\_per month M T W T H F
- 2 mornings per week \$24.00\_\_\_\_\_per month M T W T H F
- 3 mornings per week \$27.00\_\_\_\_\_per month M T W T H F
- 4 mornings per week \$36.00\_\_\_\_\_per month M T W T H F
- 5 mornings per week \$45.00\_\_\_\_\_per month M T W T H F

**Afternoon (Only) Monthly Flat Rate: (per child) PLEASE CHECK PREFERRED SCHEDULE.**

**Choose day(s) of week M T W T H F/ Day (s) of the week may be changed through written consent of the Clubhouse staff.**

- 1 afternoon per week \$40.00\_\_\_\_\_per month M T W T H F
- 2 afternoons per week \$80.00\_\_\_\_\_per month M T W T H F
- 3 afternoons per week \$120.00\_\_\_\_\_per month M T W T H F
- 4 afternoons per \$180.00\_\_\_\_\_per month M T W T H F
- 5 afternoons per \$200.00\_\_\_\_\_per month M T W T H F

**Afternoon Drop-in Fee to be paid upon pick-up: \$15.00 per day if not registered \_\_\_\_\_initial**

**Morning drop-off fee to be paid at drop off: \$4.00 per drop off \_\_\_\_\_initial**

**Late pick-up Fee: \$5.00 charge for the first 10 minutes or any portion thereafter an additional charge of \$1.00 for every minute after 6:00 p.m. Fee paid upon pick-up. \_\_\_\_\_initial**

Any Clubhouse fees not paid on time are subject to additional fees added to the payment/ request sent to a collection agency and/or refusal of services. Prepaid invoices will go out since payment must be made PRIOR to services rendered. August 2019 and June 2020 are considered 1 month and MUST be paid by August 21st. \_\_\_\_\_initial

Pay bills that include morning and afternoon care if this is your schedule.

I have read and understand the payment plan above and although a bill will not be sent out on a monthly basis, the schedule I have chosen will be paid no later than the 25th of each month BEFORE services are expected by Cinnabar Clubhouse. If I do not pay my bill then my child will not receive access to the Clubhouse. Late pick-up past 3:15 will be charged at the Drop-in Rate of \$15.00 per day. I understand there is no refund/no credit policy on any and all fees. I have received, read, and understood all guidelines outlined in this fee agreement. \_\_\_\_\_initial

Student(s) Name (s) \_\_\_\_\_  
Guardian Name (Print) \_\_\_\_\_  
Signature: \_\_\_\_\_