

Homestead Clubhouse After School Edition Registration 2010/11

WHO: Children ages 5-12

WHAT: An activity packed after school program concentrating on education, fitness, and creativity.

WHEN: Monday through Friday from 3:00-6:00pm, starting September 7, 2010 and ending on June 3, 2011.

WHERE: All of the great Homestead Club facilities including parks and trails.

COST: \$17/day for Members and \$22/day for Non-Members.

Please use the following checklist to ensure your child's registration is complete:

- I have completed the "Clubhouse Registration Form" and have marked the days that I want to reserve for my child.
- I have completed the "Homestead Child Care Registration Form".
- I have signed the "Homestead Clubhouse Policies and Procedures" page.
- I have completed the "Youth Activity Registration Form".
- I have completed the "Emergency Medical Form".
- My child's physician has completed and signed the "General Health Appraisal Form".
- I have enclosed a copy of my child's immunization records, Completed on the State of Colorado Immunization Form provided, and signed by a physician.



Homestead Clubhouse Policies & Procedures:

- Registration:** Before a child can attend Homestead Court Club's After School Program, we require a completed, up-to-date registration form, current Health Appraisal, and up-to-date Colorado Immunization records.
- Cancellations:** If a cancellation is received at least 48 hours in advance for the After School Program, a refund for the daily fee will be given.
If a Cancellation is received at least 5 business days in advance for the Clubhouse Kid's Camp, a refund for the daily fee will be given.
NO EXCEPTIONS!
- Sick Policy:** If a child is sick, we would prefer that they stay home from our programs. Payment is refundable with a doctor's notice.
If a child becomes sick during the day, staff will contact the parent to arrange for pick-up.
- Late Fee:** Late pick-up fees of \$1.00 per minute will be incurred. All late fees will be paid immediately to the counselor who has remained with the child.
- Release of Children:** Children must be signed in and out of the After School Program or Clubhouse Kid's Camp. Children will be released only to the persons noted in the registration forms. If someone else is picking up your child, please notify Homestead staff by phone, or in writing.
- Medication:** If your child has medication needs while attending Homestead Court Club's children's programs, please contact Jillian for procedures required by the State of Colorado. (970) 926-1067 X102.
- Accessibility:** Homestead Court Club follows the guidelines set by the Americans with Disabilities Act. We do, however, appreciate advance notification if special arrangements are necessary.
- Child Protection:** Homestead Court Club is required by section 19-10-101, et seq. of Colorado Revised Statutes to report any suspected or observed child abuse or neglect to the proper authorities. (A copy of the above statute is available upon request.)
- Snack:** A light snack will be provided to children attending Homestead's children's programs. Note: this is a snack and not a meal substitute. We encourage you to send your own snack if your child only likes specific snacks.
- License:** Homestead's After School Program and Clubhouse Kid's Camp are licensed by the State of Colorado Department of Human Services.
- Child:Counselor Ratios and Enrollment Limits:** **After School Program**– 8:1 Child: Counselor (*10:1 if more than one Counselor, 20 max*)
Clubhouse Kid's Camp– 10:1 Child: Counselor, 30 participants maximum.

**I have read and I fully understand the above policies for Homestead Clubhouse Programs.
I have received a copy of the Parent Handbook if I have requested it.**

Parent/Guardian Signature: _____ Date: _____



Homestead Clubhouse School Year Tennis

Homestead Court Club will be offering Tennis Lessons during the
After School Program hours this year!

As an added bonus, we will be offering Tennis Lessons at a discounted price if your
child attends a Tennis Lesson on a day that they are enrolled in the
After School Program.

The tennis lesson cost will be \$14.50 day/per child,
in addition to the cost of the After School Program.

Tennis Times:

M/W/F: 3:15-4:00PM for 5 and 6 year olds

M/W/F: 4:00-5:00PM for 7-9 year olds.

T/TH: 4:00-5:00PM for 10 years and older

** Please circle the T on the sign up calendar for the days that you would like your
child to have a Tennis Lesson during After School Program hours.

** This discount will only be applied if you sign up for a Tennis Lesson in advance, in
conjunction with the After School Program, and will be added to your child 's After
School Program bill. This discount may not be used with any other HCC discounts.

Homestead Clubhouse Cancellation Policy

After School Program: 48 hours in advance

Clubhouse All Day Camp: one week in advance, five business days

*This policy will be strictly enforced and a full fee will be charged
if these time limits are not met.*

Please sign up only for the days that you plan on having your child attend the program,
as we plan activities and staff ratios according to attendance.

If you frequently cancel days that you have signed up for, your child is subject to
removal from the Homestead Clubhouse roster.



Homestead Child Care Registration Form

Child's Information

Child's Name: _____ Birth Date: ____/____/____

Grade _____ Sex _____

Does your child have any special needs that we need to be aware of? _____

Parent/Guardian Information

Parent/Guardian #1: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Employer's Name & Address: _____

Does the child live with this parent or guardian? Yes _____ No _____

Parent/Guardian #2: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Employer's Name & Address: _____

Does the child live with this parent or guardian? Yes _____ No _____

Emergency Contacts/Authorized Pick Up

In the event of an emergency, it is very important that we are provided with alternate emergency contacts in case you cannot be reached. Please list at least two adults as emergency contacts authorized to pick up.

Name: _____ Relationship: _____

Home Phone: _____ Work/Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Work/Cell Phone: _____

The above information is correct and I give my permission for the Homestead Court Club to release my child to the people listed above. I also realize that it is my responsibility to inform the Homestead Court Club any time the above information changes. I also know that it is my responsibility to contact Homestead Clubhouse staff by phone, or in writing, if any individual other than those stated above will be picking up my child.

Parent/Guardian Signature: _____ Date: _____



YOUTH ACTIVITY REGISTRATION

Program/ Activity: _____ # _____

Participant/Child: _____ Birthday/Grade: _____

Parent's Name: _____ Phone(Hm): _____

Address: _____ Phone(Wk): _____

PO Box City, State, Zip

Cell: _____

E-mail address: _____

*Homestead Clubhouse employs certified lifeguards for it's children's programs only.

Can your child swim? no weak swimmer proficient swimmer

Personal Release

In consideration of the acceptance of my child's enrollment in this recreation program of the Homestead Owners Association/Homestead Court Club, I for myself, **my child**, my executors, administrators, and assignees, do hereby waive any and all rights and claims I may have against the Homestead Owners Association/Homestead Court Club, its personnel, instructors, or other individuals associated with the recreational program, for any and all injuries, disabilities or death suffered by my child as a result of my participation in any recreational program or activity conducted at or sponsored by the Homestead Owners Association/Homestead Court Club. My child assumes the risk of injury or death resulting from this recreational program and activity.

SIGNATURE _____ DATE _____

Medical Release

In the event that your child may require medical attention and that parents/guardian or alternate contact person's named on this application cannot be contacted, Homestead Owners Association/Homestead Court Club officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of aforesaid child. I agree I am solely responsible for the payment of all costs resulting from the rendering of medical and ambulance services.

SIGNATURE _____ DATE _____



EMERGENCY MEDICAL INFORMATION

Child's Name _____
Date of last Tetanus shot _____ Drug Allergies _____

Family Doctor _____ **Dentist** _____
Phone # _____ Phone# _____

Hospital _____ **Insurance Co.** _____
Address _____ Policy # _____

Does your child have a past or present medical history that we should be aware of? _____

Immunization Records Received: Y _____ N _____

Emergency Medical Authorization

I hereby give my permission to the Homestead Court Club to call a doctor or transport for medical or surgical care for my child listed above should an emergency arise. It is understood that a conscientious effort will be made to locate me or my spouse before any action will be taken; but if it is not possible to locate us, this expense will be accepted by us.

Parent/Guardian Initial _____

Activity Participation

My child has permission to participate in field trips and programs activities sponsored by the Homestead Owners Association/Homestead Court Club.

Parent/Guardian Initial _____

Transportation Permission

My child has permission to be transported by the Homestead Owners Association/Homestead Court Club staff and personnel for the purpose of scheduled activities.

Parent/Guardian Initial _____

Sun Screen Waiver

I give the employees of the Homestead Owners Association/Homestead Court Club permission to apply sunscreen that is provided by myself to my child on an as needed basis, as prescribed by the directions on the bottle. If we forget our sunscreen, I will allow the Homestead Owners Association/Homestead Court Club staff to use their sunscreen on my child.

Parent/Guardian Initial _____

Participant Waiver

In consideration of the acceptance of my enrollment in this program, I for myself, my executors, administrators, and assignees, do hereby waive any and all rights and claims I may have against the Homestead Owners Association/Homestead Court Club, its personnel, instructors, or other individuals associated with the program, for any and all injuries or disabilities suffered by me as a result of my child's participation in said program.

Parent/Guardian Signature _____

Movie Rating

My child may watch PG rated movies while at Homestead Court Club. **may watch** **may not watch** **needs approval**

Parent/Guardian Initial _____

I have read and understand the policies, and I have received a copy of these policies when registering my child.

Parent/Guardian Signature _____ **Date** _____



GENERAL HEALTH APPRAISAL (5-12 YEARS) FOR ENROLLMENT IN CLUBHOUSE
(TO BE COMPLETED BY THE HEALTH CARE PROFESSIONAL)

Child's Name _____ Birth date _____

Health History and Medical Information pertinent to routine child care and emergencies:

_____ None

_____ Please Describe:

Special Diet: _____

Allergies: _____ Type of Reaction: _____

Current Medications: _____

Acetaminophen (Tylenol): _____ may be given for fever over 102° or pain every 4 hours or as needed.

Note: No more than 3 per day without medical authorization.

Describe any recurrent health problem (such as asthma, seizures, ear infections, diabetes, etc.)
illness, hospitalization, or concerns with development:

Comments (include instruction to the child care provider): _____

Date of most recent examination of child (note: within the last 12 months): _____

Weight: _____ Height: _____

Vision: _____ Hearing: _____ Dental Screening: _____

Immunizations given or attach immunization record: _____

Health Provider Name: _____ Date: _____

Health Provider Signature: _____

Address: _____

Telephone: _____

I, _____, give consent for my child's health care provider & child care provider to discuss my child's health concerns.

(Parent or Legal Guardian Signature)

(Date)

* Note: Please make sure to fill out State of Colorado Immunization Records provided, and attach to Health Form. These also need to be signed by a Health Care Provider.



2010-2011 After School Edition Registration Form

Child's Name _____ Date of Birth _____

Check the corresponding dates you would like register for.

FEE STRUCTURE: Daily: \$17 for members and \$22 for non members

Day Camp: \$40/day for members and \$47/day for non members

RESERVATIONS MUST BE MADE AT LEAST 48 HOURS IN ADVANCE WITH PAYMENT.

CANCELLATIONS FOR THE AFTER SCHOOL PROGRAM MUST BE MADE 48 HOURS IN ADVANCE FOR FULL REFUND, ONE WEEK IN ADVANCE FOR CLUBHOUSE DAY CAMP.

(Homestead Court Club's cancellation policy will be followed strictly).

Homestead reserves the right to cancel any days due to lack of attendance.

Notification of cancellations will be given at least one week in advance.

September 2010						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1 NO ASP	2 NO ASP	3 NO ASP	4
5	6 NO SCHOOL	7 1st Day ASP T	8 T	9 T	10 T	11
12	13 T	14 T	15 T	16 T	17 T	18
19	20 T	21 T	22 T	23 T	24 T	25
26	27 T	28 T	29 T	30 T		

By signing below I agree that I have read and understand ALL policies, including the cancellation policy, **I UNDERSTAND THAT A PENALTY FEE WILL BE CHARGED FOR ANY DROP-OFF OR PICK-UP WHICH OCCURS BEFORE OR AFTER REGULAR CHILD CARE HOURS. (The staff is not available before 3pm or after 6pm). A \$1.00 per minute fee has been established.** I have received a copy of the Parent's Handbook. I give permission to the Homestead Court Club to use photos of my child for promotional purposes.

____ Yes ____ No

Parent Signature _____

Enrollment Date _____

Email Address _____

MEMBER STATUS:

- Homeowner
 Member
 Non-Member
 Employee

METHOD OF PAYMENT:

- Please charge my account weekly Account #: _____ Signature: _____
 Check (checks will be due one week in advance, or day of)
 Cash (cash payment is due one week in advance, or day of)
 Credit Card (credit card payment is due one week in advance, or day of)



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April 2011						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1 T	2
3	4 T	5 T	6 T	7 T	8 T	9
10	11 T	12 T	13 T	14 T	15 T	16
17	18 All Day Camp	19 All Day Camp	20 All Day Camp	21 All Day Camp	22 All Day Camp	23
24	25 T	26 T	27 T	28 T	29 T	30

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May 2011						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2 T	3 T	4 T	5 T	6 T	7
8	9 T	10 T	11 T	12 T	13 T	14
15	16 T	17 T	18 T	19 T	20 T	21
22	23 T	24 T	25 T	26 T	27 T	28
29	30 Memorial Day NO ASP	31 T	June 1 T	June 2 T	June 3 Last Day ASP T	

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 ___ Yes ___ No

Parent Signature _____

Enrollment Date _____

Email Address _____

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 Non-Member
 Employee

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- Please charge my account weekly Account #: _____ Signature: _____
 Check (checks will be due one week in advance, or day of)
 Cash (cash payment is due one week in advance, or day of)
 Credit Card (credit card payment is due one week in advance, or day of)

Homestead After School Program

400 Homestead Drive
Edwards, Colorado, 81632
970-926-1067
Jillian X102

I allow my child _____
to ride Bus Route #19 to go to Homestead Court Club's After
School Program. My child will be attending Homestead's
After School Program throughout the 2010-2011 school year,
and will need to be dropped off at the stop across from the
Homestead Court Club.

Thank You.

Parent's Signature: _____

Date: _____

Signature of School Official: _____

Date: _____

