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**Tiger Club**

**Please only enroll in Tiger Club if you absolutely have no other alternative.**

**Full-Time Monthly**: 4-5 Days per week: $170 per child per month

**Part-Time Monthly**: 2-3 Days per week: $140 per child per month

**Drop-in Rate**: $20 per day

**Late Pick-up Fee**: $1 per minute after 6:00

Payments can be made weekly, monthly, or yearly. Weekly payments must be received by no later than the Thursday of the following week. Monthly payments must be received by the end of the first week of the following month. Late fees will be $10 per week or $30 per month (if past due date).

There is **no** registration fee

Payments can be made one of three ways:

1. Personal check at the school. Please send payment into the office (1070 Thomas Lane, Columbus, Ohio 43220) labeled ‘St. Timothy Tiger Club’.
2. Bank check- please send the payment into the school office (1070 Thomas Lane, Columbus, Ohio 43220) labeled ‘St. Timothy Tiger Club’.
3. FACTS- parents can have the Tiger Club payment be added into their monthly FACTS tuition statements for St. Timothy School.

Enrollment of special needs children including consultation with Special education staff- ALL children are welcome to attend Tiger Club. All children must be able to participate as a member of a group. If your child requires one on one attention, the Tiger Club is not a good option for childcare. The Tiger Club will make every reasonable effort to service a child with a disability regardless of the disability. The Tiger Club coordinator will work closely with the St. Timothy School Intervention Specialist to accommodate and work with students with special needs.

Maintenance of staff/child ratios and supervision: Staff ratios shall be at least one staff member caring for eighteen school children who are five years old but no more than eleven years old. When one to eighteen children are in attendance, one staff member or responsible individual who is at least eighteen years old shall be in attendance and, at a minimum, at least one other responsible individual shall be accessible in the building in which the program is located.

**Tiger Club Registration**

Please complete each blank. Write N/A if item is not applicable.

School Child attends: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Date of admission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle which phone number should be used 1st 2nd 3rd to reach you while your child is in the program.

Cell 1 2 3 Home 1 2 3 Business 1 2 3

Parent #2/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle which phone number should be used 1st 2nd 3rd to reach you while your child is in the program.

Cell 1 2 3 Home 1 2 3 Business 1 2 3

**Authorized Persons to Pick Up Child in Case of Emergency (Please Print)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Home Phone | Cell Phone | Relationship to Student |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Person(s) NOT permitted to pick up this child (Please Print)**

|  |  |
| --- | --- |
| Name | Restraint papers or divorce decree attached |
|  | Yes No |
|  | Yes No |

**Person(s) PERMITTED to pick up this child (Please Print)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Home Phone | Cell Phone | Relationship to Student |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Activity Plan to allow a child to leave the program:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Destination/Activity | Est. Time of Departure | Est. Time of Return | Dates for Agreement | Authorized Pick Up Person |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Child’s Medical Information**

|  |
| --- |
| Physician Name: Dentist Name: Other health care provider: |
| Phone Phone Phone |

Permission to provide first aid and transportation to an emergency facility if needed:

Parent/guardian signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you do not want your child transported to an emergency facility or provided first aid, describe procedures to follow:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Medical/Health Needs: |
| Allergies and Treatments: |
| Diet Restrictions: |
| Medications:  Note- A Medication form must be completed for each medication administered while in attendance in this program |

**Parent/Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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