



The Raiders Club
Registration Form



Family Name _____ Parent/Guardian(s) Name(s) _____

Names of Children to be Registered

Grade for 2010-11 School Year

Home Phone Number _____ Email _____

Mother's Cell # _____ Father's Cell # _____

Circle Days and Time Needed:

Morning Club

Monday	Tuesday	Wednesday	Thursday	Friday
7:00 a.m. – 9:00 a.m.		8:00 a.m. – 9:00 a.m.		

Afternoon Club Pick Up Time

Monday	Tuesday	Wednesday	Thursday	Friday
4:30 p.m.		5:30 p.m.		6:00 p.m.

REGISTRATION AGREEMENT

I understand that...

1. I am responsible for making my monthly payment prior to the start of the month. **NO DEDUCTION** for absence. If the payment occurs after 5 days of the due date, a late fee of \$10 will be assessed to your next statement.
2. Club will be held only the days that school is in session.
3. In the event of illness, vacation, or other absences such as scouts, music lessons, and other out-of-school activities, I am responsible for my child and for notifying the Club Staff.
4. Dismissal time will be the assigned time I have chosen and that the late fee of **\$5.00** will be charged for every **15**-minute increment after that indicated time. **Late fees are paid on the day they occur.** Three or more late pick-ups and the pick-up time will be reviewed with director.
5. I am responsible to pay a \$25 fee for any returned checks.
6. If my child is having trouble adjusting to the program, a conference will be arranged between the staff and myself.
7. If a medical emergency arises, the Club Staff will first attempt to contact me. If I cannot be reached, the staff will contact those named as emergency contacts. If they cannot be reached, the staff will contact the child's doctor. If the emergency is such that immediate hospital attention is necessary, such arrangements will be made. I release the Raiders Club director, staff, school and church from liability in carrying out emergency procedures.

I understand and agree that a non-refundable registration fee of \$25 for each family is to be paid along with this registration form. Make checks payable to St. Raphael's Raiders Club. If the club becomes filled and we are unable to accept your registration, your \$25 will be refunded.

I agree to adhere to the Raiders Club registration policies and give my child/children permission to participate fully in this program.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

Questions? Contact Katie at 440-871-5153
Club Cell Phone 440-465-5659
raidersclub@saintraphaelparish.com