



Membership Application 2017 - 2018

Student's Full Name _____ Birth Date ___/___/___ Male or Female _____ Start date _____
Address _____ City _____ Zip _____ Campus _____ Teacher _____ Grade _____

Mother or Legal Guardian _____ Cell # _____
Home Address _____ City _____ Zip _____ Home # _____
Employer _____ Phone # _____ email _____
Employer Address _____ City _____ Zip _____ Work Schedule _____

Father or Legal Guardian _____ Cell # _____
Home Address _____ City _____ Zip _____ Home # _____
Employer _____ Phone # _____ email _____
Employer Address _____ City _____ Zip _____ Work Schedule _____

List anyone, including mother and father, who may pick up your child from Club eXcel.

Name	Relationship	Driver's License Number	Phone Number

List at least two local people to call, other than parents or persons listed above, in case of emergency or other reasons and if parents cannot be reached.

Name	Relationship	Driver's License Number	Phone Number

Preferred Doctor/Hospital _____ Address _____ Phone # _____

My child has the following known allergies _____

List health conditions or problems:

Health Problem	Doctor	Phone #	Current Treatment	Instructions for Club eXcel

All Club eXcel fees must be paid monthly or weekly and may not be changed after application is processed.

Please initial beside the statement that applies to you.

_____ I agree to pay tuition payments in advance weekly on every Monday (or first business day of the week).

_____ I agree to pay tuition payments in advance monthly on the first business day of the month.

By signing this membership application, I understand and agree to abide by the Joshua ISD Club eXcel enrollment conditions and understand failure to comply could be cause for my child to be dismissed from the program.

Father/Legal Guardian _____ Date _____

Mother/Legal Guardian _____ Date _____



Parent Agreement of Enrollment Conditions 2017-2018

Read this agreement carefully and initial in the blanks to indicate your agreement with Club eXcel enrollment conditions.

Print Parent's Name _____ Print Student's Name _____

1. Behavior

____ I understand that acceptable behavior is a condition of my child's enrollment in Club eXcel, that my child must follow the rules, policies, and procedures set out in the JISD Code of Conduct. Club eXcel reserves the right to dismiss my child from Club eXcel for misbehavior.

2. Financial Responsibility

____ I understand that financial responsibility exists regardless of my child's attendance and if payments are 5 business days late, my child will be removed from the program.

3. Payment

____ I understand that weekly payments are due on Monday each week and that 3-5 days constitutes a week. I also understand that monthly payments are due on the first business day of each month and that all payments are non refundable.

4. Late Fees

____ I understand that a late payment fee of \$10 daily per family will be assessed, if payment is not received by 6:30 pm on the due date. There are no refunds or credits issued for unused days. When enrolled, my child's slot is reserved and the program is staffed accordingly. Parents/guardians are still required to pay even if a student is absent for any reason.

5. Continuous Enrollment

____ I understand that if I withdraw my child or if my child is dismissed from Club eXcel for any reason and /or I default on my financial responsibility, I will be required to pay an enrollment fee of \$25 per child plus the total amount due before my child can re-enroll in Club eXcel for the upcoming school year.

6. Returned Checks

____ I understand that NSF checks must be cleared no later than 5 business days after the manager notifies me. If the check is not cleared, my child will be removed from Club eXcel until all fees are paid in full, including late fees and return check fees. Check writing privileges could be suspended.

7. Drop In Attendance

____ I understand that if I choose for my child to attend Club eXcel less than 3 days per week that I am required to pay for those days in advance and my payment is due on the first business day of each month. Drop in charges will be applied toward the credit/payment when student attends.

8. Discounted Rates

____ I understand that I will be disqualified for the JISD employee or reduced rates, if my account balance is more than 5 business days past due and/or my account balance is not paid in full.

9. Pick Up Times

____ I understand that all children must be picked up NO LATER THAN 6:30 PM each day. Club eXcel will assess a \$10.00 fee plus \$2 per minute per family each minute after 6:30 pm until my child is picked up. I understand that persistent late pick up will lead to my child's dismissal from the program.

10. Photo and Name Release

____ I authorize JISD and Club eXcel to use my child's name and photograph/video in JISD district publications which could include but are not limited to web sites, campus listings and newsletters.

11. Medical Information

____ I have disclosed my entire child's known health problems or conditions. I understand due to budget restrictions Club eXcel does not employ a nurse during program hours.

____ In the event of an emergency, if Club eXcel cannot reach me, I hereby authorize Club eXcel employees to give consent for medical treatment for the above named child.

____ I further authorize Club eXcel staff to transport my child for the purpose of receiving emergency medical treatment.

Parent/Legal Guardian Signature _____ Date Signed _____