



**Saint Wenceslaus School  
Clubhouse 2025-26 School year  
Registration/Emergency Form**

**Sessions you'll be using - Check all  
that apply and circle days in  
attendance.**

\_\_\_\_\_ Regular school days (K-5) 2:30-5:30

**M T W T H F**

\_\_\_\_\_ Non-school days (K-5) 7:00 - 5:30

**If No Show you'll be charged \$20 due to staffing.**

What is your estimated pick up time? \_\_\_\_\_

Family Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Child is in custody of: Mother Father Both Parents Other: \_\_\_\_\_

Is anyone restricted from being in contact with your child by court order? \_\_\_\_\_

1. Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

2. Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

3. Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

4. Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

Persons who can be contacted in an emergency and assume responsibility for the child if the parent cannot be reached.

These individuals are also authorized to pick up the child. Please not identity validation will be required, e.g. driver's license, etc.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relation to Child \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relation to Child \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relation to Child \_\_\_\_\_

Please list any medical conditions that Clubhouse staff must be aware of, e.g. allergies, asthma, migraines, etc.

Child \_\_\_\_\_ Condition \_\_\_\_\_

Child \_\_\_\_\_ Condition \_\_\_\_\_

***Clubhouse bills will be issued at the end of each month.***

\_\_\_\_\_  
Mother's Name (please print)

\_\_\_\_\_  
Father's Name (please print)

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Father's Signature

Return this form and your \$25 Annual Registration Fee to the Saint Wenceslaus School Office at 227 Main Street East, New Prague.

Fax (952)758-2958. Email: [sherry.hartman@swsaints.org](mailto:sherry.hartman@swsaints.org)

SWS- July 2025