

Drop In Application Sheet

Child/Children's name (last, first, middle) _____ Date of Birth ____/____/____ Parent/guardian name: _____ Phone#: _____ Married () Divorced () Separated () Widowed () Single () Address _____ Employer (Mother) _____ Phone # _____ Address _____ Employer (Father) _____ Phone # _____ Address _____ How did you find out about our center? _____ Child's Physician _____ Phone # _____ Address _____ Does your child have any health problems or medical conditions that require special care? _____ Name: _____ Phone # _____ Relationship: _____ Address: _____	Start Date: _____ Shot Record: Y/N Pediatrician Info: Y/N Drop-In: M/T/W/Th/F Check # _____
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By signing below, I am aware of Kids Clubhouse video taping, audio recording and observation for security purposes of my child.
Parent Signature: _____

Emergency release form

I give Kids' Clubhouse the authority to take my child to the hospital in the case of an accident or illness.
I also hereby give permission for Kids' Clubhouse staff member to administer medication to my child upon request and written instructions from his/her physician.
Parent (Guardian's) Signature: _____

Authorized Pick-Up form

List every person, including parents, who may pick the child up:
1. _____ 2. _____
A picture I.D. is required if we cannot comfortably identify the person who is picking up your child, whether they know the code or not.

Personal Information

Does your child have any unusual eating habits, or food preferences or dislikes?
(Describe) _____
Is your child toilet trained? _____
Does your child need assistance with: _____?
Dressing or undressing () Washing Hand () Eating () Toileting ()
Does your child have any special problems or fears?

What are your child's special interests or favorite activities?

Other children living at home:
Name _____ Age _____ (boy/girl)
Name _____ Age _____ (boy/girl)
Other information that might assist the center in understanding and caring for your child:

Health /Vital Information

List all relevant information regarding any health disorder to which your child/children is subject, such as allergies, asthma, and epilepsy.

List any or all physical challenges for your child/children

Motor Skills Development

<u>AREA</u>	<u>Age</u>
Lift head while lying on stomach	_____
Lift chest while lying on stomach	_____
Sits erect while propped up	_____
Creeps	_____
Crawls	_____
Stands briefly	_____
Walks with support	_____
Walks Alone	_____
Feeds self	_____
Uses toilet with encouragement	_____
Bladder	_____
Bowel	_____
Uses toilet independently	_____
Bladder	_____
Bowels	_____

Financial Agreement /Parent Agreement – Please initial all items after reading

I _____ am dropping in my child _____
(Print parent/guardian full name)

___ I agree to pay the drop in rate of \$ _____ for the program listed above at the time of registration.

___ Kids Clubhouse has the right and authority to close whenever necessary due to threat of hurricane, flood, situation or other acts of God. *I further agree there will be no reduction in tuition for these situations.*

___ A \$25 late pick up fee will be assessed **per child**. A fee of \$25 plus \$1 per minute will be assessed for any child picked up after 6:45 the listed pick up time is 6:30pm.

Please complete the following

Ointment – Authorization for application of topical products:

I give permission for the center/staff to apply the following topical product to my child whether provided by the center or parent:

Yes	No	
()	()	Sunscreen
()	()	Insect Repellent
()	()	Diaper Rash Ointment
()	()	Other _____

This authorization will remain on file. _____

Director's Signature: _____ File Completed _____

Immunization Record – Mandatory