

## Kids' Clubhouse

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Dear Parents,

Thank you for your interest in Kids' Clubhouse Preschool and Childcare Center.

We are proud to have qualified, nurturing and patient staff who takes a professional interest in all the children. Kids' Clubhouse staff and teachers want your child's first introduction to the world of learning to be an exciting and enjoyable experience overall.

Our program will be based on a planned but age appropriate curriculum and includes the following developmental areas:

- Art& Craft
- Numbers
- Reading & Writing
- Physical Education
- Social Development
- Spanish

Please feel free to call us if you need further information. If you have not already done so, we encourage you to visit our facility and learn more about our center.

Sincerely,

Michelle Flash  
Director



Parent Copy

Parent Handbook is available online at [www.kclubhouseacademy.com](http://www.kclubhouseacademy.com)

**Tentative Yearly Calendar – Dates are subject to change**

August 17, 2016  
August 18, 19, 2016  
August 22, 2016

August

*Last Day of Summer Camp*

**Closed** for scheduled maintenance of equipment

*1<sup>st</sup> Day of School*

September 5, 2016

September

**Closed** - Labor Day

October 7, 2016  
October 28, 2016

October

*Picture Day*

*Fall Harvest Party*

November 18, 2016  
November 23, 2016  
November 24, 2016  
November 25, 2016

November

*Thanksgiving Luncheon*

**Closed** - Closed @ 3pm

**Closed** – Thanksgiving

**Closed** – Thanksgiving

December 26, 2016

December

**Closed** – Christmas

January 2, 2017  
January 16, 2017

January

**Closed** - New Year's Day

**Closed** - MLK Day

February 14, 2017  
February 20, 2017

February

*Sweetheart Classroom Party*

**Closed**- President Day (*Yearly Staff Certification Training*)

March 10, 2017  
March 13 – 17, 2017

March

*Picture Day (graduation & spring)*

*Spring Break Camp (CY-Fair ISD) Camp available*

April 14, 2017

April

**Closed** – Good Friday

May 1 – 5, 2017  
May 18, 2017  
May 19, 2017  
May 29, 2017

May

*Teacher's Appreciation Week*

*Graduation Class Field Trip*

*PreK4 Graduation Day*

**Closed** – Memorial Day

**Parent copy**

## Kids' Clubhouse

Dear Parents,

Kids' Clubhouse wear uniforms and they are **MANDATORY**, not optional for students 3 years to 5 years (depending on their birthdate). We begin wearing uniforms the first day of school. (August 22, 2016)

The uniform policy is as follows:

### *Monday – Friday*

#### Boys & Girls

Elastic waist -Khaki pants/short (*Available at Wal-Mart/Academy/Target*)

Blue polo shirts (*Available at Wal-Mart/Academy/Target*)

Shoes must be slip on or Velcro **NO LACES**

**(Exception- If your child is able to tie on their own).**

### *Field Trip Days*

#### Girls and Boys

Lime Green school t-shirt only – Required for all field trips

No other Green T-shirt will be permitted

## Important Information

During the cold season, your child may need to wear extra undergarments. All undershirts, turtlenecks, or anything that is visible **MUST BE WHITE ONLY**

# Parent copy

Please return pages 5 to 10.

Parent Handbook is available online at [www.kclubhouseacademy.com](http://www.kclubhouseacademy.com)

# August 2016 -17

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## Emergency Contact Information Form

Child's name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Child's name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Parent's name: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home # \_\_\_\_\_ Work: \_\_\_\_\_  
Mother's Cell #: \_\_\_\_\_ Father's Cell #: \_\_\_\_\_  
E-mail \_\_\_\_\_

### Attention All Parents

*We have been mandated by the Department of Family & Protective service, to have valid addresses on file for all Emergency Contact listed for your child. Please return these forms to the Front Office at your earliest convenience.*

### Emergency Contacts:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

List all names authorized to pick up your child (ren) from the release form

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

## Student Information & 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 _____ How did you find out about our center? _____ <b>Child's Physician</b> _____ <b>Phone #</b> _____ <b>Address</b> _____ Does your child have any health problems or medical conditions that require special care: _____ If parents cannot be contacted in an emergency, contact: Name: _____ Phone # _____ Relationship: _____ Address: _____	Start Date: _____ Reg. Fee: Y/N Shot Record: Y/N Pediatrician Sig: Y/N Pediatrician Info: Y/N Dentist Info: Y/N Hearing & Vision Y/N Check # _____ Check # _____
We are mandated by law to have a name and a phone number of a Dentist on file for every child. <b>Dentist Name:</b> _____ <b>Address:</b> _____ By signing below, I am aware that Kids Clubhouse take pictures, videotape, audio record and observe for security purposes of my child. Pictures are used solely for Kids Clubhouse webpage, Facebook page and printed publications. <b>Parent Signature:</b> _____ <b>After School Program</b> (Uniform not required) Name of School: _____ Address of School: _____ <b>Parent's Signature:</b> _____	
<b>Emergency release form</b>	
<p style="color: red;">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.          I authorize this facility to care for my child during the time he/she is in the facility, transporting to and from school and participating in facility sponsored field trips and to administer and/or obtain emergency medical treatment for the child in the event I cannot be reached.</p> Parent (Guardian's) Signature: _____	
<b>Authorized Pick-Up form</b>	
List every person, including parents, who may pick the child up: 1. _____ 2. _____ <b>Release Form:</b> Please limit this to only 6 people including yourself and the other parent. The Parent's names must be listed on this form. We are only capable to issue 8 codes per family. Your child will only be released to persons listed on this release forms. <b>NO EXCEPTIONS!</b> The status level will indicate the amount of information pertaining to your account will be accessed by each individual. <p style="color: red;"><b>* 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.</b></p>	
<b>Personal Information</b>	
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? _____ <b>Other children living at home:</b> 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 asthma, and epilepsy.

\_\_\_\_\_

List any or all physical challenges for your child/children

**Motor Skills Development**

<b><u>AREA</u></b>	<b><u>Age</u></b>
Lift head while lying on stomach	_____
Lift chest while lying on stomach	_____
Sits erect while propped up	_____
Crawls	_____
Stands briefly	_____
Walks with support	_____
Walks Alone	_____
Uses toilet with encouragement or toilet independently	_____

**Parent Agreement – Please initial all items after reading**

I \_\_\_\_\_ am enrolling my child \_\_\_\_\_ DOB \_\_\_\_\_  
(Print parent/guardian full name)

I will enroll my child for (please circle) Full-time or Part-time care the days will be \_\_\_\_\_

(If your child is enrolled on a Part Time basis you will not be allowed to switch days.)

**Please review and initial by each of the following Kids Clubhouse policies, by initialing you indicate your acceptance all policies listed.**

\_\_\_ Tuition will not be reduced due to illnesses, absences for any reason or closure due to threat of hurricane, flood, situation or other acts of God.

\_\_\_ Kids Clubhouse will be closed for the following holidays: New Year’s Eve, New Years’ Day, Good Friday, Memorial Day, Christmas Eve, Christmas Day, MLK Day, Independence Day, Thanksgiving Day, Day after Thanksgiving, President Day. Also, we will be closed the **Thursday and Friday** prior to the Monday (the first day of the Fall Session for cleaning up and painting etc.) **I understand that there is to be no reduction in the tuition for holiday closures listed above. However, there is a reduction for the two days off for the Fall Session cleaning.**

\_\_\_ 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 the above listed pick up time. **IF YOU ARE LATE PICKING YOUR CHILD UP, LATE FEE IS DUE THE SAME DAY, OR BEFORE YOUR CHILD RETURNS TO SCHOOL.**

\_\_\_ A two week written notice is required to withdraw your child from Kids Clubhouse or to switch your child’s status from full time to part time or part time to full time. **I do understand that if I do not properly submit a (2) week written notice to withdraw my child tuition is still due in full for those two weeks.** I understand that any items belonging to my child left at Kids Clubhouse or any tax information will **not** be release to me unless all outstanding balance is paid in full.

\_\_\_ It is parent’s responsibility to keep Kids Clubhouse informed of any changes to contract information, authorized pick up/drop off information as well as medical and immunization information.

\_\_\_ I have read, and understand Kids Clubhouse policies outlined above. I agree to abide by, and fulfill my obligation as listed. I authorized Kids Clubhouse to use any lawful means to enforce this agreement.

\_\_\_ At the time of registration, current and complete immunization record **must** be provided.

## Payment Agreement – Automatic Bank Deductions

\_\_\_ I agree to pay a non-refundable **Activity fee** of **\$100** and a **Registration fee** of **\$100** as is outlined below at the time of registration. I understand that these fees cover the year from August \_\_, \_\_\_\_ to May \_\_, \_\_\_\_\_. There will be additional registration fee for the summer month's enrollment.

### Fee (per child) All fees are non-refundable

**Registration Fee**            **\$ 100**     (infants through School age)

**Activity Fee**                **\$100**     (**excluding infants**)

\_\_\_ I agree to pay tuition at the rate of \$ \_\_\_\_\_ per week.

\_\_\_ **I also understand that this payment will be withdrawn from my account each Friday evening.**

\_\_\_ I also understand that I will be contacted by a third party, (*Members Solutions*) for all payments on behalf of Kids Clubhouse. **PLEASE ATTACH A VOIDED CHECK**

## Vacation Policy

Please notify Kids' Clubhouse of your vacation request (2) weeks prior to your vacation in writing in order to use your vacation credit. If vacation is not requested in writing (2) weeks in advance, an automatic deduction will still be process for a full weeks tuition.

Completion (1<sup>st</sup>) 6 months            1<sup>st</sup> vacation week credit is applied

Completion (2<sup>nd</sup>) 6 months            2<sup>nd</sup> vacation week credit is applied

## Ointment authorization

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  
( )     ( )     Diaper Rash Ointment

## Illness and restrictions

**A child who appears ill upon arrival will not be admitted to class:**  
TEXAS DEPARTMENT OF PROTECTIVE & REGULATORY SERVICES REQUIRES THAT CHILDREN BE FREE OF **RUNNING NOSE (with yellow/green discharge) FEVER ( 100 or more must be picked up within an hour), VOMITING, and/or DIARRHEA FOR AT LEAST 24 HOURS BEFORE RETURNING TO SCHOOL.**

**Our center is not able to meet the needs of sick children.**

Signature of Parent and Guardian \_\_\_\_\_ Date: \_\_\_\_\_

