



Clubhouse for Kids LLC

Facility Name: Clubhouse for Kids, LLC.		Director's Name: Jeanne Lowke
Child's Name:	Date of Birth:	Child's Phone:
Child's Address:		
Date of Admission:		
Parent's or Guardian's Name:	Address(if different from child):	
List telephone numbers where parents/guardians can be reached while child will be in our care:		
Mother's home phone:	Mother's work phone:	Mother's cell phone:
Father's home phone:	Father's work phone:	Father's cell phone:
Guardian's home phone:	Guardian's work phone:	Guardian's cell phone:
Give Name of person to call in case of an emergency if parents/guardian cannot be reached:		
Name and phone:	Relationship:	Family "code" word:
I hereby authorize Clubhouse for Kids, LLC. To allow my child to leave the childcare facility ONLY with the following persons:		
Names and Phone Numbers:		
RECEIPT OF WRITTEN OPERATIONAL POLICIES:		
I acknowledge receipt of the operational policies including those for discipline and guidance:		
Signature of Parent or Legal Guardian:		
SCHOOL AGE CHILDREN:		
My child attends the following school:		
School Address:		
School phone number:		
My child's immunization record is on file at the school and all immunizations and tuberculosis test are current.		
Current Vision and Hearing screening are also on file at the school.		
I agree with statement regarding my child's record information at school.		
Signature of Parent or Legal Guardian:		

Please list any special problems that your child may have, such as:		
allergies, existing illness, previous serious illness, injuries during the past 12 months,		
any medication prescribed for long-term use and any other information which our staff should be aware of:		
AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:		
In the event that I cannot be reached to make arrangements for emergency medical attention,		
I authorize the person in charge to take my child to:		
Name and phone number Physician:	Address:	Phone:
Name of Hospital:	Address:	Phone:
I give consent for this facility to secure any and all necessary emergency medical care for my child.		
Signature of Parent or Legal Guardian:		