

**Office Use Only:**

Enrollment Date \_\_\_\_\_

Withdrawal \_\_\_\_\_

**FULL-TIME ENROLLMENT AND AGREEMENT FORM**

Name of Child \_\_\_\_\_

Child Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Age \_\_\_\_\_

**Primary Account Holder/Guardian:**

Name \_\_\_\_\_ Cell Phone(\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Apt# \_\_\_\_\_ Home Phone(\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone(\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Place of Employment \_\_\_\_\_ Employers Address \_\_\_\_\_

**Secondary Account Holder/Guardian (if applicable):**

Name \_\_\_\_\_ Cell Phone(\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Apt# \_\_\_\_\_ Home Phone(\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone(\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Place of Employment \_\_\_\_\_ Employer's Address \_\_\_\_\_

Circle one: 8am-5pm

9am to 6pm

**Child Information:**

Gender	Boy	Girl	
Hygiene	Diapers	Remind to use potty	Completely toilet-trained
Food allergies/restrictions?	No	Yes	If yes: _____
Medicine allergies?	No	Yes	If yes: _____
Other allergies?	No	Yes	If yes: _____
Takes medications?	No	Yes	If yes: _____
Asthma?	No	Yes	
Hearing/vision problems?	No	Yes	If yes: _____
Past health problems?	No	Yes	If yes: _____
Activity restrictions?	No	Yes	If yes: _____
Special routines/needs?	No	Yes	If yes: _____
Usually takes a nap?	No	Yes	If yes, when: _____

Please also send over an immunization record for each child registered. Registration cannot be completed without completed child enrollment form and up-to-date immunization record.

Your signature below certifies that the above information is correct.

Signature\_\_\_\_\_ Date\_\_\_\_\_

**Acknowledgement of Kids' Clubhouse of the Main Line Medication Administration Policy**

Your signature below certifies that you acknowledge that Kids' Clubhouse of the Main Line does not dispense or administer medication to any child unless it is a prescribed, life-saving medication (i.e. Epi-pen). If your child requires medication please make arrangements for them to receive it.

Signature\_\_\_\_\_ Date\_\_\_\_\_

**Financial Agreement:**

Full-Time Tuition		CHECK	SIGN
Registration	\$100		
Two's Class	\$320/week		
Preschool/Pre-K Class	\$310/week		
Before/After Care	\$50/week		
Pizza Friday	\$50/year		
TOTAL			

The Parent(s) agrees:

1. To pay Kids' Clubhouse of the Main Line \_\_\_\_\_ per month for Child Care services for their child.
2. To make tuition payments by the 1st of every month.
3. To pay a ½ month's tuition deposit at the time of registration to ensure a space for their child. This money will be put towards the full last month of care in a school year (May) or will be used as the last month of tuition in the case of withdrawal.
4. To pay a registration fee of \$100 (non-refundable) at the time of registration.
5. That the holidays detailed in the parent handbook shall be paid at the regular agreed upon rate although child care will not be provided.
6. To provide the items which are necessary for their child during the day as detailed in the parent handbook.
7. To provide at least 30 days written notice in the case of withdrawal.

Kids' Clubhouse agrees:

1. To provide a safe, clean, and nurturing environment for your child with qualified and caring staff.
2. To provide child care services to the above named child for the agreed upon hours and days set forth herein except in the case of a serious illness and/or emergency or immediate termination due to behavior problems with a child or parent.
3. To offer meals and/or snacks at an added cost that meet or exceed USDA minimum nutritional requirements.
4. To provide activities for enrichment.
5. To provide childcare which meets or exceeds PA daycare licensing standards.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_  
Date