



**Office Use Only:**

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

Withdrawal \_\_\_\_\_

**PART-TIME CHILD 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** \_\_\_\_\_

**Please choose days and times you are requesting for care:**

<b>Mondays</b>	<b>Tuesdays</b>	<b>Wednesdays</b>	<b>Thursdays</b>	<b>Fridays</b>

**Child Information:**

<b>Gender</b>	Boy	Girl	
<b>Hygiene</b>	Diapers	Remind to use potty	Completely toilet-trained
<b>Food allergies/restrictions?</b>	No	Yes	If yes: _____
<b>Medicine allergies?</b>	No	Yes	If yes: _____
<b>Other allergies?</b>	No	Yes	If yes: _____
<b>Takes medications?</b>	No	Yes	If yes: _____
<b>Asthma?</b>	No	Yes	
<b>Hearing/vision problems?</b>	No	Yes	If yes: _____
<b>Past health problems?</b>	No	Yes	If yes: _____
<b>Activity restrictions?</b>	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:**

		<b>CHECK</b>	<b>SIGN</b>
Part-time Registration	\$50		
Deposit	\$100 (only if start date is 30+ days or more)		
Part-time Tuition	100 Hour Package (\$11/hour)		
Part-time Tuition	200 Hour Package (\$10/hour)		
TOTAL			

The Parent(s) agrees:

1. To commit to a schedule and provide as much notice as possible if your child will be absent or if you are requesting a schedule change.
2. To pay a deposit of \$100 if you are not starting within 30 days of enrolling. The \$100 is to hold and confirm your desired time and days and will be returned or added to your package purchase upon your child's first day of attendance. It will not be refunded if you unenroll before your start date.
3. To pay a registration fee of \$50 (non-refundable) at the time of registration.
4. To provide the items which are necessary for their child during the day as detailed in the parent handbook.

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, community health emergency, or immediate termination due to behavior problems with a child or parent.
3. To include morning and/or afternoon snacks.
4. To provide activities for enrichment.
5. To provide childcare which meets or exceeds PA daycare licensing standards.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date