

Kids' Clubhouse

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

School Year - August 2024 – May 2025

Parent Handbook is available online at www.kidsclubhouseacademy.com

Tentative Yearly Calendar – Dates are subject to change

August 14th, 2024
August 15th & 16th, 2024
August 19th, 2024

September

Last Day of Summer Camp
Closed for scheduled maintenance and Disinfecting.
1st Day of School

September 2th, 2024

September

Closed - Labor Day

October 11th, 2024
October 31st, 2024

October

Picture Day
Fall Harvest Party

November 22nd, 2024
November 27th, 2024
November 28th, 2024
November 29th, 2024

November

Thanksgiving Luncheon
Closed @ 3pm
Closed – Thanksgiving
Closed – Day After Thanksgiving

December 24th, 2024
December 25th, 2024
December 26th, 2024

December

Closed @ 3pm
Closed – Christmas
Closed

January 1st, 2025
January 20th, 2025

January

Closed - New Year
Closed - MLK Day

February 14th, 2025
February 17th, 2025

February

Sweetheart Classroom Party
Closed- President Day (Yearly Staff Certification Training)

March 10th-15th, 2025
March 28th, 2025

March

Spring Break Camp (CY-Fair ISD) Camp available
Picture Day (graduation & spring)

April 18th, 2025

April

Closed – Good Friday

May 5th – 9th, 2025
May 26th, 2025
May 29th, 2025
May 30th, 2025

May

Teacher's Appreciation Week
Closed – Memorial Day
Graduation Class Field Trip
PreK4 Graduation Day

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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 19th, 2024)

The uniform policy is as follows:

Monday – Thursday

Boys & Girls

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

Baby 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).

Friday

Boys & Girls

Lime Green School T-shirt and Denim pants/shorts (*Available at KCH*)

Tennis Shoes/Sneakers

Field Trip Days

Girls and Boys

Lime Green school t-shirt and denim pants/shorts – Required for all field trips

No Other Green T-shirt Will Be Permitted

Important Information

School Year - August 2024 – May 2025

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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.

Kids' Clubhouse

August 2024-2025

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. _____

Kids' Clubhouse

Student Information & Application Sheet

<p>Child/Children's name (last, first, middle) _____</p> <p>Date of Birth ____/____/____</p> <p>Parent/guardian name: _____ Phone#: _____</p> <p>Married () Divorced () Separated () Widowed () Single ()</p> <p>Address _____</p> <p>Employer (Mother) _____ Phone # _____</p> <p>Address _____</p> <p>How did you find out about our center? _____</p> <p>Child's Physician _____ Phone # _____</p> <p>Address _____</p> <p>Does your child have any health problems or medical conditions that require special care: _____</p> <p>_____</p> <p>If parents cannot be contacted in an emergency, contact:</p> <p>Name: _____ Phone # _____</p> <p>Relationship: _____ Address: _____</p>	<p>Start Date: _____</p> <p>Reg. Fee: Y/N</p> <p>Shot Record: Y/N</p> <p>Pediatrician Sig: Y/N</p> <p>Pediatrician Info: Y/N</p> <p>Dentist Info: Y/N</p> <p>Hearing & Vision Y/N</p> <p>Check # _____</p> <p>Check # _____</p>
<p>We are mandated by law to have a name and a phone number of a Dentist on file for every child.</p> <p>Dentist Name: _____</p> <p>Address: _____</p> <p>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.</p> <p>Parent Signature: _____</p> <p>After School Program (Uniform not required)</p> <p>Name of School: _____</p> <p>Address of School: _____</p> <p>Parent's Signature: _____</p>	
Emergency release form	
<p>I give Kids' Clubhouse the authority to take my child to the hospital in the case of an accident or illness.</p> <p>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.</p> <p>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> <p>Parent (Guardian's) Signature: _____</p>	
Authorized Pick-Up form	
<p>List every person, including parents, who may pick the child up:</p> <p>1. _____ 2. _____</p> <p>Release Form:</p> <p>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. NO EXCEPTIONS! The status level will indicate the amount of information pertaining to your account will be accessed by each individual.</p> <p>* 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.</p>	
Personal Information	
<p>Does your child have any unusual eating habits, or food preferences or dislikes? (Describe) _____</p> <p>Is your child toilet trained? _____</p> <p>Does your child need assistance with: _____?</p> <p>Dressing or undressing () Washing Hand () Eating () Toileting ()</p> <p>Does your child have any special problems or fears? _____</p> <p>What are your child's special interests or favorite activities? _____</p> <p>Other children living at home:</p> <p>Name _____ Age _____ (boy/girl)</p> <p>Name _____ Age _____ (boy/girl)</p> <p>Other information that might assist the center in understanding and caring for your child: _____</p>	

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

<u>AREA</u>	<u>Age</u>
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/Supply fee of \$150** 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 __, 2024 to May __, 2025. 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/Supply Fee \$150 (Toddler through School Age)

___ 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 morning.**

___ I also understand that I will be contacted by a third party, (ProCare) 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 week tuition.

Completion (1st) 6 months 1st vacation week credit is applied

Completion (2nd) 6 months 2nd 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:

TEXAS DEPARTMENT OF PROTECTIVE & REGULATORY SERVICES REQUIRES THAT CHILDREN BE FREE OF **RUNNING NOSE (with yellow/green discharge) FEVER (100 or more) , VOMITING, and/or DIARRHEA FOR AT LEAST 24 HOURS BEFORE RETURNING TO SCHOOL AND A DRS NOTE IS REQUIRED UPON RETURN.**

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

Signature of Parent and Guardian _____ Date: _____

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Hearing and Vision Screening- Test results from physician ONLY

Mandatory for children 4 years old by September 1st by the state of Texas

Hearing Test Result () Pass () Fail

Vision Test Result () Pass () Fail

Physician Signature: _____ Date: _____

This authorization will remain on file. _____ *Director' Signature* _____

Shot Records - Immunization Form (completed by Physician ONLY)

Type	Date/Dose	Date/Dose	Date/Dose	Date/Dose	Date/Dose
DTP					
OPV					
Mumps					
Rubella					
HIP					
Hepatitis A					
Hepatitis B					
TB Test					

Dates and result of Tuberculin test: _____
Child's general health: _____
Childhood diseases: _____
Specify any present or past illnesses: _____
Specify any physical handicaps or limitations in activities inside or outside:

Prescribed medication and drugs of which childcare staff should be aware of:

This child has been examined by me on _____ and is free of any contagious infectious diseases.

Physician's Signature _____ Date _____

Field Trips

I authorize **Kids' Clubhouse** to care for my child during the time he/she is in the facility participating in a facility sponsored field trip and to obtain emergency medical treatment for my child in the event that I cannot be reached.

My child has my permission to leave the center for the field trips in a center vehicle

Parent's Signature: _____

I authorize the center to transport my child to and from school.

Parent's Signature: _____

I reviewed a written description of the center's program/handbook with policies.

Parent's Signature: _____

I authorize the center to allow my child to participate in water activities at the center.

Parent's Signature: _____