

# Camp Application (June 2nd to August 8th 2025)

Date of Admission: \_\_\_\_\_

Child/Children's name (last, first, middle) _____ Date of Birth ____/____/_____ Parent/guardian name: _____ Phone#: _____ Married ( ) Divorced ( ) Separated ( ) Widowed ( ) Single ( ) Address _____ City _____ State _____ Zip _____ Employer (Mother) _____ Phone # _____ Address _____ Employer (Father) _____ 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: _____	<b>Official Use Only</b> Start Date: _____ Reg. Fee: Y/N Shot Record: Y/N Pediatrician Sig: Y/N Pediatrician Info: Y/N Dentist Info: Y/N
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We are mandated by law to have a name and a phone number of a Dentist on file for every child.  
Dentist Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
**Share In My Day**  
By signing below, I am aware of Kids Clubhouse videotaping and observation for security purposes of my child.  
Child's Name: \_\_\_\_\_  
Parent Signature: \_\_\_\_\_

List every person, including parents, who may pick the child up:  
1. \_\_\_\_\_ 2. \_\_\_\_\_  
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.

## Emergency release form

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 members 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 or 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.  
Parent (Guardian's) Signature: \_\_\_\_\_  
Does your child have any unusual eating habits, or food preferences or dislikes?  
(Describe) \_\_\_\_\_  
Does your child have any special problems or fears?  
\_\_\_\_\_  
What are your child's special interests or favorite activities?  
\_\_\_\_\_  
**Other children living at home:**  
Name \_\_\_\_\_ Age \_\_\_\_\_ (boy/girl)  
Name \_\_\_\_\_ Age \_\_\_\_\_ (boy/girl)  
Other information that might assist the center in understanding and caring for your child:  
\_\_\_\_\_  
List all relevant information regarding any health disorder to which your child/children is subject, such as allergies, asthma, and epilepsy.  
\_\_\_\_\_  
List any or all physical challenges for your child/children  
\_\_\_\_\_

## Financial Agreement

I agree to pay all fees for registration and activity fee as outlined below at the time of registration

I agree to pay tuition at the rate of \$ \_\_\_\_ for the program listed above at the time of registration.

I also understand that this payment will be withdrawn from my account each Friday.

I also understand that I will be contacted by a third party, (Members Solutions) for all payments on behalf of Kids Clubhouse.

### Tuition Weekly

Registration Fee	\$100
Summer Camp	\$170 (8am – 5:00 pm)
Before or After	\$10
Extra - Field Trip T-shirt	\$20 (one shirt included in Registration Fee)

Activity fee covers field trips

**June Session \$250**

**July Session \$250**

**August Session \$70**

*(Covers curriculum, arts & craft and field trips)*

I agree to pay all non-refundable fee as is outlined above at the time of registration.

**Please review and initial by each of the following Kids Clubhouse policies. By initialing you indicate your acceptance to abide by policies as listed.**

Kids Clubhouse will be closed for the following holidays: **June 19<sup>th</sup> and July 4<sup>th</sup>.** Also, we will be closed the Monday and Tuesday prior to the the first day of the Fall Session for maintenance. **I understand that there is to be no reduction in the tuition for the holiday closure listed above.**

Kids Clubhouse Summer Camp **begins 8:00am and ends 5:00pm.** A \$25 late pick up fee will be assessed per child, for any child after 5:00pm (if not enrolled in Aftercare), plus \$1 per minute will be assessed for any child picked up after 5:15pm. **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. 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 released to me unless all outstanding balance is paid in full.**

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

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.

**Please complete the following**

Ointment – Authorization for application of topical products:

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**

( )    ( )    Sunscreen

This authorization will remain on file. \_\_\_\_\_

**Immunization Record- Copies Required**

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.

**Parent's Signature:** \_\_\_\_\_

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

**Parent's Signature:** \_\_\_\_\_

I reviewed a written description of the center's program and policies.

**Parent's Signature:** \_\_\_\_\_

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

**Parent's Signature:** \_\_\_\_\_

**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 FEVER, VOMITING, AND/OR DIARRHEA FOR AT LEAST 24 HOURS WITHOUT MEDICATION BEFORE RETURNING TO SCHOOL. Our center is not able to meet the needs of sick children.**

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

# Kids' Clubhouse

## Summer - 2024

### 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. \_\_\_\_\_

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