

## Kids' Clubhouse

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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 2025 – May 2026

Parent Handbook is available online at [www.kidsclubhouseacademy.com](http://www.kidsclubhouseacademy.com)

<b>Tentative Yearly Calendar – Dates are subject to change</b>
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August 8<sup>th</sup>, 2025  
August 11<sup>th</sup> & 12<sup>th</sup>, 2025  
August 13<sup>th</sup>, 2025

September  
Last Day of Summer Camp  
**Closed** for scheduled maintenance and Disinfecting.  
1<sup>st</sup> Day of School

September 1<sup>st</sup>, 2025

September  
**Closed** - Labor Day

October 17<sup>th</sup>, 2025  
October 31<sup>st</sup>, 2025

October  
Picture Day  
Fall Harvest Party

November 21<sup>st</sup>, 2025  
November 26<sup>th</sup>, 2025  
November 27<sup>th</sup>, 2025  
November 28<sup>th</sup>, 2025

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

December 25<sup>th</sup>, 2025  
December 26<sup>th</sup>, 2025

December  
**Closed** – Christmas  
**Closed** – Day After Christmas

January 1<sup>st</sup>, 2026  
January 19<sup>th</sup>, 2026

January  
**Closed** - New Year  
**Closed** - MLK Day

February 13<sup>th</sup>, 2026  
February 16<sup>th</sup>, 2026

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

March 9<sup>th</sup>-13<sup>th</sup>, 2026

March  
Spring Break Camp (CY-Fair ISD) Camp available

April 3<sup>rd</sup>, 2026  
April 10<sup>th</sup>, 2026

April  
**Closed** – Good Friday  
Picture Day (graduation & spring)

May 4<sup>th</sup> – 8<sup>th</sup>, 2026  
May 25<sup>th</sup>, 2026  
May 28<sup>th</sup>, 2026  
May 29<sup>th</sup>, 2026

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

# 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 13th, 2025)

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**

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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 2025-2026

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## **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

Child/Children's name (last, first, middle) _____ Date of Birth ____/____/____ Parent/guardian name: _____ Phone#: _____ Married ( ) Divorced ( ) Separated ( ) Widowed ( ) Single ( ) Address _____ Employer (Mother) _____ 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: _____		Start Date: _____ Reg. Fee: Y/N Shot Record: Y/N Pediatrician Sig: Y/N Pediatrician Info: Y/N Dentist Info: Y/N Hearing & Vision Y/N Check # _____ Check # _____
We are mandated by law to have a name and a phone number of a Dentist on file for every child. <b>Dentist Name:</b> _____ <b>Address:</b> _____ 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. <b>Parent Signature:</b> _____ <b>After School Program</b> (Uniform not required) Name of School: _____ Address of School: _____ <b>Parent's Signature:</b> _____		
<b>Emergency release form</b>		
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 member 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, 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. Parent (Guardian's) Signature: _____		
<b>Authorized Pick-Up form</b>		
List every person, including parents, who may pick the child up: 1. _____ 2. _____ <b>Release Form:</b> 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. <b>* 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.</b>		
<b>Personal Information</b>		
Does your child have any unusual eating habits, or food preferences or dislikes? (Describe) _____ Is your child toilet trained? _____ Does your child need assistance with: _____? Dressing or undressing ( ) Washing Hand ( ) Eating ( ) Toileting ( ) Does your child have any special problems or fears? _____ What are your child's special interests or favorite activities? _____ <b>Other children living at home:</b> Name _____ Age _____ (boy/girl) Name _____ Age _____ (boy/girl) Other information that might assist the center in understanding and caring for your child: _____		

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### 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.

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## Payment Agreement – Automatic Bank Deductions

\_\_\_ I agree to pay a non-refundable **Activity fee** of **\$100** 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 \_\_, 2023 to May \_\_, 2024. 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 Fee**                              **\$100 (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 (1<sup>st</sup>) 6 months                      1<sup>st</sup> vacation week credit is applied

Completion (2<sup>nd</sup>) 6 months                      2<sup>nd</sup> 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: \_\_\_\_\_

### Hearing and Vision Screening- Test results from physician ONLY

Mandatory for children 4 years old by September 1<sup>st</sup> 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:** \_\_\_\_\_