

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? _____

Child's Physician _____ Phone # _____

Address _____

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: _____

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

Official Use Only

Start Date: _____

Reg. Fee: Y/N

Shot Record: Y/N

Pediatrician Sig: Y/N

Pediatrician Info: Y/N

Dentist Info: Y/N

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	\$180 (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 19th and July 4th.** 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 - 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. _____

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