Student Information

Student's Name: _____

Birthdate: _____ Gender: _____

Mother's Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____

Work Phone: _____

Father's Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____

Work Phone: _____

Legal guardian other than parent if applicable.

Name: _____ Relation: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____

Work Phone: _____

Family History

Marital Status of Parents: Married_____ Divorced_____ Separated_____ Single_____

With whom does the child reside with? Both___ Mother___ Father___ Legal Guardian

In addition to the parents/legal guardian, who resides in the household.

Name: _____ Age: _____ Gender: _____ Relationship: _____

Name: _____ Age: _____ Gender: _____ Relationship: _____

Name: _____ Age: _____ Gender: _____ Relationship: _____

Email for brightwheel: _____

Email for brightwheel: _____

Persons authorized to pick up child at Clubhouse Learning Center

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

***Arrangements must be made in advance with the Director or Teaching Staff if you choose to have any authorized persons picking up your child(Ren).**

Attendance Schedule

*please mark your schedule accordingly

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____

Clubhouse Learning Center

Allison Gioffredi, Owner/Director

Emergency Medical Consent

Student's Full Name: _____

Birthdate: _____

This form allows parents and guardians to authorize the provision of emergency treatment for above named student who becomes ill or injured while under program authority when parents or guardians cannot be reached.

In the event reasonable attempts to contact me at _____ (phone number) or _____ (phone number) have been unsuccessful, I hereby give consent for the administration of any treatment deemed necessary. PLEASE CALL

Physician: _____

Office: _____

Phone Number: _____

Dentist: _____

Office: _____

Phone Number: _____

In the event the designated practitioners are not available, then by another licensed physician or dentist; and the transfer of the child to

_____ (preferred hospital).

***YOU AND YOUR HEALTH INSURANCE WILL BE THE SOURCE RESPONSILBLE FOR THE PAYMENT OF ANY TREATMENT.**

Clubhouse Learning Center

Allison Gioffredi, Owner/Director

Enrollment Agreement

We, the parents/legal guardians of, _____ have enrolled our child at Clubhouse Learning Center.

Our Child will start on _____(date) and we have agreed to pay the weekly rate given to us at the time of enrollment. We understand that our weekly tuition will due on Monday of each week.

We have paid the non-refundable enrollment fee of $100.00 upon enrollment at Clubhouse Learning Center. We agree to pay the $25 late fee, if payment is not received on the first day of attendance each week. We also understand that if payment is not received after a two (2) week period, my child is subject to immediate dismissal until the payment is received. We understand that a two (2) week written notice is required if we choose to withdraw our child from the program. We also agree to pay any late charges due to our tardiness past 6:00pm closing time.

Parent/Legal Guardian Signature _____

Date: _____

Clubhouse Learning Center

Allison Gioffredi, Owner/Director

Photographs and Videotaping Agreement

We, the parents/legal guardians of, _____ give consent for Clubhouse Learning Center to take photographs/video taping of our child. We understand that the photographs/videos may be used for promotion of the center, posted on Facebook, and classroom projects. We understand that NO financial benefits from the use of pictures are obligated to be paid to us.

Restrictions:

Parent/Legal Guardian Signature _____

Date: _____

Clubhouse Learning Center

Allison Gioffredi, Owner/Director

Parent/Legal Guardian Acknowledgement Statement

We, _____ (parent/legal guardian)

Acknowledge that we have been provided with a copy of Clubhouse Learning Center Parent Handbook, which contains the philosophy and purpose of the center, as well as, the policies and procedures. We have read, understand, and agree to all policies, procedures, and responsibilities.

Parent/Legal Guardian Signature _____

Date: _____

Clubhouse Learning Center

Allison Gioffredi, Owner/Director

Child's Physical Examination

Child's Name: _____

Birthdate: _____ Gender: _____

Physical Examination

Date of most recent exam: _____

Results and Physician's Recommendations:

_____
_____
_____.

Known Allergies:

_____
_____.

Restrictive Conditions (if any):

_____
_____.

Attending Physician:

Name: _____

Address: _____

Phone Number: _____

Physician's Signature_____

Date: _____