

Enrollment Application

Child's Name _____ M ___ F ___ Birth Date _____

Age _____ Years _____ Months

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Age _____ Years _____ Months

Parent/Guardian Information

Name _____ Relationship to Child/Children _____

Address _____

Cell _____ Home Tele. _____

Email Address _____

Employer _____ Work Tele. _____ ext _____

Address _____

Work Hours _____

Name _____ Relationship to Child/Children _____

Address _____

Cell _____ Home Tele. _____

Email Address _____

Employer _____ Work Tele. _____ ext _____

Address _____

Work Hours _____

If parents are divorced or separated, which parent has legal custody? _____

Program/s Applying For

School Age (K through 5th grade)

Pre~School (3yrs to K)

Toddler (16mos to 3yrs)

Infant (6wks to 16mos)

Days Applying For

Monday

Tuesday

Wednesday

Thursday

Friday

Hours Children will be at The Club House _____

Parent/Guardian Signature _____

*included with this application is a \$100.00 registration fee _____

For Center Use Only

Date application received _____

Date child is eligible for entrance _____

Date of entrance _____

Club House Staff Signature _____ Date _____

Kid Bits

Does your child have any food allergies? _____

Other allergies? _____

Does your child play independently? _____

Has your child experienced a childcare setting? _____

Is your child toilet trained? _____

How long? _____

Does your child take naps? _____

How long? _____

Does your child have any physical limitations that might limit his/her ability to participate in typical daily activities? _____

Does your child eat well? _____

Favorites? _____

Does your child write his/her name? _____

Recognize numbers? _____

Recognize colors? _____

Recognize shapes? _____

Does your child enjoy group activities? _____

Would you describe your child as; social, a loner or somewhere in between? _____

What should we know about your child? _____
