

Cardinal Clubhouse



Child Enrollment Form

This contract is entered into by and between: Cardinal Clubhouse, Inc. and

Parent's name \_\_\_\_\_ for the provision of child care for

Child(ren)'s name \_\_\_\_\_.

Childcare will begin on \_\_\_\_\_

Name of Child & Birthdate

\_\_\_\_\_  
\_\_\_\_\_  
—

Home Street Address

\_\_\_\_\_

Mother's/Guardian's

Name \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Email

\_\_\_\_\_

Employer \_\_\_\_\_ Work Phone #

\_\_\_\_\_

Father's/Guardian's

Name \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Email

\_\_\_\_\_

Employer \_\_\_\_\_ Work Phone #

\_\_\_\_\_

Emergency Contacts (other than parents) and persons authorized to pick-up child:

Name \_\_\_\_\_ Contact Phone

#'s \_\_\_\_\_

Address \_\_\_\_\_  
—

Name \_\_\_\_\_ Contact Phone  
#’s \_\_\_\_\_

Address \_\_\_\_\_  
—

Name \_\_\_\_\_ Contact Phone  
#’s \_\_\_\_\_

Address \_\_\_\_\_  
—

Name \_\_\_\_\_ Contact Phone  
#’s \_\_\_\_\_

Address \_\_\_\_\_  
—

Name \_\_\_\_\_ Contact Phone  
#’s \_\_\_\_\_

Address \_\_\_\_\_  
—

I understand that my child will only be released to the persons whose names I have listed on the application. Please make any changes/additions to this information to ensure that all information is current. I will let Cardinal Clubhouse, Inc. know in advance, if a person who is not listed on the forms will be picking up my child. Proof of identification must be provided and verified before my child will be allowed to leave.

Parent(s) Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent(s) Signature \_\_\_\_\_ Date \_\_\_\_\_

Preferred Sources of Medical Care:

Physician’s Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist’s Name \_\_\_\_\_ Phone \_\_\_\_\_

Hospital \_\_\_\_\_  
—

Special conditions, medications or allergies that emergency medical personnel should know:

\_\_\_\_\_

—

As parent/guardian, I give consent to have my child receive first aid treatment as well as consent for emergency transport should it be necessary. I also give consent for emergency medical treatment by medical personnel in my absence. I understand I will be responsible for charges not covered by insurance.

Parent(s) Signature

\_\_\_\_\_ Date \_\_\_\_\_

Media Consent:

I give permission for photographs and videos of my child(ren) to be used in Cardinal Clubhouse, Inc. printed and website/online materials. Photographs may be displayed on bulletin boards and other places in Cardinal Clubhouse. I give permission to release my child(ren)'s name and photograph to the news media for publicity of Cardinal Clubhouse activities (ex. newspaper story).

Parent(s) Signature

\_\_\_\_\_ Date \_\_\_\_\_

Field Trip/Daily Activity:

I give permission to Cardinal Clubhouse, Inc. to take my child off the premises, including riding in provider's car, and on excursions that will take place during regular child care hours. I understand that I will be notified of any such trips beforehand, that trips will be supervised and all precautions will be made for the safety and well-being of all children. I also understand Cardinal Clubhouse, Inc. will not be liable for any accident or injury. Consent is for activities that may occur during the course of the day at Cardinal Clubhouse.

Please check one: \_\_\_\_\_ give permission      \_\_\_\_\_ do NOT give permission

Parent(s) Signature

\_\_\_\_\_ Date \_\_\_\_\_

I have received a copy of the parent handbook and understand all listed policies, including the following discipline policy:

A very important part of early childhood education is helping children learn how to get along in the world, enjoy being with other children, and follow the direction adults. A caring and positive approach will be taken regarding behavior management and discipline. The teachers will focus on the positive behaviors of the children and reinforce those behaviors as often as possible. Our goal is to help the children develop self-control and responsibility for their actions. Children are never punished or humiliated and the use of corporal punishment is forbidden. Teachers may use a variety of discipline methods to meet the needs of different situations:

-Children work out the problem together with help from a teacher. This will help them to respect one another and to work our problems on a social level.

-Redirect a child's behavior to an area where their play might be more productive or safer

-A child has quiet time with a teacher until self-control is regained. A child may need to have quiet time with a book or quiet activity that helps them to prepare to rejoin the group.

Parent(s) Signature

\_\_\_\_\_ Date \_\_\_\_\_

I agree to pay \_\_\_\_\_ for the weekly care of my child(ren). I understand that I am responsible to pay the full tuition regardless of attendance. Tuition is due on the first day of attendance each week. I agree to provide a two week written notice of all changes in scheduling or withdrawal. If two weeks written notice is not provided upon withdrawal, I agree to pay all usual fees. I agree to be responsible for and pay all attorney fees, court costs and other related costs necessary to collect charges should my account become delinquent.

Parent(s) Signature

\_\_\_\_\_ Date \_\_\_\_\_

Parent(s) Signature

\_\_\_\_\_ Date \_\_\_\_\_

Cardinal Clubhouse, Inc. reserves the right to make changes in policies as we deem necessary. Rate increases will be made not more than once per year. There will be an annual rate review to address cost of living and operating cost changes. You will be notified, in writing, of any changes that may occur. Every attempt will be made to give at least two weeks' notice of changes.

Cardinal Clubhouse, Inc. reserves the right to terminate this contract at any time for sufficient reason including, but not limited to late payment, consistent misbehavior of the child, or unforeseen problems which may occur with the parents of the child.

Parents may terminate this contract by providing a minimum of two weeks' notice before the effective date of termination. Parents not providing the minimum of two weeks notification shall be liable for termination charges of two weeks tuition.

Parent(s) Signature

\_\_\_\_\_ Date \_\_\_\_\_

Cardinal Clubhouse, Inc. Signature

\_\_\_\_\_

**Please complete the below “Getting to Know Your Child” information so that we have all important/special information about your child. Thank you.**

**Child’s Name** \_\_\_\_\_ **Age** \_\_\_\_\_

**Nickname (if any)** \_\_\_\_\_

**Family Composition Questions:**

Please list your child’s household members (including relations and ages of siblings).

Are there any custody situations that you would like to share with us?

Does your family have any pets? Yes \_\_\_\_\_ No \_\_\_\_\_

**Child Information:**

Has your child been in an early learning program or childcare before?

Yes \_\_\_ No \_\_\_

If so, which of the following?

\_\_\_ Family home care \_\_\_ Relative/neighbor care \_\_\_ Licensed provider

Are there any special concerns we should be aware of? Yes \_\_\_ No \_\_\_

If yes, explain.

Does your child nap? Yes \_\_\_ No \_\_\_

If yes, when.

Does your child have any specific fears? Yes \_\_\_ No \_\_\_

If yes, explain.

What ways/items do you use to comfort your child when they are upset?

Any special needs (medical, developmental, social, mental health)? Yes \_\_\_ No \_\_\_

If yes, explain.

Do any of these special needs require special care by our teachers? Yes \_\_\_ No \_\_\_

If yes, explain.

Does your child have any allergies? Yes \_\_\_ No \_\_\_

\_\_\_ Food Allergies \_\_\_ Environmental Allergies \_\_\_ Allergies to medicine

What are the allergies and how are they treated?

Is there any information about your family's culture, ethnicity, languages, or religion that is important for us to know? Yes \_\_\_ No \_\_\_

If yes, explain.

Is there any other information you would like to share about your child?