



The Clubhouse – For Kids Only, Inc.

2712 North Sungan Road
New Hope, Pennsylvania 18938
Telephone (215) 862-0222 • Fax (215) 862-1386
Email: information@theclubhousefor kids.com

APPLICATION FOR ADMISSION

NAME OF CHILD _____ Nickname: _____

Address: _____

Phone Number: _____

Date of Birth: _____ Sex: _____ Male _____ Female _____ Siblings: _____ Yes _____ No

Names and Ages of Siblings: _____

Date of Application: _____ Date of Desired Enrollment: _____

NAME OF MOTHER/GUARDIAN: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Occupation: _____ Business Phone: _____

Employer Name: _____

Employer Address: _____

NAME OF FATHER/GUARDIAN: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Occupation: _____ Business Phone: _____

Employer Name: _____

Employer Address: _____

Please Indicate contact preferences should we need to contact you during your child's scheduled time in care: 1) _____ 2) _____ 3) _____

DESIRED PROGRAM: _____ Pre-Kindergarten _____ 3 year olds _____ 2 year olds
_____ Half Day (7:30 - 12:30) _____ Full Day (7:30 - 5:45) _____ Combination

DESIRED DAYS OF ENROLLMENT: _____ Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri.
Please indicate any flexibility you may have should these days be unavailable:
_____ NO, only these days will work for us. _____ YES, we have some flexibility

Has your child had previous Child Care or Preschool Experience? _____ NO _____ YES
If YES, please describe where and reason for change _____

NAME OF PHYSICIAN: _____ Phone _____

Address: _____

Health Insurance Coverage: _____ Policy # _____

DOES YOUR CHILD HAVE ANY SPECIAL NEEDS OR PHYSICAL DISABILITIES WE SHOULD BE AWARE OF, INCLUDING DIET, SCHEDULE, MEDICATION, ALLERGIES, ETC.? _____

PLEASE provide us with contact information for three people, including at least one relative, who we may contact in the event of an emergency, illness or other needs, if we are unable to reach parents or guardians:

PLEASE INDICATE ORDER OF CALLING PREFERENCE. PARENTS WILL ALWAYS BE CALLED FIRST.

() NAME: _____ Relationship: _____

Address: _____

Home Phone: _____ Cellphone: _____ Work Phone: _____

() NAME: _____ Relationship: _____

Address: _____

Home Phone: _____ Cellphone: _____ Work Phone: _____

PLEASE INCLUDE A NON-REFUNDABLE \$75 APPLICATION FEE IF YOU WISH TO BE ENTERED ONTO THE ENROLLMENT LIST. THE DATE OF APPLICATION DETERMINES YOUR STANDING ON THE LIST.

SIGNATURE: _____ DATE: _____

