

## School Age Care with Your Child in Mind

## Accepting children Age 3 thru 6<sup>th</sup> grade Kids Clubhouse Summer Program will run June 14<sup>th</sup> until September 1st

Enrollment Date	Reg. Fee: \$15 per child/\$30 max		X if paid/CK #		
1) Child's Name	Birth Date	Grade_	Fee pd		
2) Child's Name	Birth Date	Grade_	Fee pd		
3) Child's Name	Birth Date	Grade_	Fee pd		
4) Child's Name	Birth Date	Grade_	Fee pd		
Parent/Guardian #1	Relationship to Child(ren)				
Phone	Alternate Phone				
Address	City/State/Zip				
Email address					
Place of Employment					
Parent/Guardian #2	Relationship to Child(ren)				
Phone	Alternate Phone				
Address	City/State/Zip				
Email address					
Place of Employment					

Emergency Contact Information ( $\underline{NOT}$  a parent/guardian)

## **Emergency Contact #1**

Name	Relationship to Child(ren)
Address	City/State/Zip
Phone	Alternate Phone
<b>Emergency Contact #2</b>	
Name	Relationship to Child(ren)
Address	City/State/Zip
Phone	Alternate Phone
Emergency Contact #3	
Name	Relationship to Child(ren)
Address	City/State/Zip
Phone	Alternate Phone
Non-Parent/Guardians Au	athorized to Pick up Child(ren)
	Relationship to Child(ren)
Phone Number	
	Relationship to Child(ren)
Phone Number	
Name	Relationship to Child(ren)
Phone Number	
Please list ALL people N	OT authorized to take your child from The Falcon Nest:

## Child(ren)'s Medical Provider Information

Name	_Clinic			
Address	_City/State/Zip			
Phone				
Child(ren)'s Dental Provider Information				
Name	_Clinic			
Address	_City/State/Zip			
Phone	_			
Does your child have any special needs that we see behavior problems, etc)	,			
Please list some of your child's hobbies or special interests:				
Is there any other important information we show help us provide the best possible care?	uld know about your child(ren) and/or family to			

I have read and understand the content of The Falcon Nest Handbook and agree to the childcare rates and schedule expectation. I am responsible for following the policies and procedures in it and agree to comply with them.

**I Do** or **Do Not** (please circle one) give consent to have pictures or video of my child taken by news media or The Falcon Nest staff.

**I Do** or **Do Not** (please circle one) give consent to have The Falcon Nest staff administer sun screen and/or bug spray to my child per manufacturer's instructions.

I authorize the staff representing The Falcon Nest to give consent for the necessary emergency medical care while my child is in their care. I understand I will be responsible for all medical expenses.

Parent Signature:	Date: