

CLUBHOUSE PLAYCARE FAMILY REGISTRATION FORM

Account Key
(to be filled out by staff)

Primary Parent/Guardian Name		Primary Parent/Guardian Email		
Primary Parent/Guardian Address		City	State	Zip
Primary Parent/Guardian Phone (H)	(C)	(W)		
Secondary Parent/Guardian Name		Secondary Parent/Guardian Email		
Secondary Parent/Guardian Address		City	State	Zip
Secondary Parent/Guardian Phone (H)	(C)	(W)		

Emergency Contact (1) Name	Phone (H)	Phone (C)
Emergency Contact (2) Name	Phone (H)	Phone (C)

I hereby authorize Clubhouse Playcare to allow my child to leave the facility **ONLY** with the primary and secondary parents/guardians, emergency contacts, and the following persons. Please list name and phone number for each. Children will only be released to the designated persons below after verification of a government issued photo ID. Parents/guardians wishing to add additional names to the list must do so **IN PERSON** and **IN WRITING**.

Name	Phone
Name	Phone
Name	Phone
Name	Phone

CHILD INFORMATION

First Name	Middle	Last Name
Date of Birth (mm/dd/yyyy)	Physician	Physician Phone

Known Medication Allergies

Known Food Allergies

Any special needs/problems your child might have, including any prescribed medication the child is using, and any other information which caregivers should be aware of:

**IMMUNIZATION RECORDS
(please check one)**

<input type="checkbox"/> My child is over the age of 5 and has current immunization records on file at the school they attend. Name of School Phone	<input type="checkbox"/> I have provided Clubhouse Playcare with a copy of my child's most current immunization records.
--	--

My child is on a different immunization schedule than the standard track because of health reasons, and I have provided Clubhouse Playcare with a signed physician statement that speaks to the reasons.

My child is on a different immunization schedule than the standard track for reasons of choice and I have submitted to Clubhouse Playcare and official affidavit of Exemption from Immunization for Reasons of Conscience issued by the Texas Department of State Health Services.

**PHYSICIAN HEALTH STATEMENT
(please check one)**

<input type="checkbox"/> My child is over the age of 5 and has a current Physician Health Statement including vision and hearing screening records on file at the school they attend. Name of School Phone	<input type="checkbox"/> I have provided Clubhouse Playcare with a copy of a Physician Health Statement.
---	--

Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which adhere to or am a member of; I have attached a signed and dated affidavit stating this.

CHILD INFORMATION

First Name	Middle	Last Name
Date of Birth (mm/dd/yyyy)	Physician	Physician Phone
Known Medication Allergies		
Known Food Allergies		
Any special needs/problems your child might have, including any prescribed medication the child is using, and any other information which caregivers should be aware of:		

IMMUNIZATION RECORDS
(please check one)

<input type="checkbox"/> My child is over the age of 5 and has current immunization records on file at the school they attend. Name of School Phone	<input type="checkbox"/> I have provided Clubhouse Playcare with a copy of my child's most current immunization records.
<input type="checkbox"/> My child is on a different immunization schedule than the standard track because of health reasons, and I have provided Clubhouse Playcare with a signed physician statement that speaks to the reasons.	
<input type="checkbox"/> My child is on a different immunization schedule than the standard track for reasons of choice and I have submitted to Clubhouse Playcare and official affidavit of Exemption from Immunization for Reasons of Conscience issued by the Texas Department of State Health Services.	

PHYSICIAN HEALTH STATEMENT
(please check one)

<input type="checkbox"/> My child is over the age of 5 and has a current Physician Health Statement including vision and hearing screening records on file at the school they attend. Name of School Phone	<input type="checkbox"/> I have provided Clubhouse Playcare with a copy of a Physician Health Statement.
<input type="checkbox"/> Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which adhere to or am a member of; I have attached a signed and dated affidavit stating this.	

Please read and initial the following:

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event that I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge at Clubhouse Playcare to take my child(ren) to the nearest medical facility. In addition, I give consent for the facility to secure any and all necessary emergency medical care for my child including transportation.

I understand that Clubhouse Playcare is a State Licensed facility and follows all safety standards set by the state and is not responsible for injuries or accidents that may occur at the center.

AUTHORIZATION FOR PHOTOS AND VIDEO:

I hereby give consent for photos and video to be taken of my children while at the facility for purposes of advertising.

ADA:

Childcare operations are public accommodations under the American's with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA info line at (800)514-0310 (voice) or (800)514-0383 (TTY)

I certify that I am the legal guardian for all listed children, and that all information contained in this Child Registration Document is correct to the best of my knowledge as of the signed date.

Parent/Guardian Signature

Date