

KiddieKlub

2897 Crooks Rd ♦ Rochester Hills ♦ (248)852-4012

Playcare 2011 Registration Form

CHILD'S INFORMATION

Child's Last Name _____ Child's First Name _____

Name Child Prefers to be called _____ Date of Birth _____

Child's Address _____

Allergies _____

Please list any medical conditions, medications, and/or special attention your child may require below:

May we take and maintain photos of your child to display in the center, our website, and for advertising purposes? Yes No

MOTHER/GUARDIAN'S INFORMATION

Mother's Last Name _____ Mother's First Name _____

Home Phone _____ Cell Phone _____

Home Address _____

Occupation _____ Work Phone _____

Employed By _____

Work Address _____

Email Address _____

FATHER/GUARDIAN'S INFORMATION

Father's Last Name _____ Father's First Name _____

Home Phone _____ Cell Phone _____

Home Address _____

Occupation _____ Work Phone _____

Employed By _____

Work Address _____

Email Address _____

EMERGENCY CONTACTS & AUTHORIZED PICK-UP PERSONS

#1) Name _____ Phone _____

Relationship to Child _____

Home Address _____

#2) Name _____ Phone _____

Relationship to Child _____

Home Address _____

#3) Name _____ Phone _____

Relationship to Child _____

Home Address _____

Name and Address of Child's Physician or Health Clinic:

Health Insurance Policy Name and Number:

Payment is due at Pick-Up: We accept cash, check, and credit card payments.

Playcare Hours:

Monday – Friday: 9am – 5pm

Saturday: 9am – 5pm

Sunday: 10am – 5pm

Reservations are required for weekend care. Early and extended care is available by appointment only. There is a one hour minimum time requirement.

To reserve a day and time, please call us at 248-852-4012 or reserve through email at candi@kiddieklub.com. Email reservations require one day advance notice.

Parent Signature: _____ Date: _____

SECOND CHILD'S INFORMATION

Child's Last Name _____ Child's First Name _____

Name Child Prefers to be called _____ Date of Birth _____

Child's Address _____

Allergies _____

Please list any medical conditions, medications, and/or special attention your child may require below:

May we take and maintain photos of your child to display in the center, our website, and for advertising purposes? Yes No

THIRD CHILD'S INFORMATION

Child's Last Name _____ Child's First Name _____

Name Child Prefers to be called _____ Date of Birth _____

Child's Address _____

Allergies _____

Please list any medical conditions, medications, and/or special attention your child may require below:

May we take and maintain photos of your child to display in the center, our website, and for advertising purposes? Yes No

FOURTH CHILD'S INFORMATION

Child's Last Name _____ Child's First Name _____

Name Child Prefers to be called _____ Date of Birth _____

Child's Address _____

Allergies _____

Please list any medical conditions, medications, and/or special attention your child may require below:

May we take and maintain photos of your child to display in the center, our website, and for advertising purposes? Yes No
