KLUBHOUSE KIDS

2025-2026 APPLICATION

NON-REFUNDABLE REGISTRATION FEE - \$25 PER FAMILY
\$100 SECURITY PER FAMILY

	\$100 SECURITY PER FAMILY		
CHILD'S NAME	BIRTHI	DATEM	/F
Last First			
STREET	TOWN	ZI	P CODE
PARENT/GUARDIAN	HOME PHONE	CELL PHONE	
EMPLOYER		WORK PHONE	
EMPLOYER ADDRESS		EMAIL	
PARENT/GUARDIAN	HOME PHONE	CELL PHONE	
EMPLOYER		WORK PHONE	
EMPLOYER ADDRESS		EMAIL_	
PERSONS, OTHER THAN PARENTS, WHO <u>ARE</u> ALLOWE			
NAME		PHONE	
NAME		PHONE	
PERSON WHO <u>MAY NEVER</u> PICK UP YOUR CHILD:			
NAME			
HEALTH CONDITIONS or Academic Issues Klubhouse s	hould be aware of:		
DOCTORS NAME		PHONE	
SCHOOL	ΓEACHER	_GRADE	
PLEASE CIRCLE DAYS FOR WHICH CARE IS NEEDEI	D: MONDAY TUESDAY	WEDNESDAY THURSDAY	FRIDAY
My child		is in good health.	
Signature of parent/guardian	Date		

	t I will be given several days' notice if a special provided as they are scheduled.	activity is planned. Specific info	ormation on special		
By signing below	, I also allow my child to participate in walking	field trips.			
child to a medica	be reached in an emergency, the Klubhouse Haller in th				
Signature of pare	ent/guardian	Date			
	a copy of the Parent Handbook and the for parents to review .	ollowing information is include	ded in it and or		
	DCF Information to Parents				
	NJ State School Age Child Care Regulations Manual available for inspection				
	Klubhouse Kids Policy on Communicable Diseases.				
	Klubhouse site has a copy of the Federal Unsafe toy list.				
	Policy on the expulsion of children from enrollment.				
	Policy on the release of children				
	Policy on the Methods of Parental Notification				
	Policy on the Use of Technology and Soci	al Media			
		Parent/Guardian	Date		

North Plainfield Children:

The application can be mailed to: 105 North Road Berkeley Heights, New Jersey 07922