



## Allison's Clubhouse

"The BEST In Your Child's Care"

3425 Finley Road, Irving, TX 75062

ph 972 258 - 1800

fax 972 258 - 0002

[www.allisonsclubhouse.com](http://www.allisonsclubhouse.com)

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Welcome to Allison's Clubhouse!

We are so happy to have you as part of our Clubhouse family! We look forward to caring for your children!

Enclosed you will find several forms which need to be read, filled out, signed, dated and turned back into the office before your child may attend for their first day. You may bring the forms back on the first day of your child's attendance, but all forms must be complete.

We will need a current copy of immunizations for all children ages 6 weeks through 11 years and a physician's signature stating that your child is well and can attend childcare. We understand that infants do not receive immunizations, other than Hep B, until they are 2 months old. If your child attends before their 2 month checkup, just bring us a copy of their record once they have received their first round of immunizations.

Please make sure you read your Parent Handbook, as it includes all of our policies. After reading over the handbook, please be sure to initial, sign and date the last page of the handbook and return with your paperwork. The very last page will be completed once you've had your parent enrollment interview. You will need to keep the handbook for your reference but make sure the last page of the handbook is turned in with all of your other forms.

In your handbook, please be sure to pay close attention to the following policies: Tuition/Late Fees, Late Pickup Fees, Release of Children, Personal Belongings, Food, Illness, and Medication. These are issues we deal with on a daily basis and therefore are some of the most important issues to you as a parent.

We look forward to getting to know you and your family and helping your little ones grow.

Sincerely,

Debbie Robinson  
Director

# ADMISSION FORM

<b>Allison's Clubhouse / Allison's Playhouse</b> 3425 Finley Road Irving, Texas 75062 972) 258-1800 / 972) 513-BABY Fax 972) 258-0002	<b>Director</b> Debbie Robinson
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Child's Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Child's Preferred Name (If Different): \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Child's Home Phone: \_\_\_\_\_ Date of Admission: \_\_\_\_\_ Date of Withdrawal: \_\_\_\_\_

**Mother/Guardian:** \_\_\_\_\_ DL # & State: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Dept./Ext.: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Email: \_\_\_\_\_ Last Four Digits of Social Security #: \*\*\* - \*\* - \_\_\_\_\_

**Father/Guardian:** \_\_\_\_\_ DL # & State: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Dept./Ext.: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Email: \_\_\_\_\_ Last Four Digits of Social Security #: \*\*\* - \*\* - \_\_\_\_\_

**\*\* ATTENTION \*\***

**If there are custody/visitation issues, we must have legal documentation on file in order to follow any court orders. It must be signed by a judge and state the legal facts.**

**EMERGENCY CONTACT**

*In case this child becomes seriously ill or is injured and neither parent can be reached by phone, please notify one of the following: (this must be an authorized individual able to arrive at the center within an hour of notification.)*

Name: \_\_\_\_\_ Local Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_

**PERMANENT AUTHORIZED PICK UP LIST**

*I authorize my child to leave Allison's Clubhouse ONLY with the above mentioned persons and the following listed. Children will only be released to a parent or person designated by the parent/guardian after verification of ID.*

Name: \_\_\_\_\_ Local Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Local Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Local Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**TRANSPORTATION**  
I hereby:  give  do not give my consent for my child to be transported and supervised by facilities staff:  
 On Field Trips (when applicable)  Emergency Care  From School (when applicable)

**WATER ACTIVITIES**  
I hereby:  give  do not give my consent for my child to participate in water activities:  
 Water Table Play  Sprinkler Play  Splashing/Wading Pools  Swimming Pools

**FIELD TRIPS (when applicable)**  
I hereby:  give  do not give my consent for my child to participate on field trips  
Parent Comments: \_\_\_\_\_

**MEALS**  
I understand that the following meals will be served to my child while in care of Allison's Clubhouse:  
 Breakfast  Lunch  PM Snack

**ALLERGIES**

Does your child have any allergies? (food, medication, insects, etc.)  Yes  No

Please Specify: \_\_\_\_\_

**NOTES**

Are there any special procedures that are required in caring for your child?  Yes  No

Please Specify: \_\_\_\_\_

**HOURS IN CARE**

My child will normally be in care the following days and times:

Monday  Tuesday  Wednesday  Thursday  Friday  
\_\_ : \_\_ to \_\_ : \_\_ \_\_ : \_\_ to \_\_ : \_\_ \_\_ : \_\_ to \_\_ : \_\_ \_\_ : \_\_ to \_\_ : \_\_ \_\_ : \_\_ to \_\_ : \_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION**

*In the event of a medical emergency, I authorize office staff to make arrangements for emergency medical attention.*

Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

**Name of Hospital (if no other is listed):**

Baylor Medical Center Irving  
1901 N. MacArthur Blvd.  
Irving, Texas 75061  
972-579-8100

**ADDITIONAL ENROLLMENT INFORMATION**

How did you hear about Allison's Clubhouse? \_\_\_\_\_

Has your child ever attended another child care center? \_\_\_\_\_

If yes, where and for how long? \_\_\_\_\_

Why did you leave? \_\_\_\_\_

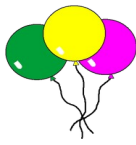
**PARENT SIGNATURE**

I, \_\_\_\_\_, have reviewed and updated the admission information for  
\_\_\_\_\_ and certify that all information listed above is correct.

Additionally, I give consent for this facility to secure any and all necessary emergency medical care for my child.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date



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Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Health Statement

- 1) **Admission Requirement:** A copy of your child's current immunization records must be kept on file at Allison's Clubhouse.

Date Submitted: \_\_\_\_\_

\*Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has not had chickenpox, please complete this statement:

My child had varicella disease (chickenpox) on or about \_\_\_\_\_ (date) and does not need varicella vaccine.

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date

- 2) **Admission Requirement:** One of the following must be presented before your child is admitted to the day care facility.

**HEALTH CARE PROFESSIONAL'S STATEMENT:** I have examined the above named child within the past year and find that he/she is physically able to take part in the day care program.

\_\_\_\_\_

Health Care Professional's Signature

\_\_\_\_\_

Date

A copy of the medical screening form of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program, if no referral for further diagnosis and treatment is indicated.

A form or written statement from a health service or clinic is attached.

**NOTE:** If medical diagnosis and treatment and/or immunization and TB testing conflict with your religious beliefs, You must sign an affidavit to that effect and attach it to this form. If immunization and/or TB testing would be injurious to your child or your family, you must obtain a certificate (signed by a health care professional) to that effect and attach it to this form.



## Help Us Get To Know Your Child

This personal history form for your child is confidential. It is shared with your child's teacher to inform them about your child's needs and personality characteristics.

Child's Legal Name: _____	Date of Birth: _____
Child's Preferred Name: _____	Today's Date: _____
Name of Parent(s) or Guardian(s): _____	
Child lives with: _____	

Name(s) & age(s) of brother(s) and/or sister(s):			
Name	Age	Brother	Sister
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Name(s) and relationship(s) of other member(s) of the child's household:	
Name	Relationship

What language is primarily spoken at home?	What other languages does your child understand?
Does your family have any pets?	Does Mom or Dad travel often?
Describe your child's general health:	
Are there any foods your child cannot eat for medical, religious, or personal reasons?	
Does your child have bladder control?	Bowel control?
Child's terminology regarding toileting?	
Special information about diapering or toileting:	
Describe any nap/sleep/bedtime habits:	
If your child is verbal, does he/she have any difficulty saying what he/she wants; or do you have any trouble understanding his/her speech?	
When your child is upset or stressed, how is he/she best comforted?	
How does your child relate to/play with other children?	
What are your child's favorite toys and activities?	

How do you discipline your child?	
Mom:	Dad:
In most circumstances, do you consider your child easy to manage, fairly easy to manage, or difficult to manage?	
Describe any fears your child may have:	
In what ways would you like to see your child develop during the coming school year?	
Additional comments:	

\_\_\_\_\_

Parent/Legal Guardian Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Print Name



## Help Us Get To Know Your Infant / Toddler

This form is a supplement to our *Help Us Get To Know Your Child* form and must be completed upon enrollment and at the beginning of every month until your child eats table food consistently. If any significant changes are made to your child's diet - after an allergic reaction, for example - or sleeping habits, you must inform your child's teachers immediately in writing. Please attach any additional information you want us to know about your child.

Child's Name: _____ Room: _____	
Date of Birth: _____ Age: _____ months Today's Date: _____	
<b>Feeding</b>	
Please indicate all that apply to your child.	
<input type="checkbox"/> Breast Milk	<input type="checkbox"/> Liquid Formula Brand: _____
	<input type="checkbox"/> Powdered Formula Brand: _____ Mix with: <input type="checkbox"/> Tap water <input type="checkbox"/> Bottled water from home
Number of ounces per feeding: _____ ounces	Length of time between feedings: _____ hours
Temperature: <input type="checkbox"/> Cold <input type="checkbox"/> Room Temperature <input type="checkbox"/> Warmed	
Special position during feeding, if necessary:	
<input type="checkbox"/> Burp in the middle of feeding <input type="checkbox"/> Burp after feeding	
Does your child hold his/her own bottle? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Cereal Mix with: <input type="checkbox"/> Formula <input type="checkbox"/> Water	<input type="checkbox"/> Baby/Pureed food from home Amount: Times to be fed: _____
	<input type="checkbox"/> Table Food Breakfast, lunch, and afternoon snack are to be provided by Allison's Clubhouse/Playhouse.
Uses Sippy cup with: <input type="checkbox"/> Water <input type="checkbox"/> Milk <input type="checkbox"/> Formula	
Are there any foods your child cannot eat for medical, religious, or personal reasons?	
Does your child attempt to feed her/himself? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other comments regarding food and feeding habits:	
<b>Sleeping</b>	
Number of naps a day: _____	Approximate length: _____
	Interval between naps: _____
Does your child use a pacifier? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>** Please Note: Until infants can roll over, they must sleep on their backs unless a pediatrician's note is provided to the contrary. Nothing, except a pacifier, can be placed in the crib with the child until they are twelve-months old.</i>	
Other comments regarding sleeping habits:	
Describe an approximate schedule of your child's day:	

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



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**EMERGENCY MEDICAL CARE FOR SCHOOL BUS**

I DO HEREBY GIVE MY PERMISSION FOR MY CHILD \_\_\_\_\_

TO ATTEND ALL FIELD TRIPS PLANNED WITH ALLISON'S CLUBHOUSE. I DO REALIZE THAT THE STAFF WILL DO EVERYTHING IN THEIR POWER TO PROTECT MY CHILD DURING THESE FIELD TRIPS.

HOWEVER, I WILL NOT HOLD ALLISON'S CLUBHOUSE RESPONSIBLE FOR ACCIDENTS OR INJURIES.

EMERGENCY CONTACT INFORMATION

MOTHER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

FATHER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

CHILD'S PHYSICIAN: \_\_\_\_\_

PHYSICIAN'S ADDRESS: \_\_\_\_\_

PHYSICIAN'S PHONE: \_\_\_\_\_

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I HEREBY AUTHORIZE THE DIRECTOR OR STAFF REPRESENTING ALLISON'S CLUBHOUSE TO GIVE ANY AND ALL NECESSARY EMERGENCY CARE FOR MY CHILD \_\_\_\_\_

WHILE SAID CHILD IS IN THE CARE OF ALLISON'S CLUBHOUSE.

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_





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September 24, 2013

Re: Photo Release Form

Parents,

I'm not sure how many of you know that Allison's Clubhouse has a Facebook page and website. We do and we'd love to make it more interactive for you and your children.

Please sign the form below and let us know if we have your permission to show your child's pictures on our Facebook page. It's strictly voluntary and your choice, but we do need your permission to post any pictures of your children.

Be sure to "Like" our Facebook page and check out our website for monthly updates, our activity calendars, and our menus. Follow along and let us know you "like" what we are doing!

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### Photo Release Form

Please check the statement applies and sign below.

- YES, I give Allison's Clubhouse/Playhouse permission to post my child's picture to their Facebook page.
- NO, I do not give Allison's Clubhouse/Playhouse permission to post my child's picture to their Facebook page.

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



3425 Finley Road, Irving TX 75062  
 Office 972.258.1800  
[www.allisonsclubhouse.com](http://www.allisonsclubhouse.com)  
 Hours: 6:30AM - 6:00PM

WE ARE TEXAS RISING STAR ACCREDITED

WEEKLY TUITION RATES

Weekly tuition includes an educational phonetically, faith based curriculum and meals that include: breakfast, lunch and an afternoon snack.

AGE	REGISTRATION FEE Non-Refundable	SEMI ANNUAL ACTIVITY FEE	WEEKLY TUITION
<b>INFANT 1</b> 6 wks - 6 mos	\$300	N/A	\$325
<b>INFANT 2</b> 7 mos - 17 mo	\$150	N/A	\$280
<b>TODDLER</b> 18 mos - 35 mos	\$150	\$100. (24mos + )	\$220
<b>THREE - FIVE</b>	\$150	\$100	\$200
<b>AFTER SCHOOL KINDER - FIFTH GRADE</b>	\$150	\$100	\$125
<b>SUMMER CARE KINDER - FIFTH GRADE</b>	\$150	\$100	\$165
<b>PRIVATE KINDERGARTEN</b>	\$250 CURRICULUM FEE		\$165

**SCHOOLER HOLIDAY FEES**  
 Early Dismissal. +\$5.00 a Day to Weekly Tuition  
 Full Day out of School. +\$10.00 a Day to Weekly Tuition

- We do not offer daily, drop-in care
- Tuition payments are due on Monday for the week. If payments and accrued late fees are not received by Thursday morning, we reserve the right to deny services. Tuition is charged automatically for your child's space and is due despite illness, school closure, holidays, or vacations. Tuition rates are subject to change and are not refundable.
- These rates will apply if CCA is suspended, terminated, and/or attendance is not being recorded on a daily basis.
- If you desire to cancel enrollment, you must give one week written notice or you will be held accountable for payment.

We accept CCA (Child Care Assistance) for all ages If you are interested in assistance you can apply:  
<https://childcaregroup.org>

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# NAP ROLL

We require each child to have a nap roll for naptime. We no longer allow sleeping bags, pillow pets or regular pillows and blankets..

\*Online: Amazon, Target or Walmart

