



MAC Clubhouse
 Address: 781 Hamilton Blvd Somerset, NJ 08873
 (732)659-6634 (office line) www.macclubhouse.com

APPLICATION FOR CHILD'S ENROLLMENT

PLEASE PRINT IN ALL INFORMATION

	First	Middle	Last	Birth Date	SSN #	Age
Child #1						
Child #2						

Parents Information

	Mother	Father
Address		
City		
State/Zip		
Phone Number (home)		
Phone Number (Cellular)		
Name of Business/Employer		
Work Phone Number		
SSN#		
Doctor 's Name and Address		
Child Insurance Provider		
Name of Insurance		
E-mail:		

Emergency Contact Information:

	First Contact		Secondary Contact:
Name		Name	
Address		Address	
City		City	
State/Zip		State/Zip	
Home phone		Home phone	
Cell Phone		Cell Phone	



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CUSTODY NAME of person **PROHIBITED** from picking up the child:
_____. If a non-custodial parent is **NOT** included among those persons authorized by the custodial parent to pick up the child, please explain below and attach a copy of appropriate court order. _____

EMERGENCY, I have completed the medical emergency permission form which authorizes the center to seek emergency medical care for my child as seemed necessary by the director or the director's designee.

Parent's Signature: _____ Date: _____

WALKS: I give my permission for my child to participate in walking trips within the center's neighborhood. Initial: _____

I do not give my permission for my child to participate in walking trips within the center's neighborhood. Initial: _____

Parent(s)'s Signature: _____ Date: _____

Policies: I (WE) attest that all of the information on this application is accurate to the best of my understanding and that I (WE) have received the following information for my (our) home records:

- | | | |
|---|-----|----|
| 1. Information to parents document | YES | NO |
| 2. Policy on the release of children | YES | NO |
| 3. Philosophy of discipline | YES | NO |
| 4. Policy on the management of illness and communicable disease | YES | NO |

AGREEMENT AND AUTHORIZATION SIGNATURES

Applicant Signature _____

Spouse's Signature _____

Date: Month _____ Day _____, 20____.



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Institution Special Instruction Sheet:

LIST ALL ALLERGIES:

1. _____
2. _____
3. _____
4. _____
5. _____

LIST ALL MEDICAL CONDITIONS:

1. _____
2. _____
3. _____
4. _____
5. _____

Medical Insurance

Child Insurance Provider	
Policy Number	
Hospital Preference	

Person Authorized to Pick up Child:

Contact:		Contact:	
Name		Name	
Address		Address	
City		City	
State/Zip		State/Zip	
Home phone		Home phone	