



Child Intake Form

Thank you for your interest in the Clubhouse. We are excited to have you and your child join the club!
Please use this form to tell us about your child.

Parent/ Guardian Information:

Mother/ Guardian #1:

First Name: _____ Last Name: _____

Address: _____

Cell: _____ Work #: _____

Email Address: _____

Father/ Guardian #2:

First Name: _____ Last Name: _____

Address: _____

Cell: _____ Work #: _____

Email Address: _____

Child's Information:

First Name: _____ Last Name: _____

Child's Preferred Name: _____

Date of Birth: ___/___/_____

Child's Favorite Food: _____

Child's Preferred Activities: _____

Does your child have any difficult behaviors? yes no

If yes, please specify, and include what has helped with these behaviors in the past: _____



Are there specific goals your child is working on that we should be aware of? _____

What else would you like the Clubhouse staff to know about your child? _____

Does your child have any food allergies or restrictions? yes no

If yes, please specify: _____

Does your child have any serious medical conditions? yes no

If yes, please specify: _____

Does your child take any medication? yes no

If yes, please include names and dosages of medication: _____



Doctor's Information

Pediatrician's Name: _____

Address: _____

Phone Number: _____

Fax: _____

Email: _____

Emergency Contact Information:

In the case of an emergency, chas v'shalom, we need an alternate contact incase no parent is available.

Emergency Contact #1:

First Name: _____ Last Name: _____

Phone Number: _____ Relation to child: _____

Emergency Contact #2:

First Name: _____ Last Name: _____

Phone Number: _____ Relation to child: _____

Program Information:

What days will your child be coming to the Clubhouse? (Sun-Fri): _____

Does your child need transport to and/or from the Clubhouse? _____



Feedback is always welcome. Please use the box below for any comments, questions, suggestions, or concerns. You can also use this space to share any additional important information about your child:

Please fill out the attached forms and turn them in together with this intake form to complete intake.

To complete registration, please include:

- **Child Intake Form** (this form)
- **Photo Release Form**
- **Liability Waiver**
- **COVID-19 Waiver**
- **Emergency Medical Consent Form**
- **Documentation of Child's Eligibility for Respite Care (ex: IEP)**

Thank you for helping us provide the best experience for your child!

Contact us: thelarchmontclubhouse@gmail.com

Visit our Website: TheLarchmontClubhouse.org