



Emergency Contact Information

(for records)

Child's Last Name _____ First Name _____ M.I _____

Home Address _____ City _____ State _____ Zip _____

DOB __/__/__ Gender M / F (circle one)

Parent/ Guardian #1

Mother/ Father/ Legal Guardian (circle one)

Last Name _____ First Name _____ Middle Initial _____

Home Address _____ City _____ State _____ Zip _____

Cell Phone Number _____ Home Phone Number _____

Work Phone Number _____ Email Address _____

Parent/ Guardian #2

Mother/ Father/ Legal Guardian (circle one)

Last Name _____ First Name _____ Middle Initial _____

Home Address _____ City _____ State _____ Zip _____

Cell Phone Number _____ Home Phone Number _____

Work Phone Number _____ Email Address _____

Allergies:

Food and/or medicine restrictions due to religious, medical, dietary or other reasons: _____

Health Insurance Provider: _____

Policy number: _____

Is English your child's first spoken language? Yes ___ No ___

If NO, please specify _____

Emergency Contacts/ Other persons authorized to pick up child:

(1) Last Name _____ First Name _____ Middle Initial _____

Relationship to child _____ Cell Phone Number _____

(2) Last Name _____ First Name _____ Middle Initial _____

Relationship to child _____ Cell Phone Number _____

At SMG Clubhouse in the event of a birthday, holiday, or special occasion celebration, is your child permitted to have treats such as cake, ice cream, or cookies? YES ___ NO ___

Are there any holidays that your child may not participate in celebrating?

I, the parent or guardian of _____ agree that I have received the current tuition and financial agreement at the time of enrollment. I have also provided all accurate information and will notify SMG Clubhouse of any changes in the future.

Parent #1 signature _____ Date ___ / ___ / ___

Parent #2 signature _____ Date __/__/__