



Kids Club Check-In Agreement

Parent/Guardian Information

First Name _____ Last Name _____ Phone Number _____

Birth Date _____ Relationship to Child _____ Email _____

Child's Information

Payment Method

First Name (Print) _____ Last Name (Print) _____ Birth Date _____ Unlimited _____ Drop-In _____

First Name (Print) _____ Last Name (Print) _____ Birth Date _____ Unlimited _____ Drop-In _____

First Name (Print) _____ Last Name (Print) _____ Birth Date _____ Unlimited _____ Drop-In _____

First Name (Print) _____ Last Name (Print) _____ Birth Date _____ Unlimited _____ Drop-In _____

First Name (Print) _____ Last Name (Print) _____ Birth Date _____ Unlimited _____ Drop-In _____

First Name (Print) _____ Last Name (Print) _____ Birth Date _____ Unlimited _____ Drop-In _____

Medical Conditions/Allergies we should be aware of _____

Staff Permissions

Diaper Changes

Yes, Peak Childcare Staff is able to change my child's diaper/assist with potty training if needed (Initial) _____

No, I would prefer Peak Childcare Staff to locate me for diaper changes/potty training if needed (Initial) _____

*If you initialed No, our staff will contact you if your child needs any of the services listed above.

Communication

If for any reason a staff member needs to contact you regarding your child, would you prefer call or text?

Other approved guardians to check in/check out child

First Name	Last Name	Birth Date	Phone Number	Relationship

Unapproved guardians for check in/check out

First Name	Last Name	Birth Date	Phone Number	Relationship