

Beau Chêne Country Club Childcare Service
Enrollment Form

Child's Name: _____

Date of Birth: ____/____/____

Age: _____

Member's Name: _____

Member #: _____

Cell #: _____

Alternate #: _____

E-mail Address: _____@_____.com

Emergency Contact

Name: _____

Relationship: _____

Phone # _____

Name: _____

Relationship: _____

Phone # _____

Name: _____

Relationship: _____

Phone # _____

Are you a Sports/ Fitness member? _____

Does your child have any allergies? If yes, explain.

Does your child have separation anxiety? (YES/NO)

Is there anything else that you would like to share about your child?

I (do/ do not) give permission for Beau Chêne Country Club Childcare to release a photograph of my child to:

_____ Beau Chêne Country Club Newsletter

_____ Beau Chêne Country Club Official Facebook page

_____ Beau Chêne Country Club Tennis & Fitness Official Facebook page

_____ Beau Chêne Country Club Website

I have read and understand the childcare policies and procedures attached.

Parent Signature: _____

Date: ____/____/____