



EMAIL: _____
DATE: _____

The Clubhouse

DATE _____
Private Pay ___ Agency ___

Member Application

office

PLEASE PRINT

NAME:		PHONE:
ADDRESS:		
CITY:	STATE:	ZIP CODE:
AGE:	SEX:	DATE OF BIRTH:
Diagnosis _____ MILD ___ MODERATE ___ SEVERE ___ PROFOUND ___		
Allergies/Medications _____		
MEDICATIONS TAKEN, WHEN and FOR WHAT: _____		
Seizures ___ YES ___ NO Need Assistance with: _____		
Preferred doctor: Name _____ Phone _____		
NAME OF SCHOOL:	CITY:	Grade:
SERVICES REQUESTED:		
_____ All-Day Program After-School Program ___ Spring/Winter Break ___ Summer Program		
PARENT/GUARDIAN NAME:		
ADDRESS:	CITY:	ZIP:
PHONE:		
NAME OF PERSONS TO CALL IN CASE YOU CANNOT BE REACHED IN AN EMERGENCY:		
Name _____ Relationship _____ Phone _____		
Name _____ Relationship _____ Phone _____		
Name _____ Relationship _____ Phone _____		



THE CLUBHOUSE for Special Needs, Inc.

NAME _____

AUTHORIZATION FOR MEDICAL TREATMENT

Name	DOB	Allergies/Special Conditions
_____	_____	_____
<p>I, being the parent or legal guardian of the above named student of The Clubhouse for Special Needs do hereby appoint the staff of The Clubhouse for Special Needs to act in my behalf in authorizing unexpected medical care and hospitalization for the above named student during the period of my absence.</p> <p>This document shall be presented to the physician or appropriate hospital representative at such time as unexpected medical or surgical care or hospitalization may be required.</p>		
<p>Parent/Guardian Signature</p> <p>HOSPITALIZATION COVERAGE FOR THE ABOVE NAMED INSURED STUDENT:</p>		
_____	_____	
INSURANCE COMPANY/ GOV'T PROGRAM	I.D. OR CONTRACT #	
_____	_____	
FAMILY PHYSICIAN	PHONE#	
_____	_____	
<p>This document must be notarized STATE OF TEXAS COUNTY OF _____</p> <p>SUBSCRIBED AND SWORN TO BEFORE ME, A NOTARY PUBLIC IN AND FOR TARRANT COUNTY, TEXAS, THIS THE _____ DAY OF _____ 20____.</p> <p>MY COMMISSION EXPIRES</p> <p>_____</p>		



THE CLUBHOUSE for Special Needs, Inc.

NAME _____

Notice of HIPAA Privacy

By signing below I acknowledge that _____'s records are protected, whether oral or written – according to HIPPA Privacy rules. All information is private and confidential and The Clubhouse for Special Needs, Inc. is obligated to safeguard all consumer related information according to the Health Insurance Portability and Accountability Act of 1996.

Signature _____ Date _____

Witness _____ Date _____

LIABILITY DISCLAIMER

I, _____, understand that staff is totally discouraged from providing any type of transportation agreement between parent/staff of any kind. The Clubhouse for Special Needs is NOT responsible or liable for any agreements between staff/child/parent, i.e. from picking up to bring to The Clubhouse or to take home.

Young Person's name _____

Parent/Guardian Signature _____ Date _____

Witness _____ Date _____



THE CLUBHOUSE FOR SPECIAL NEEDS

Parents / Guardians Orientation / Reminders

Mission Statement: to provide a safe and fun place for teens and young adults with intellectual / physical challenges – an opportunity for education, socialization and independence in a recreational atmosphere.

Below are a few items to review:

Medicine

- Because of liability issues, we DO NOT dispense any medications. If your young person needs medications during his/her stay here, you must come and dispense them.
- The young person is never to have medications on them or in their backpack.

Drop-off and pickup

- It is your responsibility to make drop-off and pickup arrangements of your young person. This is not our responsibility.
- If your young person is able to sign themselves in on the laptop then you do not need to come in HOWEVER, never leave them off without making sure they enter **BOTH** doors.
- Doors open at 7:30 am [not 7:29 am. Please be aware that staff may be here early to get ready for the day.
- Day ends at 6:30 pm and not 6:31 pm. If you are going to be later than 6:30 pm please have a plan B in place. Some of our staff are here for 11 hours and would like to go home. If you are able to pick up sooner, great!
- If you pickup your young person immediately at the time school bus drops off, BE SURE to sign them in on the laptop and immediately sign them out.

Personal Items

- Any items brought to The Clubhouse should have your young person's name on it. That includes clothing, video games, DVDs, VHSs, books, toys of any kind, etc.
- Provide a change of clothing in case of an accident.

Discipline

- Reminder: young people are not to display aggression to themselves, others or property.
- First offense [depending on severity] the young person is reminded that "we do not do that here." Second offense [depending on severity] the young person is sent to office and privileges taken away. Third offense [depending on severity] the young person is put on probations and subject to discharge from our program.

Tuition Payments

- Payments are due on the 1st of the month. However, if this is not possible for whatever reason, please let us know. The Clubhouse for Special Needs is NOT about money. We are here for you and your young person.

Our procedures are designed to keep your young person safe as well as for the safety of everyone else.