



KD's Klubhouse CDC
700 Southern Ave SE Washington, DC 20032
(202) 562-7000
New Enrollment
Summer Camp

Date: _____

Child's Name: _____

Date of Birth: _____ I am _____ years and _____ month

SSN: _____ Sex: _____ Home language: _____

I cannot eat or drink: _____

Other important information: _____

New enrollment: ____ yes ____ no

I am a transfer from: _____

Emergency contact person: _____

Emergency contact number: _____

Child Lives with: _____

Siblings: _____

Mother's Information

Name: _____
Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Name of Employer: _____

Address: _____

Work Phone: _____

Work Schedule: _____

Days: M T W Th F S Su

Father's Information

Name: _____
Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Name of Employer: _____

Address: _____

Work Phone: _____

Work Schedule: _____

Days: M T W Th F S Su

Other members in the household:

Name: _____

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Relationship: _____