



Child Enrollment Form

Start Date: _____

YOUR CHILD'S INFORMATION:

Last Name: _____ First: _____ Middle: _____ Nickname: _____

Nickname/ Preferred: _____ Birth Date: _____ Gender: Male Female

All of the following questions MUST be answered completely:

Mother or Guardian 1: _____ Father or Guardian 2: _____

Relation to Child: _____ Relation to Child: _____

Date of Birth: _____ Date of Birth: _____

Social Security Number: _____ Social Security Number: _____

Driver's License # & State: _____ Driver's License # & State: _____

E-Mail Address: _____ E-Mail Address: _____

Physical Address: _____ Physical Address: _____

City & Zip: _____ City & Zip: _____

Mailing Address: _____ Mailing Address: _____

City & Zip: _____ City & Zip: _____

Cell #: _____ Cell #: _____

Cell phone provider: _____ (for texts) Cell phone provider: _____

Home #: _____ Home #: _____

Place of Employment: _____ Place of Employment: _____

Work #: _____ Work #: _____

During work hours please call me on my: Work Cell During work hours please call me on my: Work Cell

Parent's relationship: Married/Together Divorced/Separated Single

Child living with: Both parents Mom Dad Guardian

Classroom/Program: Infants (Starfish) One's (Sea Lion's) Two's (Sea Turtles) Three's (Jellyfish)

Four-Five (Dolphins) Four-Six (Whales)

Child's Schedule: Hours and Days of Operation: Monday - Friday, 7:00 a.m. to 6:00 p.m.

Schedule: Mon-Fri 4 days 3 days 2 days 1 Day Drop-in ONLY
 Full Days ½ Days A.M. 7am-12:30pm ½ Days P.M. 12:30pm-6pm (1/2 days only for 2-6 year olds)

Hours each day: Monday Tuesday Wednesday Thursday Friday (Example: 7:30-5:30)

Drop off time: _____

Pick up time: _____

Below please list at least one other person who can assume responsibility for your child if Caughtlin Club Kidz cannot contact you for an emergency and whom has your authorization to pick up your child from Caughtlin Club Kidz when you are not available (I.D. required):

1. Last: _____ First: _____ Middle: _____ DOB: _____ Gender: Male Female
Home #: _____ Work #: _____ Cell #: _____ Relation to Child: _____

2. Last: _____ First: _____ Middle: _____ DOB: _____ Gender: Male Female
Home #: _____ Work #: _____ Cell #: _____ Relation to Child: _____

3. Last: _____ First: _____ Middle: _____ DOB: _____ Gender: Male Female
Home #: _____ Work #: _____ Cell #: _____ Relation to Child: _____

CHILD'S MEDICAL INFORMATION:

Does your child have ANY allergies? Yes _____ No _____ If yes, please list below.

Allergy:	Reaction:	Instructions for Staff:

Does your child take any routine medications? Yes _____ No _____ If yes, please list below.

Medication:	Dose:	Why?

Insurance: _____ Policy #: _____

Are there any reasons to restrict your child from activities? Yes _____ No _____ If yes, please explain:

Are there any past or current medical conditions we should be aware of? Yes _____ No _____ If yes, please explain: _____

I certify that _____ is physically sound and free from infection or disease that would pose a direct threat to the health and safety of others in this program.

I authorize and instruct Caughlin Club Kidz personnel to take my child to a licensed physician or to emergency medical services or to obtain emergency medical treatment for my son/daughter, _____ as is deemed necessary. I further authorize and instruct school officials to consent to any necessary x-ray examination, anesthetic, medical or surgical diagnosis or treatment and/or other hospital care.

If a physician or hospital services are needed, I request that the following be contacted, if at all possible:

Physician: _____ Phone #: _____

Hospital Preference: _____ St. Mary's _____ Renown Medical _____ Northern Nevada

_____ Print name of Parent /Guardian

_____ Parent/Guardian Signature

_____ Date

Caughlin Club Kidz and Caughlin Athletic Club has my permission to: (Please INITIAL each line)

- _____ To photograph my child on special occasions in the school setting. Photos will be posted in your child's Preschool classroom and also put in the children's portfolios.
- _____ To administer sun block to my child as needed. (Every parent is **REQUIRED** to buy one **SPRAY** can of Coppertone water **BABIES SPF 50** per season).
- _____ To administer prescribed medication as needed per my request and signature along with a doctor's note or prescription. (Make sure to fill out an authorization to apply form & have your doctor sign it also.)
- _____ To take walking field trips around Caughlin ranch area.
- _____ I understand that tuition is accrued on a weekly bases. I am responsible for tuition even if my child does not attend on their normal scheduled days due to illness, vacation, holidays, unexpected closures, etc. I will only receive a week's vacation credit after one full year of attendance and my account being in good standings. This request must be in writing 30 days prior to vacation.
- _____ I understand by filling this form out and signing below, I am responsible for all tuition and other fees accompanied by the use of the childcare facility (meal cards, late fees, drop-in fees, tuition, etc.). I understand by being the above child's Parent/Legal Guardian that also makes me responsible for all accrued costs.

GENERAL RELEASE OF LIABILITY:

By signing below, all of the above information is true to my knowledge and I will keep all of this information up to date with Caughlin Club Kidz. I, Mr./Mrs. _____, of _____

County, Nevada, the parent or guardian of _____, our minor child do hereby release for and behalf of ourselves and our minor child, Caughlin Club Management Partners, LLC DBA CAUGHLIN CLUB KIDZ and CAUGHLIN ATHLETIC CLUB, 4100 Caughlin Parkway, Reno , Nevada, all owners and employees of Caughlin Club Kidz or Caughlin Athletic Club for any and all damages and/or personal injury that may occur in and from any connection with such Caughlin Club Kidz/Caughlin Athletic Club sponsored activity. This is a full release of any and all claims given in consideration for Caughlin Club, owners and employees sponsoring the under signed have read this release, understand its terms and hereby execute it voluntarily and with full knowledge and understanding of its significance.

Print name of Parent /Guardian

Parent/Guardian Signature

Date

PERMISSION TO PHOTOGRAPH AND VIDEO (Social media)

I, _____ hereby authorize Caughlin Club Kidz and Caughlin Club Adventure Camp Program to photograph or video my child (ren) _____ in the school setting. Photos and videos may be posted at Caughlin Club Kidz, Jr. Camp & Adventure Summer Camp Programs, public Newsletters, Caughlin Club Kidz Facebook page and Website; wwwcaughlinkidz.com. It may also be used for any advertising purposes. Photos will not be sold or given to any private or public party. (Parents can request a copy at no charge.)

Print name of Parent /Guardian 1

Parent/Guardian 1 Signature

Date

FIELD TRIP PERMISSION

I, _____, give my permission to Caughlin Club Kidz to transport my child(ren) _____, to and from the facility Caughlin Club Kidz @ 4100 Caughlin Parkway, Reno, Nevada to the various field trip locations. I understand that details of each field trip will be announced for each individual field trip; day, time, items needed, etc.

Print name of Parent /Guardian

Parent/Guardian Signature

Date

POLICIES AND PROCEDURES

I, _____ have received a copy of the Parent Handbook (15 pages) with all of the Policies and Procedures in it. I fully understand it and agree to abide by all of the rules and regulations set forth in it.

Print name of Parent /Guardian

Parent/Guardian Signature

Date

Termination of CHILDCARE

If you are terminating your child’s enrollment from Caughlin Club Kidz you MUST give a FULL 30-day WRITTEN notice. If you do not give a written notice you will still be held responsible for paying 30-days after the last day of attendance, including any late fees.

Print name of Parent /Guardian

Parent/Guardian Signature

Date

**WAIVER AND RELEASE OF LIABILITY
AND HOLD HARMLESS AGREEMENT
FOR PRIVATE TRANSPORTATION OR SUPERVISION OF MINOR**

Description of Activity:

Transporting Child by automobile or Caregiving Activities by any CAUGHLIN CLUB MANAGEMENT PARTNERS, LLC DBA: CAUGHLIN KIDZ Employee outside of the scope of their employment with CAUGHLIN CLUB MANAGEMENT PARTNERS.

It is understood this Waiver and Release and Hold Harmless Agreement relates to a private arrangement between the Employee and Parent related to transportation and/or caretaking activities. CAUGHLIN CLUB MANAGEMENT PARTNERS, LLC DBA: CAUGHLIN KIDZ ("CAC") is NOT party to the any Outside Services as defined below and receives NO monetary benefit.

Please read this form carefully and be aware in signing this waiver for your minor child/ward to be transported by automobile or to receive caretaking services through any agreement between you any employee of CAC including any activities associated therewith, you will be waiving your rights to all claims for injuries you and/or your minor child/ward might sustain arising out of such arrangements or agreements and you will be required to indemnify, release, hold harmless and defend CAC for any claims arising out of such activities.

AGREEMENT:

In consideration of my minor child/ward being allowed to be transported by automobile, watched over, tutored, cared for etc. and all activities connected or associated therewith by a CAC Employee outside the scope of services where CAC is being directly compensated ("Outside Services"), as the Parent or legal guardian of a participant under 18 years of age, I recognize and acknowledge that there are certain risks of physical injury associated with these Outside Services and I agree to assume the full risk of injuries that may be sustained by any minor child/ward of mine, as a result of such Outside Services / arrangements and all activities connected or associated therewith.

I agree to waive and relinquish all claims on behalf of me and my minor child/ward that may arise against CAC or any CAC Employee as a result of any Outside Services.

I do hereby fully release and discharge CAC and its owners, officers, agents and employees from any and all claims from injuries, damage or loss which I, or any minor child/ward may have or which may occur to my minor child/ward on account of any Outside Services. I further agree to indemnify and hold harmless and defend CAUGHLIN CLUB MANAGEMENT PARTNERS, LLC DBA: CAUGHLIN KIDZ its officers, agents and employees from any and all claims sustained by me or my minor child/ward, and arising out of, connected with, or in any way associated with any Outside Services.

The invalidity or unenforceability of any of the provisions hereof shall not affect the validity or enforceability of the remainder of this Agreement.

I have read and fully understand the above Waiver and Release of all claims.

Name(s) of Minor/s

Printed Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian Date

Date

Parent Handbook Agreement

This parent handbook consists of 15 pages including this one. Please be sure to read and understand ALL of it. If you have questions, please feel free to contact the Director regarding any comments or concerns.

Child's Full Name: _____ **DOB:** _____

Initial ALL bellow:

_____ Caughlin Club Kidz hours of operation are from 7:00 a.m. to 6:00 p.m. A late pick-up fee of \$1 will be charged for every minute I am late picking up my child.

_____ We are closed the following Holidays: New Year's Day, Memorial Day, 4th of July, Labor Day, @4 p.m. the day before Thanksgivings day, Thanksgiving day and the day after, Christmas Day and the before or day after. These closures will be posted in advance.

_____ I understand that Caughlin Club Kidz is NOT a part of Caughlin Adventure Camp (School-age Program next door in the Caughlin Athletic Club). That program is not a licensed program and these programs are run separately with different Directors.

_____ I hereby agree to comply with the rules, policies and regulations of Caughlin Club Kidz regarding fees, schedules, attendance, health, clothing and other items specified in the Parent Handbook.

_____ I understand that if I am removing my child from attendance at Caughlin Club Kidz I MUST give a FULL 30-day WRITTEN notice. If I do not give a written notice, I will still be held responsible for paying for the 30-day notice after the last day of attendance and all late fee's.

_____ I understand that tuition is due by Monday morning unless other arrangements have been made. My credit card on file will be ran on Tuesday. If I do not have a card on file, I must pay on Friday before for the following week. If tuition has not been received on time, in advance, a \$25.00 late fee will be charged as of Tuesday morning.

_____ I understand that I am billed on a 52-week year and I am responsible for paying my child's tuition every week with no breaks. Only after ONE FULL YEAR, 52 weeks of attendance with no breaks in tuition and account in good financial status my family will receive a one-week vacation free of tuition payments. I MUST give at least a 30-day written notice of all vacations regardless of tuition fees and it MUST be approved by the Director prior to the vacation. The vacation MUST be taken in a one-week period (Monday through Friday). If your account has not been in good standings for a ONE-FULL year, your tuition will stay the same regardless of if my child attends or not.

_____ I have read the illness policy and understand that I am responsible for keeping my child at home if he/she is ill. I also understand that I need to pick-up my child or make arrangements for my child to be picked up as soon as possible (within an hour) if I am called and they are ill.

_____ I understand that if I have a change in phone number, address, schedule, credit card, etc. a "Student Enrollment Change Form" must be completed as soon as possible. If I am changing my schedule I have to give at least a two week notice to change the days or times my child is enrolled. Prior to filling this form out, I will make sure there is availability in the classroom.

_____ I have read and understand the Biting Policies and the Diaper changing and Potty Training Policies and I understand that we, as parents have to be involved with this process and will provide my child with what's needed daily to encourage my child's growth in this area of their development.

_____ I have read and understand the statement there will be NO refunds of ANY kind. NO EXCEPTIONS!!! By initialing each of the highlighted statements and signing below I was given a full Parent Handbook and have fully read and understand all the policies and procedures in the Parent Handbook for Caughlin Club Kidz and agree to abide by all that is stated above.

Parent Print Name

Parent or Legal Guardian Signature

Date



Parent Tuition Contract

This Tuition Contract is between _____ and Caughtlin Club Kidz, Inc. I choose the following program (initial one),

Description	Rates	Choose a plan:
Starfish		
0-12 months - 5 full days	\$240.00	
Sea Lion		
12-24 months - 2 full days	\$160.00	
12-24 months - 3 full days	\$185.00	
12-24 months - 4 full days	\$210.00	
12-24 months - 5 full days	\$235.00	
Sea Turtles		
24-36 months - 2 full days	\$152.00	
24-36 months - 3 full days	\$180.00	
24-36 months - 4 full days	\$195.00	
24-36 months - 5 full days	\$205.00	
Jelly Fish, Whales & Dolphins		
Preschool - 3 & up - 2 full days	\$125.00	
Preschool - 3 & up - 3 full days	\$150.00	
Preschool - 3 & up - 4 full days	\$180.00	
Preschool - 3 & up - 5 full days	\$195.00	
Jelly Fish, Whales & Dolphins (1/2 Days)		
Preschool - 3 & up - 2 half days	\$110.00	
Preschool - 3 & up - 3 half days	\$140.00	
Preschool - 3 & up - 4 half days	\$155.00	
Preschool - 3 & up - 5 half days	\$170.00	
Drop in		
Half Day 7:00 a.m. to 12:00	\$55.00	
Half Day 12:00 to 6:00 p.m.	\$55.00	
Full Day	\$95.00	

I am agreeing that my tuition for _____ is the above (agreed enrollment schedule) amount. I understand that the amount above is to be paid on a weekly base with no breaks in tuition payment. I understand that I must pay my weekly tuition is due weather my child attends or not (holidays, sick days, vacations, etc.). Tuition is due on Friday for the following week. I understand that I have to give a WRITEN FULL MONTH (30 day) NOTICE to withdrawal or terminate my child's childcare and tuition and that ONLY after being with Caughtlin Club Kidz for a FULL year with my account being in good standings am I given a week free of childcare tuition. By signing below, I understand this contract to the fullest.

Parent Print Name

Parent or Legal Guardian Signature

Date



Walking Field Trip Permission Slip

Today's Date: _____

Child's Name _____ Child's Birthdate: _____

I, _____ am giving Caughlin Club Kidz teachers permission to take my child, _____ on WALKING field trips to any of the following destinations:

- On the Caughlin Ranch Nature Trail (nature walks and picnics)
- To the Caughlin Athletic Gym (gymnasium)
- Back of Caughlin Athletic Club (on grass)
- Swimming in Caughlin Athletic Club Pool
- Yogurt Beach (On McCarron)

from our facility, Caughlin Club Kidz Learning Center at 4100 Caughlin Parkway Reno, Nevada 89434 and back on any given day.

Emergency Contact: _____ Phone #: _____

Print Parent #1 Name

Parent #1 Signature

Date

Print Parent #2 Name

Parent # 2 Signature

Date