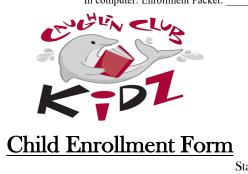
In computer: E	Enrollment Packet:	Schedule:	Billing:	Shot records:	



			Start	Date: _	
YOUR CHILD'S IN	FORMATION:				
Last Name:	First:		Middl	e:	Nickname:
Nickname/ Preferred:	Birth D	Oate:	Gender:	Male □	Female
	stions MUST be answered				
D /O 1: 1		D (0 1)	an 2:		
Relation to Child:		Relation to Ch			
Date of Birth:		Data of Birth			
Social Security Number:		Social Security	Number:		
Driver's License # & State	:	Driver's Licens	se # & State:		
			ss:		
City & Zip:		City & Zip:			
C'all #.		Cell #:			
Cell phone provider:			ovider:		
Home #:		II			
Place of Employment:		Place of Emplo	oyment:		
Work#:		Work #:			
During work hours please	call me on my: Work		ours please call r	ne on my	□ Work □ Cell
Parent's relationship:	Married/Together	Divorced/Separated	¬ Single	,	
Child living with:		Mom □ Dad □	□ Guar	dian	
☐ Four-Five (Dolph Child's Schedule: Hour Schedule: ☐ Mor	Infants (Starfish) One's nins) Four-Six (Whales) and Days of Operation: 1 days 4 days 3 days ays 1/2 Days A.M. 7 and One's	 Monday - Friday, 7:00	a.m. to 6:00 p.: □ 1 Day □	m.]Drop-in (ONLY
Hours each day: Drop off time: Pick up time:	Monday Tuesday	Wednesday	Thursday	Frida	y (Example: 7:30-5:30)
_	·	authorization to pick u		om Caug	
2. Last:	First:		_ DOB:		Gender: □ Male □ Female
Home #:	Work #:	Cell #:		Relati	on to Child:
3. Last:	First:	Middle:	_ DOB:		Gender: □ Male □ Female
Home #:	Work #:	Cell #:		Relati	on to Child:

CHILD'S MEDICAL INFORMATION:

Does your child have ANY aller	rgies? Yes No	If yes, please	list below.	
Allergy:	Reaction:	-	Instructions for	Staff:
Does your child take any routin	e medications? Yes	No If v	es, please list belov	W.
Medication:		<u> </u>	· •	
		_		
Insurance:		-	Policy #:	
Are there any reasons to restrict	your child from act	ivities? Yes N	No If yes, plea	ase explain:
Are there any past or current me	edical conditions we	should be aware o	of? Yes No	If yes, please explain:
I certify that	is physically soun	d and free from inf	fection or disease tl	hat would pose a direct threat to th
health and safety of others in thi				
I authorize and instruct Caughli				
I further outherize and instruct	medical treatment i	or my son/daughter	r,	as is deemed necessary tion, anesthetic, medical or surgica
diagnosis or treatment and/or of		fiscili to any necess	sary x-ray examina	ion, alestheuc, medical of stilgica
	arer rrosprau earer			
If a physician or hospital service				
Physician: St. Hospital Preference: St.			_ Phone #:	
Hospital Preference: St.	Mary's	_ Renown Medical		Northern Nevada
Print name of Parent /Guardian	Parent/Gu	ardian Signature		Date
Caughlin Club Kidz and Caughl	in Athletic Club has	my permission to:	: (Please INITIAL	each line)
To photograph my shil	d on special ecosio	ns in the school set	ting Photos will be	a posted in your shild's Presshool
classroom and also put			ung. Fnotos win be	e posted in your child's Preschool
•			is REQUIRED to	bring sunscreen for their child. (I
we do not have one we	•			
				ong with a doctor's note or
prescription. (Make sur				
To take walking field tri	ips around Caughlin	ranch area.		
				n even if my child does not attend
				sures, etc. I will only receive a
		attendance and my	account being in g	good standings. This request must
be in writing 30 days pr				
				uition and other fees accompanied
). I understand by being the above
child's Parent/Legal Gu		_		
lunch.	iiii Ciud K idz is a N	IUI FKEE IACHITY,	, and win not pack	my child nuts of any kind for
iuiicii.				

GENERAL RELEASE OF LIABILITY:

	ormation is true to my knowledge and I will ke	
County Nevada the parent or guard	ian of	our minor child do
hereby release for and behalf of ours CAUGHLIN CLUB KIDZ and CAI and employees of Caughlin Club Kid occur in and from any connection wi release of any and all claims given in	elves and our minor child, Caughlin Club Man UGHLIN ATHLETIC CLUB, 4100 Caughlin Iz or Caughlin Athletic Club for any and all dar th such Caughlin Club Kidz/Caughlin Athletic consideration for Caughlin Club, owners and e terms and hereby execute it voluntarily and wit	agement Partners, LLC DBA Parkway, Reno, Nevada, all owners nages and/or personal injury that may Club sponsored activity. This is a full mployees sponsoring the under signed
Print name of Parent /Guardian	Parent/Guardian Signature	Date
<u>PERMISSION</u>	N TO PHOTOGRAPH AND VIDE	CO (Social media)
to photograph or video my child (ren posted at Caughlin Club Kidz, Jr. Car Facebook page and Website; www.car	hereby authorize Caughlin Club Kidz and Ca hereby authorize Caughlin Club Kidz and Ca hereby authorize Caughlin Club Kidz and Ca in the sch mp & Adventure Summer Camp Programs, pu ughlinkidz.com. It may also be used for any adv party. (Parents can request a copy at no charge	nool setting. Photos and videos may be blic Newsletters, Caughlin Club Kidz vertising purposes. Photos will not be
Print name of Parent /Guardian 1	Parent/Guardian 1 Signature	Date
	FIELD TRIP PERMISSION , give my permission to Caughlin Club , to and from the facility Caughlin Club ons. I understand that details of each field trip c.	Kidz to transport my child(ren) Kidz @ 4100 Caughlin Parkway, Reno,
Print name of Parent /Guardian	Parent/Guardian Signature	Date
·	POLICIES AND PROCEDUR	<u>ES</u>
I,Procedures in it. I fully understand it	have received a copy of the Parent Handboo and agree to abide by all of the rules and regul	
Print name of Parent /Guardian	Parent/Guardian Signature	Date
Termination of CHILDCARE		
	ment from Caughlin Club Kidz you MUST give a F neld responsible for paying 30-days after the last day	2
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.

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

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

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 17 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 minute I am late picking up my child.	operation are from 7:00 a.m. to 6:00 p.m. A late pick-up fee of \$1 is charged for every
-	Holidays: New Year's Day, Memorial Day, 4th of July, Labor Day, @4 p.m. the day before and the day after, Christmas Day and the day before or day after. Closures are posted in
	Thub Kidz is NOT a part of Caughlin Adventure Camp (School-age Program in the Caughlin icensed program and these programs are run separately with different Directors.
	n the rules, policies and regulations of Caughlin Club Kidz regarding fees, schedules, items specified in the Parent Handbook.
	oving my child from attendance at Caughlin Club Kidz I MUST give a FULL 30-day written notice, I will be held responsible for paying for the 30-days after the last day of
will be ran on Tuesday. If I do not have	ne by Monday morning unless other arrangements have been made. My credit card on file e a card on file, I must pay on Friday before for the following week. If tuition has not been late fee will be charged as of Tuesday morning.
breaks. Only after ONE FULL YEAR family will receive a one-week vacation regardless of tuition fees and it MUST	on a 52-week year and I am responsible for paying my child's tuition every week with no , 52 weeks of attendance with no breaks in tuition and account in good financial status my free of tuition payments. I MUST give at least a 30-day written notice of all vacations be approved by the Director prior to the vacation. The vacation MUST be taken in a one If your account has not been in good standings for a ONE-FULL year, your tuition will attends or not.
I understand that my account wand in June a \$50 supply fee.	ill automatically be charged on my child's annual enrollment date a registration fee of \$100
	d understand that I am responsible for keeping my child at home if he/she is ill. I also child or make arrangements for my child to be picked up as soon as possible (within an
	ange in phone number, address, schedule, credit card, etc. a "Student Enrollment Change possible. If I change my child's schedule a two week written notice is required. Prior to here is availability in the classroom.
	e Biting, the Diapering, and Potty Training Policies and understand that we, as parents have ll provide my child with what's needed daily to encourage my child's growth in this area of
I have read and understand the	he statement there will be NO refunds of ANY kind. NO EXCEPTIONS!
•	tements and signing below I was given a full Parent Handbook and have fully read and ures 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
	N-5	



This Tuition Contract is between _____ and <u>Caughlin Club Kidz, Inc.</u> I choose the following program (initial one),

Description	Rates	Choose a Plan
Starfish	(Full time ONLY)	
0-12 months - 5 full days	\$250.00	
Sea Lion		
12-24 months - 2 full days	\$170.00	
12-24 months - 3 full days	\$195.00	
12-24 months - 4 full days	\$220.00	
12-24 months - 5 full days	\$245.00	
Sea Turtles		
24-36 months - 2 full days	\$160.00	
24-36 months - 3 full days	\$190.00	
24-36 months - 4 full days	\$205.00	
24-36 months - 5 full days	\$215.00	
Jelly Fish, Whales & Dolphins		
Preschool - 3 & up - 2 full days	\$130.00	
Preschool - 3 & up - 3 full days	\$160.00	
Preschool - 3 & up - 4 full days	\$190.00	
Preschool - 3 & up - 5 full days	\$205.00	
Jelly Fish, Whales & Dolphins (1/2 Days)		
Preschool - 3 & up - 2 half days	\$115.00	
Preschool - 3 & up - 3 half days	\$145.00	
Preschool - 3 & up - 4 half days	\$165.00	
Preschool - 3 & up - 5 half days	\$180.00	

ALL Drop-in rates (MUST be Pre-paid)

Current Client Drop-In Rate		Non-Client Drop-In Rate		
Half Day	1 to 4 Hours	\$45.00	Half Day	1 to 4 Hours \$65.00
Full Day	4 to 10 Hours	\$60.00	Full Day	4 to 10 Hours \$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, disasters, etc.). Tuition is due on Friday for the following week.

I also understand that I will automatically be charged an annual registration fee on our anniversary and a supply fee every June.

tuition and that ONLY after being with	` • /	vithdrawal or terminate my child's childcare and my account being in good standings am I given a fullest.
Parent Print Name	Parent or Legal Guardian Signature	Date



		Today's Date:	
Child's Name	Child's B	irthdate:	
child,	am givi on WALK Ranch Nature Trail (nature walks	ng Caughlin Club Kidz teachers permission to take n ING field trips to any of the following destinations: and picnics)	ny
• To the Caughlin A	Athletic Gym (gymnasium)		
Back of Caughlin	Athletic Club (on grass)		
Swimming in Cau	ghlin Athletic Club Pool		
Yogurt Beach (Or	n McCarron)		
from our facility, Caughlin on any given day.	n Club Kidz Learning Center at 41	100 Caughlin Parkway Reno, Nevada 89434 and back	k
Emergency Contact:	Phone	e # :	
Print Parent #1 Name	Parent #1 Signature	Date	
Print Parent #2 Name	Parent # 2 Signature		



WAIVER AND RELEASE OF LIABILITY AGREEMENT FOR PRESCHOOL, CAMPS

AND OTHER PROGRAMS FOR MINORS

Caughlin Club Management Partners, dba Caughlin Club Kidz is re-opening the preschool as an essential business in Nevada and is implementing additional procedures in an attempt to minimize the possibility of the transmission and spread of COVID-19. Even with enhanced procedures as recommended by various knowledgeable sources, there can be no assurance that the virus will not impact our facility, its children and their families. It is a known fact that certain infected people may be asymptomatic, and the virus is highly transmissible and even with extra precautions, it is not possible to provide 100% assurance the virus will not impact facility or your child.

READ CAREFULLY BEFORE SIGNING YOU ARE GIVING UP LEGAL RIGHTS

In consideration for and as an express condition for my child being granted permission to participate in Caughlin Preschool care, Adventure Camp camps, programs and field trips or to enter any premises in connection with programs offered by Caughlin Club Kidz and Caughlin Adventure Camp and all affiliated entities, and as a condition to participation in any related activities whether or not such activities are at or around the facility (collectively, "activities"), the undersigned enters into this agreement with Caughlin Club Management Partners, LLC, a Nevada limited liability company, doing business as "Caughlin Athletic Club, Caughlin Club Kidz and Caughlin Adventure Camp, (collectively "Caughlin Club") and agrees to the following:

CONSENT TO ASSUME RISKS, AWARENESS OF INHERENT RISKS, AND EXPRESS ASSUMPTION

OF RISK: I understand that anyone participating in any classroom or activity, whether at the Caughlin Club facilities, on a field trip or traveling to and from a field trip can potentially encounter and contract COVID-19, including from individuals carrying the virus or from airborne particles or particles on surfaces. I understand that the illness can be quite severe and can result in injuries of all kinds, including death, or serious disability. I understand these risks and dangers that are inherent in these activities, I consent to them, and **I agree to assume ALL of them**, on behalf of myself and/or my child(ren) whether listed on this agreement or not. I agree that I

and/or my child(ren) am voluntarily participating in the activities offered by Caughlin Club including, but not limited to, the use of the equipment, facilities and the premises.

WAIVER AND RELEASE OF LIABILITY: As lawful consideration for being allowed to engage in any of the aforementioned activities, now and in the future, I, on behalf of myself and my spouse, parents, heirs, representatives, assigns, minor child/children or legal wards, agree to each of the following:

- (a) I agree to assume full responsibility for any expenses, damages or losses of any kind that I or my child(ren) may sustain from contracting COVID-19;
- (b) I agree that Caughlin Club and its respective owners, directors, camp counselors, managers, employees, agents, heirs, family members, assigns, representatives, affiliated persons, volunteers, sponsors, groups and others acting on their behalf (hereafter referred to collectively as the "Releasees") shall not be liable for any losses, injuries, or damages that I (which includes the signer and signer's minor child/children or legal wards) may sustain as a result the potential exposure to COVID-19 while engaging in any of the activities; and
- (c) I fully and forever release, waive, and discharge all claims, demands, damages, legal actions, causes of action, or rights of action (present or future) of any kind against the Releasees whether the claims are known, unknown, anticipated or unanticipated, and whether caused by the Releasees' ordinary negligence, any act or omission on the part of any Releasees, or other cause arising out of me or my child(ren)'s use of the preschool or engaging in the activities at the Releasees' facility (or elsewhere with regard to field trips) at any time (hereinafter the "claims"). This Waiver and Release of Liability includes claims pertaining to without limitation, any activities, instruction or supervision by Releasees resulting in potential contact with COVID-19 or other illnesses. This Release of Liability also expressly includes a release for any and all claims arising out of or under Nevada Law related to losses sustained from exposure to COVID-19. The term "damages," as used in this document, means, for example, medical expenses, any and all claims or losses because of bodily injuries, mental/emotional injuries, or death. This document is intended to apply and be binding regardless of whether I or my child(ren) am/are participating in these activities, or are near enough to be in any way effected by them.

CONSENT TO ARBITRATION: If there are any disputes regarding or arising under this agreement, I, on behalf of myself and/or my child, hereby waive any right that I and/or my child may have to a trial and agree that such dispute shall be brought within one year of the date of this agreement and will be determined by binding arbitration before one arbitrator to be administered by JAMS pursuant to its Comprehensive Arbitration Rules and Procedures and pursuant to Nevada law. I further agree that the arbitration will take place solely in Washoe County in the state of Nevada and that the substantive law of Nevada shall apply.

INDEMNITY AGREEMENT. To the fullest extent permitted by law, I also agree to indemnify and hold harmless Releasees against and fully reimburse them for any and all claims, demands, actions, liabilities, losses, or suits that are brought against the Releasees related to COVID-19 which are in any way connected with participation in any of the aforementioned activities at any time, including claims that allege intentional or negligent acts or omissions of the Releasees. This indemnification shall also include reimbursement of reasonable attorney fees incurred by the Releasees or by others on their behalf. This Indemnity Agreement is made in accordance with Nevada law.

I agree that Nevada law applies to this document, and I agree that this document shall be enforced to the greatest extent permitted by law. If any clause conflicts with applicable law, only that clause will be null and void, but the remainder shall stay in full force and effect. This document can only be modified in writing and signed by me and Caughlin Club. I agree to pay any attorney fees and costs the Releasees may incur to enforce this Agreement as it relates to me or my child(ren), and I agree to indemnify and hold harmless the Releasees for such fees and costs.

ALSO, I HEREBY REPRESENT:

- I AM AT OR OVER 18 YEARS OF AGE;
- I AM OF SOUND MIND AND AM NOT SUFFERING FROM SHOCK OR UNDER THE INFLUENCE OF ALCOHOL, DRUGS, OR INTOXICANTS THAT AFFECT MY ABILITY TO READ AND UNDERSTAND THIS DOCUMENT;
- I HAVE READ THIS ENTIRE DOCUMENT (ALL THREE PAGES), AND I FULLY UNDERSTAND IT;
- I HAVE BEEN GIVEN AN OPPORTUNITY TO DISCUSS THIS DOCUMENT AND ITS CONTENTS WITH MY LEGAL COUNSEL BEFORE SIGNING;
- I INTEND FOR THIS DOCUMENT TO BE VALID AND BINDING TODAY AND AT ALL TIMES IN THE FUTURE;
- BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT IF ANYONE BECOMES ILL BY MY PARTICIPATION AND/OR THAT OF MY MINOR CHILD/CHILDREN IN ANY OF THE ACTIVITIES, I MAY BE FOUND BY A COURT OF LAW TO HAVE WAIVED MY RIGHT TO BRING A LAWSUIT AGAINST ANY OR ALL OF THE RELEASED PARTIES; AND
- ALL OF THE INFORMATION THAT I HAVE PROVIDED IS TRUE AND ACCURATE.

MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN OF MINOR PARTICIPANT.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS CONSENT TO ASSUME RISKS, AWARENESS OF INHERENT RISKS, AND EXPRESS ASSUMPTION OF RISK WAIVER AND RELEASE OF LIABILITY, CONSENT TO ARBITRATION AND INDEMNITY AGREEMENT, AND FULLY UNDERSTAND THAT IT IS A RELEASE OF ALL LIABILITY AND A WAIVER OF ANY RIGHT THAT I MAY HAVE ON BEHALF OF MYSELF AND OR MY CHILD(REN) TO BRING ALLEGATION OR ASSERT A CLAIM FOR INJURY OR LOSS OF ANY KIND RELATED TO COVID-19 AGAINST CAUGHLIN CLUB. SHOULD ANY CLAIM BE MADE, I UNDERSTAND AND AGREE THAT WILL BE RESPONSIBLE FOR ALL ATTORNEYS FEES AND DEFENSE COSTS INCURRED BY THE RELEASEES IN CONNECTION WITH OF IN THE DEFENSE OF THAT CLAIM.

Child's Name:		Child's DOB:	
Child's Name:		Child's D.O.B:	
Parent Signature	Parent Printed Name	 Date	
Parent Signature	Parent Printed Name		