



## Child Enrollment Form

Expected due date: \_\_\_\_\_ Start Date: \_\_\_\_\_

### YOUR CHILD'S INFORMATION:

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Nickname: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: ☐ Male ☐ Female

### **All of the following questions MUST be answered completely:**

Parent/Guardian 1: _____	Parent/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: <input type="checkbox"/> Work <input type="checkbox"/> Cell	
Parent's relationship: <input type="checkbox"/> Married/Together <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Single	
Child living with: <input type="checkbox"/> Both parents <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Guardian	
Classroom/Program: <input type="checkbox"/> Infants (Starfish) <input type="checkbox"/> 10-20 months (Sea Lion's) <input type="checkbox"/> 20-30 months (Jellyfish) <input type="checkbox"/> 30-40 months (Sea Turtles)	
<input type="checkbox"/> 3.5-4.5 years (Dolphins) <input type="checkbox"/> Four to 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

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 Caughlin Club Kidz cannot contact you for an emergency and whom has your authorization to pick up your child from Caughlin Club Kidz when you are not available (I.D. required):

1. Last : _____	First: _____	DOB: _____	Relationship: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address: _____			Phone number: _____	
2. Last : _____	First: _____	DOB: _____	Relationship: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address: _____			Phone number: _____	
3. Last : _____	First: _____	DOB: _____	Relationship: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address: _____			Phone number: _____	
4. Last : _____	First: _____	DOB: _____	Relationship: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address: _____			Phone number: _____	

**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 has my permission to: (Please INITIAL each line)**

- \_\_\_\_\_ 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.
- \_\_\_\_\_ administer sun block to my child as needed. (Every parent is **REQUIRED** to bring sunscreen for their child. (If we do not have one we will apply Neutrogena Kids sunscreen).
- \_\_\_\_\_ 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 administer medication form at front desk.)
- \_\_\_\_\_ I understand that Caughlin Club Kidz is a NUT FREE facility, and will not pack my child nuts of any kind for lunch.
- \_\_\_\_\_ I understand that I have the right to request and review any complaints the facility has received within the last 12 months of my child's enrollment (NRS.178).

By signing below I acknowledge that all of the above information is true to the best of my ability, and I will keep all of this information up to date with Caughlin Club Kidz. If information changes I must ask for a change of information form.

\_\_\_\_\_  
Parent/Guardian Signature\_\_\_\_\_  
Date

## **GENERAL RELEASE OF LIABILITY:**

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.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## **RELEASE OF INFORMATION**

I understand that the time my child, \_\_\_\_\_ is at Caughlin Club Kidz, that the director or teachers may be asked for information regarding my child. I acknowledge that this information will be shared with official persons only, who identify themselves, such as DCFS (social services), schools, health care personnel, or other governmental officials. I realize that Child Care Licensing has access to my child's record as the licensing agent of the facility.

\_\_\_\_\_  
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; [www.caughlinkidz.com](http://www.caughlinkidz.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.)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## **TRANSPORTATION PERMISSION**

I, \_\_\_\_\_, give my permission to Caughlin Club Kidz to transport my child(ren) \_\_\_\_\_, to and from the facility Caughlin Club Kidz @ 4102 Caughlin Parkway, Reno, Nevada to emergency locations. In the event of an emergency we will use Procure app to communicate our location.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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

**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 14 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 below:**

\_\_\_\_\_ Caughlin Club Kidz hours of operation are from 7:00 a.m. to 6:00 p.m. A late pick-up fee of \$1 is 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, Thanksgiving and the day after, Christmas Day and the day before or day after. Closures are posted in advance.

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

\_\_\_\_\_ 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 be held responsible for paying for the 30-days after the last day of attendance and all late fees.

\_\_\_\_\_ I understand that tuition is due through Tuition Express. It is REQUIRED to have a form of payment on file for billing (Tuition Express Form). If tuition has not been received on time, a \$25.00 late fee will be charged as of Tuesday morning. A decline fee of \$25.00 will be added for any payments that are declined.

\_\_\_\_\_ 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 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).

\_\_\_\_\_ I understand that my account will automatically be charged on my child's annual enrollment date a registration fee of \$100 and in June a \$50 supply fee.

\_\_\_\_\_ 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 change my child's schedule a 30-day written notice is required. Prior to filling this form out, I will make sure there is availability in the classroom.

\_\_\_\_\_ I have read and understand the Biting, the Diapering, and Potty Training Policies and 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 statements and signing below I was given a full 14 page Parent Handbook and I fully read and understand all the policies and procedures in the Parent Handbook for Caughlin Club Kidz regarding fees, schedules, attendance, health, clothing and other items specified and agree to abide by all that is stated above and within the handbook.

\_\_\_\_\_  
Parent Print Name

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date



## **Parent Tuition Contract**

This Tuition Contract is between \_\_\_\_\_ and **Caughlin Club Kidz, Inc.** I choose the following program (initial one),

Description	Rates	Choose Plan
<b>Starfish</b>	<b>(Full time ONLY)</b>	
0-12 months - 5 full days	\$340.00	
<b>Sea Lion</b>		
12-20 months - 2 full days	\$230.00	
12-20 months - 3 full days	\$260.00	
12-20 months - 4 full days	\$290.00	
12-20 months - 5 full days	\$315.00	
<b>Jelly Fish</b>		
20-30 months - 2 full days	\$225.00	
20-30 months - 3 full days	\$255.00	
20-30 months - 4 full days	\$275.00	
20-30 months - 5 full days	\$300.00	
<b>Sea Turtles</b>		
30-40 months - 2 full days	\$210.00	
30-40 months - 3 full days	\$240.00	
30-40 months - 4 full days	\$260.00	
30-40 months - 5 full days	\$280.00	
<b>Whales &amp; Dolphins</b>		
Preschool - 3 & up - 2 full days	\$180.00	
Preschool - 3 & up - 3 full days	\$210.00	
Preschool - 3 & up - 4 full days	\$250.00	
Preschool - 3 & up - 5 full days	\$270.00	

I am agreeing that my tuition for \_\_\_\_\_ is the above (agreed enrollment schedule) amount. I understand that the amount above is to be paid weekly with no breaks in tuition payment. I understand that I must pay my weekly tuition due whether 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 (\$100.00) on our anniversary and a supply fee (\$50.00) every June.

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 (late fees, drop-in fees, tuition, annual registration, supply fee etc.).

I understand that I have to give a WRITEN FULL MONTH (30 day) NOTICE to withdrawal or terminate my child's care and tuition and that ONLY after being with Caughlin 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

from our facility, Caughlin Club Kidz Learning Center at 4102 Caughlin Parkway Reno, Nevada 89519 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



**\*\*THIS IS REQUIRED OF ALL CLIENTS**

Child's Name:

# Automated Payment Processing



Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) CAUGHLIN CLUB KIDZ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

### CREDIT CARD FEES

Visa & Discover 3.5%  
American Express & Mastercard 4%

#### COMPLETE ONE SECTION ONLY

##### SECTION A (Credit Card)

Credit ☐ Debit ☐

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
Cardholder Signature	Date	CCV	

##### SECTION B (Bank Account)

Your Name	Phone #			
Address	City	State	Zip	
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	

Authorized Signature	Date
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#### FOR OFFICIAL USE ONLY

Date Received
Employee Signature

0001  
DATE  
PAY TO THE ORDER OF ATTACH VOIDED CHECK HERE \$  
DEPOSIT SLIPS NOT ACCEPTED  
Savings Bank  
Any Street, Anytown  
Tel: (001) 555-5555  
123456789 000123456789 0001

ROUTING NUMBER	ACCOUNT NUMBER	CHECK NUMBER
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