



Login: _____
Password: _____
(4 numbers each)

Child Enrollment Form

Start Date: _____

YOUR CHILD'S INFORMATION:

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

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

Mother or Guardian 1: _____	Father or Guardian 2: _____
Relation to Child: _____	Relation to Child: _____
Date of Birth: _____	Date of Birth: _____
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 #: _____
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-Six (Whales)
 Before & After Program Jr. Summer Camp Adventure Summer Camp
School: Caughlin Roy Gome Jessie Beck

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

Schedule: Mon-Fri 3 days 2 days Drop-in ONLY Other: _____
 Full Days ½ Days A.M. 7am-12:30pm ½ Days P.M. 12:30pm-6pm

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: _____ Middle: _____ DOB: _____ Gender: Male Female
I.D. #: _____ Email: _____ Relation to Child: _____
Home #: _____ Work #: _____ Cell #: _____

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

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 reason's 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 and videos will be posted at the Preschool classroom.

_____ To administer sun block to my child as needed. (Sun block is to be provided by PARENT.)

_____ 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 transport my child _____ to/from Caughlin Club Kidz and various locations (to/from school or field trips). Details of fieldtrips will be given prior to any driving fieldtrips.

_____ To take walking field trips.

_____ I understand by filling this form out and signing below, I, _____ and _____ are responsible for all tuition and other fees accompanied by the use of the childcare facility (meal cards, late fees, drop-in fees, 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 1 Parent/Guardian 1 Signature Date

Print name of Parent /Guardian 2 Parent/Guardian 2 Signature Date

PERMISSION TO PHOTOGRAPH AND VIDEO

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 Cauglin 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 Jr & Adventure Club 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 (14 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 1 Parent/Guardian 1 Signature Date

Print name of Parent /Guardian 2 Parent/Guardian 2 Signature Date

You're welcome to write any question you might have for the Director or Teachers below:



**Authorization for Application of Diaper Cream/Sunscreen/Lotion/Lip Balm
SEPARATE AUTHORIZATION FORMS MUST BE FILLED OUT FOR EACH CHILD**

1. Products will be provided in its original container.
2. A staff person will apply product only if written authorization is provided. Instructions on the product label will be followed.
3. Product will be clearly labeled with the child's first and last name. Products will be applied only to the child whose name appears on the container.

Child's Name: _____

Sunscreen: _____	Diaper Cream: _____
Dates to be applied: _____	Dates to be applied: _____
Times to be applied: <u>30 mins prior to outside</u>	Times to be applied: _____

Lotion: _____	Lip Balm: _____
Dates to be applied: _____	Dates to be applied: _____
Times to be applied: _____	Times to be applied: _____

Parent/ Guardian Signature: _____ Date: _____
Parent/ Guardian Signature: _____ Six Month Review _____

Comments: _____

Doctors Name: _____ Address: _____
Phone Number: _____

Doctors Signature _____ Date _____