

# Child Enrollment Agreement

Enrollment Date: _____	Initial Start Date: _____
Child's First Name: _____ Last Name: _____ Date of Birth: _____	
Child Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other Siblings enrolled in the Boys and Girls Club: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Names: _____	
Child Ethnicity: African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/>	
Does the child have any allergies? Yes <input type="checkbox"/> No <input type="checkbox"/> Explain: _____	
Child's Address: _____	
Parent/Guardian Name: _____ Relationship: _____	
Email Address: _____ Phone: _____ Type: Cell ____ Home ____	
Home Address: _____	
Employer: _____ Work Phone #: _____	
Parent/Guardian Name: _____ Relationship: _____	
Home Address: _____ Phone: _____ Type: Cell ____ Home ____	
Email Address: _____ Employer: _____ Work Phone #: _____	
<b>Please list additional persons, emergency contacts, and authorized pick-up contacts below.</b>	

Name:	Address:	Home/Cell/Work Phone:	Relationship:	Lives with child

**Early Learning Centers 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 classroom and also put in the children's portfolios.

\_\_\_\_ 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.)

\_\_\_\_ I understand that tuition is accrued on a weekly basis. 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 as long as my account is in good standings. This request must be in two weeks 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 (late fees, tuition, etc.). I understand by being the above child's Parent/Legal Guardian that also makes me responsible for all accrued costs.

Household Income

\$5,000 & below  \$5,001-\$10,000  \$10,001-\$15,000  \$15,001-\$20,000  \$20,001-\$25,000  \$25,001-\$30,000   
\$30,001-\$35,000  \$35,001-\$40,000  \$40,001-\$45,000  \$45,001-\$50,000  \$50,001-\$55,000  \$55,001-\$60,000   
\$60,001-\$65,000  \$65,001-\$70,000  \$70,001-\$75,000  \$75,001-\$80,000  \$80,001-\$85,000  \$85,001-\$90,000+   
Head of Household Gender: Male  Female  Number of People in household: \_\_\_\_\_ Single Parent: Yes  No   
Anyone in household current military: Yes  No  Branch: \_\_\_\_\_ Live on Military Base: Yes  No   
Anyone in household 65yrs.: Yes  No  Anyone in household handicap: Yes  No  Number in house 18& under \_\_\_\_\_

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## Permission to Release Information

I understand that the time my child, \_\_\_\_\_ (Child's name) is in the facility, that the director may be asked for information regarding my child.

I hereby give permission to release information to official persons only, who identify themselves, such as schools, health care personnel, welfare, or other governmental officials.

I do not give permission to release information about my child as set forth in the aforementioned statement. I understand that Child Care Licensing has access to my child's record as the licensing agent and may view the record upon Child Care Licensing facility inspection.

X

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

X

\_\_\_\_\_  
Date

**Release, Indemnification Of all Claims, and Covenant Not to Sue**

## Early Learning Centers

I recognize there is an element of risk in anything out of the home setting, including the Boys & Girls Clubs. My child may be exposed to physical hazards, emotional demands, communicable diseases, weather conditions, and/or other unanticipated events. I understand that my child is not in a day care center and that he/she has the option to leave from and return to the club the as he/she wishes in accordance with the club's open-door policy. I authorize my child to participate in all the programs and activities of the Boys & Girls Clubs. Furthermore, my child has my permission to participate in any and all field trips away from the club. On behalf of my child, I assume all risk of my child's participation in these programs and activities. I hereby release and agree to hold harmless the Boys & Girls Clubs of Elko, its employees, agents, officers, board of directors, and all volunteers from any and all liability, loss or damage actions, claims and demands which I now have, or which may hereafter arise from my child's participation in the routine activities of the Boys & Girls Clubs. This release is intended to be binding upon my heirs, executors, and/or personal representatives.

I hereby certify that my child is in normal health and, to my knowledge, is capable of participating safely in any and all the programs of the Boys & Girls Clubs of Elko. Should any injury occur during the participation of said programs and activities, I authorize the Boys & Girls Clubs of Elko to arrange for or provide emergency medical treatment and to arrange or provide transportation to the nearest qualified medical facility. I understand that the Boys & Girls Clubs of Elko does not carry medical insurance for members.

I authorize the Boys & Girls Clubs of Elko to use photos, videotape footage, and/or sound recordings of my child for the purpose of, but not limited to, television, newspapers, billboards, bus covers, public development videos, printed materials, and/or news coverage. Moreover, I hereby waive claim to any rights, residuals, or fees in connection with the use of said photos, videotape footage, and/or sound recordings.

I authorize the Boys & Girls Clubs of Elko to collect and share information via online or written surveys, questionnaires, interviews, and focus groups from the minor child listed on this application. Any and all information received will be kept strictly confidential. Data gathered through these means will be summarized in the aggregate and will exclude all references to any individual responses. The aggregated results of these analyses may be shared with Club Staff, Boys & Girls Clubs of America, funders, and other community stakeholders to evidence program effectiveness and/or Club impact on our members. I understand that the Boys & Girls Clubs of Elko may share information about the minor child listed on the application with Boys & Girls Clubs of America for research purposes and/or to evaluate program effectiveness. Information disclosed on this application, information provided by the school district and other information collected including data from surveys or questionnaires.

### **Inflatable Release, Indemnification Of all Claims, and Covenant Not to Sue**

**NOTICE: THIS IS A LEGALLY BINDING AGREEMENT.** By signing this agreement, you give up your right to bring a court action to recover compensation or obtain any other remedy for any injury to yourself or your property or for your death however caused arising out of your use of the Inflatable Ride, now or any time in the future.

I HEREBY ACKNOWLEDGE AND AGREE that the use of the Inflatable and other equipment (hereinafter referred to as the Inflatable) has inherent risks. I have full knowledge of the nature and extent of all the risks associated with the use of the Inflatable, including but not limited to: All manner of injury resulting in jumping and moving around in the Inflatable structure, such as, but not limited to, sprains, strains, tears or other injuries while jumping up and down, falling, whether due to slipping, tripping, bouncing or any other cause, onto the inflatable or the floor or into the netting, or any surrounding wall or other structure; Net abrasion, entanglement and other injuries resulting from activities on or near the Inflatable that lead to contact with the net; Injuries resulting from the participation of other individuals, from actions such as, but not limited to their jumping, falling, throwing and colliding with another participant; Cuts and abrasions resulting from skin contact with the Inflatable floor or walls; Failure of the blower, damage to, or any other part of the Inflatable structure. I further acknowledge that the above list is not inclusive of all possible risks associated with use of Inflatable and the above list in no way limits the extent or reach of this release and covenant not to sue.

I accept full responsibility for my own and my minor child's safety and the safety of other Participants while playing on the Inflatable. I agree to abide by, and to help enforce, the following safety policies: No unsupervised use of the Inflatable is permitted. Only two participants will be allowed on the inflatable at a time. All participants should stretch and loosen up before participation. No eating or chewing of gum, candy or any other items is allowed in the Inflatable. No one is allowed to sit on the edges of the Inflatable while it is in use. All participants must stay in the middle of the inflatable and limit the height of their jumps to remain centered. Participants may not hang on or use as leverage any of the bars, walls, nets, or any other part of the structure. No stunts (flips, somersaults, etc.) are allowed. Violation of any rules or failure to listen to a Boys & Girls Clubs of Elko staff member will result in removal and a possible ban from future participation. The Boys & Girls Clubs of Elko reserves the right to withdraw the privileges of any individual permanently or for a specified period of time for breach of contract in following the Inflatable Safety Policies, or for any conduct that is viewed as unsafe or inappropriate. In consideration of the use of the Inflatable, I acknowledge that I have read and agree to abide by the Inflatable Safety Policies.

In consideration of my use of the Inflatable, I, or on behalf of my minor child, agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE The Boys & Girls Clubs of Elko, its officers, agents, and employees from any cause of action, claim, or demand of any nature whatsoever, including but not limited to, a claim of NEGLIGENCE, which I, my heirs, representatives, executors, administrators and assigns may now have, or have in the future against The Boys & Girls Clubs of Elko, on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to my use or my minor child's use of the inflatable whether that use is supervised or unsupervised, however the injury or damage is caused, including, but not limited to the NEGLIGENCE of The Boys & Girls Clubs of Elko, its officers, agents, and employees.

In consideration of my use or my minor child's use of the Inflatable, I, the undersigned user, agree to INDEMNIFY AND HOLD HARMLESS The Boys & Girls Clubs of Elko, its officers, agents, and employees from any and all causes of action, claims, demands, losses, or costs of any nature whatever arising out of or in any way related to my use or my minor child's use of the Inflatable. I hereby certify that I have full knowledge of the nature and extent of the risks inherent in the use of the Inflatable and that I am voluntarily assuming the risks to myself or minor child. I understand that I will be solely responsible for any loss or damage, including death, I or my minor child sustain while using the Inflatable and that by this agreement hold harmless The Boys & Girls Clubs of Elko, of any and all liability for such loss, damage, or death. I further certify that I or my minor child' is in good health and that there are no known physical limitations which would preclude me or my minor child's safe use of the Inflatable. I am of lawful age (18 years or older) and otherwise legally competent to sign this agreement. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after have carefully read it, of my own free will.

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Parent/Guardian Name (print)

Parent Birth Date

Signature

Date

# NRS.178

Parent/Guardian Notification of NRS.178 Child Care Facility required to maintain certain information; reporting of information to parents and guardians; notice of right to information:

I, \_\_\_\_\_, (Parent/Guardian) am aware that I have the right to request and review any complaints the facility has received within the last 12 months of my child's(ren's) enrollment.

X

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

X

\_\_\_\_\_  
Date

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## Transportation Form/ Field Trip Permit

I understand my child may take part in field trips and educational excursions, either by bus, or on foot. I further understand that a responsible adult will always chaperon my child away from the facility.

Should any accident occur while my child is away from the facility on the aforementioned trip, I shall not hold the child's caretaker, members of the facility and its employees, nor any participating adult liable.

I do not wish my child to take part in the aforementioned field trips or educational excursions.

X

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

X

\_\_\_\_\_  
Date

# Consent for Medical Treatment

Parent/Guardian agrees the provider may consult with the child's nurse or attending physician in regard to child's health as needed. If we should have questions regarding the health of the enrolling child, we may contact one, or more, of the following sources for information.

Hospital or Local Health Entity and phone number:

\_\_\_\_\_

\_\_\_\_\_

Dr. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

In an emergency, I, \_\_\_\_\_, (Parent/Guardian), give my authorization to, \_\_\_\_\_, (Provider's name) and any local physician, dentist or hospital to provide medical care and/or transport my child at my expense.

Medical Plan: Policy Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Does your child require additional medical accommodations? Explain: \_\_\_\_\_

Are the problems serious enough to restrict your child's activities? Explain: \_\_\_\_\_

Describe, if any, special care required: \_\_\_\_\_

Does your child have frequent colds? Yes  No

List any allergies staff should be aware of: \_\_\_\_\_

Is your child currently taking prescribed medication? Yes  No

Name of the medication?

\_\_\_\_\_

If yes, for what reason?

\_\_\_\_\_

X

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

X

\_\_\_\_\_  
Date



# Health Statement

**\*\*Physical Exam for Physician/ Authorized Provider to complete:**

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Hearing: \_\_\_\_\_

Vision: \_\_\_\_\_

Normal= N    Concern= C

Head: \_\_\_\_\_ Abdomen: \_\_\_\_\_ Eyes: \_\_\_\_\_ Ears: \_\_\_\_\_ Bowel: \_\_\_\_\_ Bladder: \_\_\_\_\_

Oral/Dental: \_\_\_\_\_ Skin: \_\_\_\_\_ Back/Spine: \_\_\_\_\_ Cardiac: \_\_\_\_\_ Respiratory: \_\_\_\_\_

Psycho/Social: \_\_\_\_\_

Any additional concerns not listed above? If yes, please explain:

\_\_\_\_\_

Any immunizations given? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list: \_\_\_\_\_

Any health, growth, or developmental concerns/limitations that staff should be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Any activity/participation restrictions Early Learning Centers staff should be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Any medications/procedures required during care at the Early Learning Centers? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

This child has been examined and is released to attend Early Learning Centers Child Care.                      Yes \_\_\_\_\_

This child has been examined and IS NOT released to attend Early Learning Centers Child Care.                      No \_\_\_\_\_

Signature of (physician, P.A or R.N.) \_\_\_\_\_ Date: \_\_\_\_\_





Enrollment Checklist

(This checklist is to help you have all required documents signed prior to your child(ren)'s first day of care)

- Enrollment Form
- Consent for Medical Treatment
- Permission to Release Information
- Transportation Form/Field Trip Permit
- Form NRS. 178
- Health Statement- filled out by child's physician (Due within 30 days of enrollment)
- Updated Immunization Record- Unless exempt due to religious belief or medical condition
- Family handbook acknowledgment