



Caughlin Club Kidz Enrollment Form

Name of Child _____ Member No. _____

Date of Birth _____ Boy Girl

Address _____
Street #
City State Zip

Mother or Guardian _____
First Last

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____ Employer _____

During work hours: Call my work phone Call my cell phone

Father or Guardian _____
First Last

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____ Employer _____

During work hours: Call my work phone Call my cell phone

Other adults authorized to pick up my child (photo ID required):

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Child lives with Mother Father Other

Other children living with child:

Name _____ Age _____ Male Female

Name _____ Age _____ Male Female

Name _____ Age _____ Male Female

Children will not be released to anyone on this list without picture ID. Prior arrangements in writing need to be made for anyone not on this list.

My child would like to attend: *Choose one:* Tues/Thurs Mon/Wed/Fri 5 days
Choose one: Half days Full days Drop In only (Seahorses)

Medical Information (1 of 2)

Name of Child _____

Child's Physician _____ Phone # _____

Emergency Hospital Preference _____

Name of medical insurance _____

Allergies/Medical Conditions: _____

My child has allergies does not have allergies

List all allergies (food and environmental), symptoms and treatment required:

Special Instructions: _____

Are there any past or current medical conditions we should be aware of?

No Yes (please explain): _____

Does your child have any medical reasons to restrict activity?

No Yes (please explain): _____

I give my permission for Caughtlin Club Kidz and it's staff to secure such medical treatment as is deemed necessary.

Print name: _____

Signed _____ Date _____

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.

Signed _____ Date _____

Medical Information (2 of 2)

Emergency Numbers

In case of an emergency please notify:

Name _____ Relationship _____
Home # _____ Cell # _____ Work # _____

Name _____ Relationship _____
Home # _____ Cell # _____ Work # _____

Name _____ Relationship _____
Home # _____ Cell # _____ Work # _____

MEDICAL RELEASE

I authorize and instruct Caughlin Club Kidz personnel to take my child to a licensed physician or to emergency medical service at a local hospital or urgent care center in the event parents cannot be contacted, or if time does not permit contact with the parents. In the event of emergency, 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.

PRINT NAME OF PARENT/GUARDIAN _____

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____

PERMISSION TO PHOTOGRAPH AND VIDEO

I, _____ hereby authorize Caughlin Club and Caughlin Club Kidz to photograph or video my child _____ in the school setting. Photos and videos may be posted at the school, Caughlin Club, Caughlin Club Kidz or newsletters. Photos will not be sold or given to any private or public party. (Parents can request a copy at no charge.)

Signature of Parent/Guardian _____

Date _____

FIELD TRIP PERMISSION FORM

I, _____, give permission to have Caughlin Club Kidz/Caughlin Club transport my child, _____, to/from Caughlin Club Kidz and various locations. Details of field trips will be given prior to any walking/driving fieldtrip.

Signature of Parent/Guardian _____

Date _____

GENERAL RELEASE OF LIABILITY

I, Mr./Mrs. _____, of _____, Nevada, the parent or guardian of _____, our minor child do hereby release for and behalf of ourselves and our minor child, CAUGHLIN CLUB KIDZ, 4100 Caughlin Parkway, Reno, Nevada, all owners and employees of Caughlin Club Kidz or Caughlin Club for any and all damages and/or personal injury that may occur in and from any connections with such Caughlin Club Kidz/Caughlin Club sponsored activity. This is a full release of any and all claims given in consideration for Caughlin Club, its owners and employees sponsoring the Caughlin Club Kidz programs. I, Mr./Mrs. _____, the undersigned 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 _____

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____

Developmental Background

Name _____

Name of previous child care program attended _____

Does he/she have any fears? _____

Child's favorite:

Activities: _____

Collections: _____

Foods: _____

TV Show: _____

Song/Artist: _____

Color: _____

Your child's hobbies/interests: _____

Favorite toy or blanket: _____

Toilet habits: _____

Eating habits: _____

Your child's career ambition ☺: _____

Pets: _____

What makes your child frustrated or upset? _____

What delights your child? _____

Are there any family or religious rules that provider should know about?

Please note anything else you feel we should know in order to provide your child with the best possible care:
