



School-Age Child Enrollment Form

Start Date: _____

YOUR CHILD'S INFORMATION:

Last Name: _____ First: _____ Middle: _____

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: _____

Social Security Number: _____ Social Security Number: _____

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: _____ (for texts)

Home #: _____ Home #: _____

Place of Employment: _____ Place of Employment: _____

Work#: _____ Work#: _____

During work hours please call me on my: Work Cell

Parent's relationship: Married/Together Divorced/Separated Single Other: _____

Child living with: Both parents Mom Dad Guardian

Program: Before & After Program Jr. Camp (6-8 years old) Adventure Camp (8-18 years old)

School: Caughlin Roy Gomm Jessie Beck Other: _____

Grade: _____ Classroom: _____ Teacher: _____

**** Registration Forms MUST be filled out EACH school year and before EACH camp. ****

Child's Schedule: Hours of Operation: Monday - Friday, 7:00 a.m. to 6:00 p.m. (please give us exp. pick up/drop off times.)

Hours each day:	Monday	Tuesday	Wednesday	Thursday	Friday
Drop off time:	_____	_____	_____	_____	_____
Pick up time:	_____	_____	_____	_____	_____

Below please list at least one other person who can assume responsibility for your child if Caughlin Adventure Camp cannot contact you for an emergency and whom has your authorization to pick up your child from Caughlin Adventure Camp when you are not available (I.D. required):

1. Last : _____ First: _____ Middle: _____ DOB: _____ Gender: Male Female
Home #: _____ Work #: _____ Cell #: _____ Relation to child: _____

2. Last : _____ First: _____ Middle: _____ DOB: _____ Gender: Male Female
Home #: _____ Work #: _____ Cell #: _____ Relation to child: _____

3. Last : _____ First: _____ Middle: _____ DOB: _____ Gender: Male Female
Home #: _____ Work #: _____ Cell #: _____ Relation to child: _____

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?

Swimming: Please check one of the following based on your child's swimming skills (if your child cannot swim you MUST provide a life vest for them.)

- Does not know how to swim Moderate swimmer Excellent Swimmer

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 Adventure Camp 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 Adventure Camp 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 in the Club.**
- _____ To administer sun block to my child as needed. **(Sun block is to be provided by PARENT)** Adventure Camp will provide sunblock to children who do not bring their own (please notify of any sunblock allergies).
- _____ To administer prescribed medication as needed per my request and signature along with a doctor's note or prescription.
- _____ To take walking field trips around Caughlin Ranch area or to Yogurt Beach.
- _____ 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, etc.). I understand by being the above child's Parent/Legal Guardian that also makes me responsible for all accrued costs.
- _____ I understand that I **MUST** keep an up to date tuition express form (automatic payment) on my account at all times. (This is a requirement of the program).

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 Adventure Camp. 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 Adventure Camp, 4100 Caughlin Parkway, Reno, Nevada, all owners and employees of Caughlin Adventure Camp or Caughlin Athletic Club for any and all damages and/or personal injury that may occur in and from any connection with such Caughlin Adventure Camp /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 undersigned 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

PERMISSION TO PHOTOGRAPH AND VIDEO (FOR PUBLIC USE)

I, _____ hereby authorize Caughlin Adventure Camp Program to photograph or video my child (ren) _____ in the school setting. Photos and videos may be posted at Caughlin Adventure Camp Programs, public Newsletters, Caughlin Club Facebook page and Website; wwwcaughlinclub.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/ FIELD TRIP PERMISSION

I, _____, give my permission to Caughlin Adventure Camp to transport my child(ren) _____, to and/or from the facility Caughlin Adventure Camp @ 4100 Caughlin Parkway, Reno, Nevada 89519 to the various field trip locations and/or to and from school. I understand that details of each field trip will be announced for each individual field trip; day, time, items needed, etc. I understand that my child must abide by all rules on the vans in order to have these services.

Van Transportation: Please check one of the following based on your child’s needs:

- Needs a booster Does not need a booster

Parent/Guardian Signature

Date



Caughlin Adventure Camp Parent Handbook Agreement

This parent handbook consists of 9 pages including this one. Please make sure you read and understand ALL of it. If you have questions, please feel free to see the Director regarding any comments or concerns.

Child's Full Name: _____ DOB: _____

Initial ALL:

- _____ I understand that Caughlin Adventure Camp is an unlicensed program and is not a part of the Caughlin Club Kidz licensed Preschool programs.
- _____ Caughlin Adventure Camp is 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 after.
- _____ I understand that tuition is due by **Monday morning**. I understand that it is **REQUIRED** that I have payment on file to be used for payments. Tuition will be drafted on Tuesday morning. If tuition has not been received on time, a \$25.00 late fee will be charged as of Tuesday evening.
- _____ I have read the illness policy and understand that I am responsible for keeping my child at home if he/she is ill or to pick them up from our program if there are signs of illness.
- _____ I understand that if I have a change in address, schedule, credit card, etc. a "Change Form" must be completed as soon as possible. I am responsible to update any new information.
- _____ I understand that my child may not bring any belongings (laptop, cell phone, smart watch, toys, etc.) from home.
- _____ I have read and understand the statement there will be NO refunds of ANY kind. **NO EXCEPTIONS!!!**
- _____ Caughlin Adventure camp hours of operation are from 7:00 a.m. to 6:00 p.m. A late pick-up fee of \$1 per minute, per child will be charged for every minute I am late picking up my child.

BEFORE & AFTER CARE KIDS:

- _____ I understand that my child **MUST** be at camp by 8:20 a.m. to ensure ALL children are to school on time. All children are to be picked up no later than 6:00 p.m.
- _____ I understand that if something comes up and I need to **withdrawal, cancel or change** anything in the schedule **I MUST give at least a two-week WRITTEN** notice of the changes. I also understand that switching or adding days it depends on availability. There is no guarantee that days will be open.

CAMP KIDS:

- _____ I understand that my child has to be at camp by 9:30 a.m. and that field trips do not end until 3:30 p.m.
- _____ I understand that I may not pick my child up in the middle of a field trip.
- _____ I understand once I turn in my registration form for each camp my days are locked in, I am responsible for all tuition payments for the days I signed up for regardless of attendance.
- _____ I understand that I cannot switch days that I sign-up for. I will make sure I **NEED** every day that I sign-up for and I understand I can add more days if I need them based on availability.

I have received a copy of the Parent Handbook (9 pages) with all of the Policies and Procedures in it. By signing below I fully understand it and agree to abide by all of the rules and regulations set forth in it.

Parent/Guardian Signature

Date

Parent or Legal Guardian 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 Adventure Camp 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 & Mastercard 3.5%
American Express & Discover 4%

COMPLETE ONE SECTION ONLY Credit Card Debit

SECTION A (Credit Card)

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

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



ROUTING NUMBER	ACCOUNT NUMBER	CHECK NUMBER
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FOR OFFICIAL USE ONLY

Date Received

Employee Signature