



Mailing Address: 18124 Wedge Pkwy # 179 Reno, Nevada 89511

thekidszonereno@gmail.com

775-852-3522

Enrollment Registration

Student Information

Student Name: _____

Mailing Address: _____

Date of Birth: _____ Gender: _____ Grade: _____ School: _____

Special Needs

Please include any allergies, current medications, IEP, 504, behavior plan and any health concerns. This information is needed to help us provide the best possible experience for your child.

Parent/Guardian Information

Parent/Guardian Name: _____

Mailing Address: _____

Primary Email: _____

Cell Phone: _____ Work Phone: _____

Parent/Guardian Name: _____

Mailing Address: _____

Primary Email: _____

Cell Phone: _____ Work Phone: _____

General Registration Information

Policies and Rules

A registration form must be completed prior to attending any program. Please carefully read and complete this form, initialing and signing where indicated. It is the parent/guardian's responsibility to inform The Kids Zone staff of any information changes.

Payment Policy

Payments may be made on site during the program hours. Payments may be made by cash, cashier's check, or check, payable to The Kids Zone. Payments are due on Thursday before the week attending the program. No credits for missed, sick, or suspended days. Credits will not be given if attendance dates are changed. Program fees are not prorated for unused classes. Delinquent accounts must be paid in full for participation to continue. Failure to pay on time will result in termination of service. A \$25.00 fee will be applied to all returned checks. Payments for camp must be made in advance to reserve a spot and are non-refundable.

Initials: _____

Drop Off Policy

All children must be escorted to the sign in area by a Parent or Guardian and signed in by a staff member. The Kids Zone is not responsible for the participant until the Parent or Guardian has checked in with a staff member at the front desk and receives confirmation of sign in. No staff will be available to accept the responsibility for a child prior to 7:00 a.m.

Initials: _____

Pick Up Policy

All children must be signed out by a staff member after a Parent or Guardian has checked in with the front desk. Children may only be picked up by a Parent, Guardian or Authorized Emergency Contact with a **VALID PHOTO ID**. All requests to add to the Authorized Emergency Contact List must be done in writing, in person with one of the supervisors on staff at the program. We will not accept phone requests for additional names for safety reasons. All children must be picked up by 6:00 p.m. A late fee of one dollar per minute for each child left will be assessed after 6:00 p.m. and the emergency phone numbers will be contacted if a child is left past that time. If no one can be contacted at the emergency numbers, the Washoe County Sheriff's Department will be contacted to pick up the child.

Initials: _____

Medications

Staff will not administer or distribute any medication at any time without approval by a director. A doctor's note must be provided with dosage and instructions.

Initials: _____

Discipline/Behavior Policy

The Kids Zone provides a safe, positive, and recreational atmosphere. A discipline problem is defined as one in which a child is hampering the flow of the program. This includes inflicting physical or emotional harm on others, physically or verbally abusing staff; or is otherwise unable to

follow program rules and guidelines. In order to guarantee all children a positive experience, inappropriate behavior will not be allowed. Examples include but are not limited to: abusive language/inappropriate gestures, fighting or damage done to school property by their child. If there are discipline problems that cannot be resolved at the staff level a discipline report will be given to the parent. Three discipline reports will result in the child being suspended for three days. A conference must occur between the program directors, child, and parents for the child to return. If the disruptive behavior continues the child may be permanently removed from the program.

Initials: _____

Waiver and Release

Any child who inflicts physical harm on another child or leader will be suspended from the program immediately. If you have concerns or questions about our program, please address staff in an appropriate manner. The Kids Zone has a zero-tolerance policy of workplace violence, physical force, harassment, intimidation, or abuse of power or authority. Should a situation occur within the program due to inappropriate actions by a customer, The Kids Zone reserves the right to remove participants from the program.

I (parent/guardian) agree to hold The Kids Zone and the directors of this program harmless from all suits, claims, or demands of every kind and character arising out of and in connection with the program provided by The Kids Zone. I understand that it is my responsibility to inquire about the parameters of this program's activities and to assess the ability of my child to safely participate in the program. The undersigned does hereby release The Kids Zone, its officers, agents and employees from any and all liability, of any kind whatsoever arising out of any physical or mental injury incurred or sustained by the undersigned son(s) or daughter(s) named above while he/she participates in any program while at The Kids Zone and this includes any injury sustained while using equipment provided by The Kids Zone. The undersigned acknowledges and affirms that he or she has carefully read this information and has asked and obtained a satisfactory explanation of any part that he or she does not understand.

My signature represents my understanding, acceptance and agreement with the above stated policies. Both parents must sign unless full custody is with one parent.

I have read, understand, and acknowledge receipt of the program rules.

Student Name: _____

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____

COVID-19 RELEASE AND WAIVER OF CLAIMS ADDENDUM

("Release")

The undersigned, in my capacity as parent or legal guardian, hereby acknowledge the health risks and dangers associated with the transmission of the COVID-19 virus, and other communicable diseases, and recognize that exposure to the COVID-19 virus, or other communicable diseases, could occur while my child is in the care of The Kids Zone Program.

As such, and in consideration for child care services to be provided by The Kids Zone, the undersigned, for myself and my minor children enrolled in the Program **fully assume all of the risks associated with participation in the Program, including the possibility of COVID-19 (or the novel coronavirus) community spread.**

I, AS PARENT AND/OR LEGAL GUARDIAN, HAVE READ AND FULLY UNDERSTAND AND ACKNOWLEDGE THE CONTENTS OF THE RELEASE AND AGREE THAT I AM VOLUNTARILY WAIVING, RELEASING, INDEMNIFYING AND DISCHARGING The Kids Zone AND ITS OFFICERS, DIRECTORS, EMPLOYEES AND VOLUNTEERS FROM ANY AND ALL LIABILITY, DAMAGES, AND EACH AND EVERY ACTION (COLLECTIVELY, "CLAIMS") BY PARTICIPATION IN AND/OR ASSOCIATED WITH THE PROGRAM INCLUDING, BUT NOT LIMITED TO EXPOSURE OR TRANSMISSION OF THE COVID-19 VIRUS.

I represent that I have full authority to sign on behalf of my child(ren) and that my signature binds each other person having authority to make decisions on behalf of the child(ren).

MY SIGNATURE BELOW IS CONFIRMATION THAT I HAVE READ AND FULLY UNDERSTAND AND ACKNOWLEDGE THE CONTENTS OF THE RELEASE AND AGREE THAT I AM VOLUNTARILY WAIVING, RELEASING, INDEMNIFYING AND DISCHARGING The Kids Zone AND ITS OFFICERS, DIRECTORS, EMPLOYEES AND VOLUNTEERS FROM THE CLAIMS.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Student Name: _____ Date: _____

Contacts

Persons who may be contacted in an emergency and we are authorized to release your child to. (Must be 18 or older) Please list in order to be contacted.

A valid picture ID is required.

1. Name: _____ Phone: _____

Relationship: _____

2. Name: _____ Phone: _____

Relationship: _____

3. Name: _____ Phone: _____

Relationship: _____

4. Name: _____ Phone: _____

Relationship: _____

5. Name: _____ Phone: _____

Relationship: _____

6. Name: _____ Phone: _____

Relationship: _____

Split households must reach an agreement on contacts authorized to pick up your child. If Parent/Guardians cannot agree on contacts authorized on this form, then only Parent/Guardians will be able to pick up participants and be called in an emergency.

Please list if any Person(s) **NOT** authorized to pick up your child, **legal documentation is required.**

Name: _____

Name: _____

Swimming Ability

Can your child swim? Yes No

(If no your child will be in the kiddie pool which is for 6 years old and younger.)

If yes, at what level? SHOULDERS DEEP

If they are able to swim in DEEP water, are they able to go off the diving board? Yes No