



Mailing Address: 748 S. Meadows Pkwy. Suite A-9 PMB #154 Reno, NV 89521

Physical Address: 13815 Spelling Ct. Reno, NV 89521

Phone: 775-852-3522

Website: www.thekidszonereno.com

Email: thekidszonereno@gmail.com

Child Information

Child Name: Last _____ First _____ MI _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Gender: _____ Hair Color: _____ Eye Color: _____

Race/Ethnicity: _____ Grade: _____ Teacher: _____ Ride the bus? Yes Bus # _____ No

Medical or Other Information

Please include any allergies, current medications or health concerns. If your child has an IEP, 504 or behavior plan please provide a copy to the director. This information is needed to help us provide the best possible experience for your child.

Household Information

Please check one: 1 Parent 2 Parents Split Household Guardian/Foster Grandparent Other

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

A registration form must be completed and submitted to The Kids Zone in person or via email prior to attending any program. Incomplete or illegible registration forms will not be processed. If you have multiple children, please fill out a separate registration form for each child. Registration forms are to be updated yearly. It is the Parent or Guardian's responsibility to inform The Kids Zone staff of any information changes.

Policies and Procedures

This page is for quick reference, for a full list of policies and procedures please see The Kids Zone's Parent or Guardian Handbook.

Parent or Guardian Handbook: It is the Parent or Guardian's responsibility to familiarize themselves with the policies and procedures of the program and to discuss the program rules and expectations with their child. This is vital to the success of our program. The Kids Zone's Parent or Guardian Handbook is available on site or online at www.thekidszonereno.com it contains a full list of policies and procedures. **Initials: _____**

Payment Policy: Payments may be made on site during the program hours. Payments may be made by cash, check, or money order payable to The Kids Zone. Payment is due in advance the Thursday before the week attending the program. There are no credits for missed, sick, or suspended days. Credits will not be given if attendance dates are changed. A \$15 late fee will be applied per week an account is delinquent, failure to keep your account current will result in termination of service. Split household families may request separate billing accounts, to do so please speak with the Director. A \$25 fee will be applied to all returned checks. Payments for break camps 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 the Parent or Guardian. The Kids Zone is not responsible for the participant until the Parent or Guardian has signed the child 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 Parent or Guardian. **Children may only be picked up by a Parent, Guardian, or Authorized Emergency Contact over the age of 16 with a VALID PHOTO ID.** 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. Repeated late pick up is cause for removal from the program. **Initials: _____**

Behavior Policy: The Kids Zone provides a safe, positive, and recreational atmosphere. All program participants and staff have the right to be safe and feel safe while attending the program. With this right comes the responsibility to be accountable for actions or behavior that affects safety and perception of safety of others. In severe cases, a participant may be removed immediately from the program. The length of that suspension will be at The Kids Zone's discretion, up to a permanent suspension. **Initials: _____**

Photos: The Kids Zone may take photo/video of participants during the program and on field trips. Photos are for The Kids Zone use only and may be used in promotional materials and internal communication. If you do not want yourself or your child photographed/on video please notify The Kids Zone in writing. **Initials: _____**

Waiver and Release

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 child(ren) 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 policies and procedures.

Child Name: _____

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____

COVID-19 RELEASE AND WAIVER OF CLAIMS ADDENDUM

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.**

Child Name: _____

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____

Authorized Emergency Contacts

Persons who may be contacted in an emergency and we are authorized to release your child to.
(Must be 16 or older) Please list in order to be contacted.

A valid picture ID is required.

1. Name: _____ Relationship to child: _____

Cell Phone: _____ Work Phone: _____

2. Name: _____ Relationship to child: _____

Cell Phone: _____ Work Phone: _____

3. Name: _____ Relationship to child: _____

Cell Phone: _____ Work Phone: _____

4. Name: _____ Relationship to child: _____

Cell Phone: _____ Work Phone: _____

5. Name: _____ Relationship to child: _____

Cell Phone: _____ Work Phone: _____

Split households must reach an agreement on contacts authorized to pick up your child. If Parent or 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, current legal documents must be submitted along with this packet.

Name: _____

Name: _____

Field Trip Information and Swimming Ability

Does your child get car sick/experience motion sickness? Yes No

Can your child swim? Yes No

At what level are you comfortable letting your child in the water? Shoulders Deep

To swim in deep water the child must pass a swim test. Swim tests are performed by a lifeguard with a supervisor present.

Is your child allowed to go off the diving board? (Must be able to swim in deep) Yes No