

Camp Location:

Excel Christian School
850 Baring Blvd
Sparks, Nevada



CLC-EAST SUMMER 2025 Enrollment Request

Monday – Wednesday 9am – 1pm (optional extended afternoon until 5pm)

This program is for children ages 6-11. Visit our website for more info at www.kingsrowclc.org

Child's Name _____ M or F _____ Age _____ DOB _____
Current School _____ Current Grade _____ Allergies(Y/N) _____
Student's T-Shirt Size _____

PARENT/GUARDIAN INFORMATION

Name _____ Work Phone _____ Cell Phone _____
Address _____ Email _____
Name _____ Work Phone _____ Cell Phone _____
Address _____ Email _____

A non-refundable registration fee of \$50 for new students will be due upon enrollment. Full enrollment paperwork is required for all new students. Application available at kingsrowclc.org.

Only mark days and weeks your child will attend. Space is limited so changes or cancellations to your child's contracted schedule require a written 2-week notice to avoid a \$50 cancellation fee.

\$135 PER CAMP MONDAY – WEDNESDAY 9AM-1PM

Ask about extended care available from 1-5pm and options for Thursday/Friday care for an additional fee.

Summer Weeks	M	T	W	Th	F
June 16-20- Sports Camp				Closed	
June 23-27 - Sports Camp					
June 30-4 - Music Camp					Closed
July 7-11 - Leadership Camp					
July 14-18 - Fine Arts Camp					
July 21-25 - Science STEM Camp					
July 28 - Aug. 1 - Outdoor Fun Camp					

Parent/Guardian Signature _____ Date _____



Child's Full Name: _____ Date of Birth: ____/____/____ Sex: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Current School: _____ Current Grade: _____ Allergies: _____ (Y/N)

Parent Information: (Please circle) Single / Married / Separated / Divorced

Primary Guardian Name: _____ Employer: _____

Circle one: Mother/Father/Other

Cell Phone: _____

Occupation: _____ Work Phone: _____

Email: _____ Home Phone: _____

Primary Guardian Name: _____ Employer: _____

Circle one: Mother/Father/Other

Cell Phone: _____

Occupation: _____ Work Phone: _____

Email: _____ Home Phone: _____

Do both parents have permission to pick up? _____ If no, then please provide supporting documentation.

Others Authorized to pick up your child:

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Relation to child: _____

Relation to child: _____

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Relation to child: _____

Relation to child: _____

Community Life Center (CLC) East
Emergency Information

Child's Name: _____

In case of an emergency, we attempt to contact the child's parents first.

Please list the parent and phone number we should try to contact first:

Parent: _____ Best contact number: _____

In case of an emergency and the inability to contact the undersigned parent, you are hereby authorized to contact:

(Please list someone other than a parent)

Name: _____

Address: _____

Phone: _____ Relationship: _____

The listed person will also be given the permission to pick up your child in the event of an emergency:

In case of an emergency, and the inability to contact either parent, or the authorized person mentioned above, the CLC has my permission to take my child via ambulance.

Physician's Name: _____ Phone: _____

Emergency Room at _____ Hospital.

Dentist's Name: _____ Phone: _____

I understand in the event of an emergency, I _____, authorize the CLC to secure the medical treatment necessary including, but not limited to an ambulance, emergency medical surgery, etc., for my child _____.

I release the CLC from liability in the event of injury or accident on the campus and agree to pay for any medical treatment rendered. I understand that the CLC will "do no harm" in administering immediate and necessary first aid.

Please describe any drug, food, or insect allergies, illnesses, injuries, operations, physical limitations, traumatic experiences pertaining to your child:

Parent/Guardian Signature

Date

CLC East
Rev. 7/10/24

Community Life Center (CLC) East Financial Contract Agreement

1. I understand that if I do not pay my account with the CLC in full, I will lose my child's spot.
2. I understand that if my account is assigned to a collection agency, the collection agency will charge a fee that may be as much as 50% of the amount I owe to the CLC. I agree that if my account is assigned to a collection agency, the CLC may add the amount of the collection agency's fee to the amount I owe. I agree to pay this additional amount.
3. I understand that the addition of a collection agency's fees to my unpaid balance will result in my owing a sum substantially more than the amount owed under my tuition agreement.
4. I understand and agree that in the event legal action is commenced to enforce my financial obligations hereunder, I will pay court and attorney's fees.

Name (printed): _____

Signature: _____ Date: _____

Community Life Center (CLC) East

Important Information

1. Please pack two snacks, one for the morning program and one for the afternoon program. When attending all day during breaks, please bring a cold lunch and two snacks. (We do not heat up lunches)
2. Please use a cold pack to keep snacks/lunch at an optimal temperature. Make sure your child's snacks/lunch is clearly marked with his/her name on it.
3. Please label all jackets and water bottles with your child's name on them.
4. We can explain to you the procedure for administering prescription medication, if necessary.
5. We will follow snow day delays/closures as set forth by ECS. We will communicate with families via our Brightwheel App.
6. As per the Tuition Policy Statement, If ECS is closed, you can attend the NW Kings Row Community Life Center. Please call for availability. 775/235-8430.

I understand and agree to the following terms of the above stated policy.

Parent/Guardian: _____ Date _____

Community Life Center (CLC) East

Media Release Form

Please provide all information asked below:

Child's Name: _____

Parent/Guardian Name: _____

Home Address: _____

Please mark one of the following:

 I, Parent/Guardian of (Child's name) _____
hereby grant permission for the CLC and its agents to use the above-named child's photo or video for the purpose of promotion by the CLC for all forms, media and manners, for the following but not limited to, news releases, photographs, video, audio, website, marketing, advertising, and promotion.

 I, Parent/Guardian of (Child's name) _____
hereby do not grant permission for the CLC and its agents to use the above-named child's photo or video for the purpose of promotion by the CLC for all forms, media and manners, for the following but not limited to, news releases, photographs, video, audio, website, marketing, advertising, and promotion.

Signed: _____

Print Name: _____

Relationship: _____

Date: _____

Community Life Center (CLC) East

Intake Form

Date: _____

Child's Name: _____ Birthdate: _____

Parents/Guardian's Name(s): _____

Siblings: (name, age, gender): _____

Other adults living with the family: _____

Other adults with whom your child spends a great deal of time: _____

Language(s) spoken at home _____

Do both parents live in the household? _____

What kind of learner is your child? Tell us about how your child learns (ie: visual, auditory, reading/writing, hands-on)

Does your child have an IEP? _____ Yes _____ No

If yes, please initial here _____ to allow ECS to share this information.

If yes, how is the school supporting your child in this program? _____

Was your child adopted? _____ At what age? _____ What has he/she been told? _____

Intake Form Page 2

Describe any changes at home (e.g. birth/adoption of a sibling, moved, parent changed job, separation, death of a relative, hospitalization of a child or close family member, grandparents visiting, etc.)? What was the child told and what was his/her reaction?

Please explain your child's food aversions: _____

Any food allergies or off limit foods? _____

Please explain any medical conditions that may affect your student's educational experience that we should be aware of.

Ear/Hearing problems? _____ Visual problems? _____

How many hours a day does your child have screen time? _____

How much time does your child engage in online activities at home? ____ minutes or ____ hours

What are the consequences when your child misbehaves? _____

Is there anything else you wish to add to help us know your child better? Do you have any suggestions for us that would help us support your child academically?



Authorization and Waiver to Transport Child

Date: _____

School Year: _____

Child's Name: _____ Child's Date of Birth: _____

My child requires a booster seat: ____ Yes ____ No Booster Provided: _____

(All children under 6 years of age and/ or less than 57 inches tall are required to be in a booster seat).

I authorize Kings Row CLC to transport my minor child in a company Bus or Van, driven by an individual authorized by Kings Row CLC. I understand my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or staff or volunteer.

I have read, understand, and discussed with my child:

(1) My child will travel in a motor vehicle driven by an adult and my child is to wear their safety belt during travel.

(2) My child is expected to listen to supervising staff/driver, respect staff and other children, the vehicles they ride in, and the people they travel with during the trip.

(3) Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects; and,

(4) My child is to remain in their seat and not be disruptive to the driver of the vehicle.

Initial Each Statement

_____ I recognize participation in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify I have been advised of the potential risks, and I have full knowledge of the risks involved in this activity, and I assume any expenses incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

_____ As a condition for the transportation received, I, for myself, my child, my executors and assigns, further agree to release and forever discharge Kings Row CLC and their agents, officers, employees and volunteers from any claim that I might have myself or that I could bring on my child's behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation.

_____ I have read this entire waiver and authorization form, I fully understand the terms and conditions, and I agree to be legally bound by its terms.

Parent/Guardian Name: _____ Parent/ Guardian Signature: _____

Date _____

Community Life Center (CLC) East

Before & After

&

**Field Trip Form
(When applicable)**

1. Students will always be considerate and respectful to all adults and to each other.
2. Students are reminded of their responsibility to adhere to conduct which conforms to the accepted principles of right and wrong behavior and which is not contrary to the moral standards of the community. This includes any inappropriate, suggestive, explicit language or sexual behavior.
3. Students will report any moral or behavioral infractions to the administrator or advisor in charge of the trip immediately.
4. There is to be no use, possession, or sale of and/or association with alcoholic beverages or substances represented to be alcohol; controlled or illegal substances, to include paraphernalia; and/or tobacco or tobacco products, to include e-cigs.
5. Students will be expected to follow the itinerary, unless changes are announced, and be prepared to adhere to all time restrictions provided by the administrator or advisor.
6. Students/family are responsible for their own personal belongings and are expected to dress appropriately at all functions. Label all personal belongings with child's name.
7. Bus/van conduct is expected to be within safe and acceptable standards. Clean up your mess. Electronic devices must have headsets.
8. Students/family will be held directly and financially responsible for any loss or damage during the trip, to an assigned room, the bus/van, restaurant, etc. Any deliberate damage or damage incurred from horseplay is the responsibility of the student/family.
9. Students must observe all civil laws and regulations. Apprehension by law enforcement agencies leading to a substantiated charge will not be the responsibility of the CLC. Students may also be subject to discipline under the rules and regulations of the CLC, possibly resulting in exclusion from the CLC program. In this instance you will forfeit any tuition paid.
10. If you bring prescribed medication (NOT over the counter), make sure it is noted on your Medical Permission Form. All medication must be in a correctly labeled prescription bottle, including the student's name. If there is a medical condition that requires special attention, list it on the form and make certain an administrator and/or advisor knows of the condition.

I _____ (Parent/Guardian's name) give permission for
_____ (Child's name) to go on field trips for summer and school breaks.

Parent/Guardian Signature _____ Date _____

Consent for Sunscreen Application on Field Trips

I give my permission for the staff of the CLC to apply Sunscreen to my child as needed (i.e., outdoor activities)

Parent/Guardian Signature _____ Date _____