



SUMMER 2025 **Enrollment Request** **Monday – Friday 7:00am-6pm**



This program is for children ages 6-12. 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) _____

PARENT/GUARDIAN INFORMATION

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

5 days @ \$225	4 days @ \$200	3 days @ \$185	2 days @ 140	1 day @ \$80
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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.

A non-refundable registration fee of \$50 for new students will be due upon enrollment. Additional fees include \$10 camp shirt and weekly field trips depending on planned activities. (approx. \$20/week)

Summer Weeks	M	T	W	Th	F
June 9-13- Green Thumb Week					
June 16-20- Do Good Week				Closed	
June 23-27 - Sports Week					
June 30-4 - Space/Science Week					Closed
July 7-11 - Fine Arts					
July 14-18-Beach Week					
July 21-25 - Cartoon Week					
July 28 - Aug. 1 - Unique You/talent show					
August 4-8 - Favorites Weeks					
August 11 - 15 (Kindergarten ONLY)					

Parent/Guardian Signature _____ Date _____



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Reno, NV 89503
(775)235-8430
kingsrowCLC@gmail.com
www.kingsrowCLC.org

Welcome to Kings Row CLC! We are so excited to have you with us this School Year!

Our number one priority is to provide a safe environment for your children and our staff.

Here is some important information you need to know so your children can make the most of their learning experience at the CLC.

- Cold lunch, snacks, and refillable water bottle. Please label am/pm snacks. Please label all belongings.
- Please do not bring any toys/ personal or unnecessary items to the Center.
- Cell phones will be checked in with the office staff.

We are delighted to have your child(ren) here with us!

Enrollment Packet Check List

- ☐ Enrollment Request
- ☐ Emergency Information
- ☐ Tuition Policy Statement & Fees
- ☐ Financial Contract Agreement
- ☐ Important Info
- ☐ Immunization Requirements
- ☐ Media Release Form
- ☐ Before & After Form / Field Trip Form
- ☐ Intake Form
- ☐ Technology Device Waiver
- ☐ Transportation Waiver (Before & After Care)
- ☐ Welcome Packet given to Parent

All forms are to be reviewed and signed prior to enrollment. A non-refundable annual registration fee of \$100 will be due upon enrollment. The requested information is for CLC to get to know your child and family better and to enhance the overall experience.



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: _____

Address: _____

Phone: _____

Relation to child: _____

Name: _____

Address: _____

Phone: _____

Relation to child: _____

Name: _____

Address: _____

Phone: _____

Relation to child: _____

Name: _____

Address: _____

Phone: _____

Relation to child: _____

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 _____, allow the CLC to get my child _____ the medical treatment necessary including but not limited to an ambulance, emergency medical surgery, etc.

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 aide.

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

Parent/Guardian Signature

Date

Kings Row Community Life Center (CLC)

Tuition Fees

Please mark your student's schedule below:

Open Monday thru Friday

Hours: 7:00am-6:00pm

Ages 6-14

- ☐ Before Care \$13/day M T W TH F (circle days)
- ☐ After Care \$16/day M T W TH F (circle days)
- ☐ Combo/Before + After \$26/Daily M T W TH F (circle days)
- ☐ Full week (5 days) Before Care \$65
- ☐ Full Week (5 days) After Care \$80
- ☐ Combo / Before and After \$130 / Full Week

Delayed Starts, ½ days and snow days

\$10 per hour for any additional care hours

Annual Enrollment Fee: \$100 – per school year (Non-refundable)

Two days per week enrollment is required.

Drop-in Full Day: \$75.00 (Please call CLC first for availability)

- ❖ Drop-ins or changes to schedule are subject to availability
- ❖ Weekly rates charged in advance (the previous Friday)
- ❖ Can set up billing according to your pay schedule
- ❖ If your child is here longer than their normal scheduled hours, there will be an additional fee

See Tuition Policy Statement for details regarding financial policies

We are proud to provide a unique service that other Before + After care services cannot.

#wearehereforyou

Kings Row Community Life Center (CLC)

Tuition Policy Statement

As a non-profit, tuition is the only means by which the CLC operates. To provide the highest quality of care, following policies have been established:

1. Tuition must be paid in advance and is due dependent on your payment schedule (Weekly, Bi-Weekly, or Monthly). Payments will be made via Brightwheel (our student record app). You will receive an invitation to join and update all information after enrollment. It is your responsibility to let us know of the changes to your card information. Any late payments received after 10 calendar days will have a \$40.00 late payment fee assessed. If payment is not received within 10 calendar days from its due date, attendance will be terminated until payment is made in full. We cannot guarantee your spot.
2. The financial responsibilities of the CLC are not relieved when your child is absent, sick or on vacation during our normal operating days; therefore, we do not grant refunds or make exceptions in tuition for absences unless attendance is terminated by the Director
3. The CLC takes into consideration Washoe County School District's policy on 2-hour delayed starts due to inclement weather and/or snow days during the school year, we will determine CLC start times or closures by 6 a.m.
4. We observe the following holidays:
 - New Year's Day
 - Martin Luther King Jr. Day
 - Presidents Day
 - Memorial Day
 - Juneteenth
 - Independence Day
 - Labor Day
 - Nevada Day
 - Veterans Day
 - Thanksgiving Day and day after
 - Christmas Eve
 - Christmas Day
 - The week between Christmas and New Year's Day
5. **School Breaks:** We require (at least 2 weeks) prior written notice if your child will not be attending for school break otherwise you will continue to be charged for the week(s). You can email us @kingsrowCLC@gmail for your notice or for any questions you may have.

All holidays are billed on the regular tuition schedule.

6. An additional charge of \$1.00 per minute, per child, will be assessed for each child remaining past 6:00pm. The CLC closes promptly at 6:00pm.
7. Sibling discounts are available for families enrolling more than one fulltime child living in the same household. A tuition discount of 10% will be granted for the second child **UNLESS** another discount is granted (i.e., veterans discount, employee discount). This discount will be applied to the child with the lesser tuition rate for full-time students only.

Parent/Guardian: _____ Date: _____

Kings Row Community Life Center (CLC)

Contract Agreement

1. I understand that student and staff safety is the CLC highest priority. Student behavior is required that ensures safety for all students. The CLC reserves the right to terminate services when a child's behavior cannot be safely managed within our program.
2. I understand that if I do not pay my account with the CLC in full, I will lose my child's spot.
3. 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.
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.
5. I understand that I need to have a written notice prior to school breaks if my child will not be attending otherwise, I will continue to be charged for the week(s).

Name (printed): _____

Signature: _____

Date: _____

Kings Row Community Life Center (CLC)

Important Information

1. Please pack two snacks one for the morning and one for the afternoon. 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 it.
4. We can explain to you the procedure for administering prescription medication if needed.
5. When there are snow days and delayed starts due to inclement weather during the school year, the CLC will strive to be open for our families if it is safe for our employees to travel to the facility. We will communicate with families via our Brightwheel App.
6. We will be closed the following days:

New Year's Day

Martin Luther King Jr. Day

Presidents Day

Memorial Day

Juneteenth

Independence Day

Labor Day

Nevada Day

Veterans day

Thanksgiving Day and day after

Christmas Eve

Christmas Day

The week between Christmas and New Year's Day

All holidays are billed on the regular tuition schedule.

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

Parent/Guardian: _____ Date _____

Kings Row Community Life Center (CLC)

Immunization Requirements

Nevada law requires that children enrolled in an Out-of-School Time (OST) program within the State be fully immunized against certain diseases. These diseases include:

- ❖ Diphtheria
- ❖ Tetanus
- ❖ Pertussis
- ❖ Polio
- ❖ Measles
- ❖ Mumps
- ❖ Rubella
- ❖ Hepatitis A
- ❖ Hepatitis B
- ❖ Varicella, if they have not had chicken pox
- ❖ Prevnar (PCV-7)

To ensure the health and safety of all who attend the CLC, we ask that you provide proof of immunization for your child. The Immunization Requirements Form outlines the required vaccinations. Please attach a current copy of your child's immunization record (www.webiz.nv.gov). Please provide new records as changes occur.

***Immunization Requirements are subject to change**

Kings Row Community Life Center (CLC)

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: _____

Kings Row Community Life Center (CLC)

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 _____

Kings Row Community Life Center (CLC)

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?

Kings Row Community Life Center (CLC) Technology Agreement and Liability Release

If the student is under 18 years of age, a parent/guardian must also read and sign the agreement.

As the parent/guardian of the above-named student, I have read with my child, understand, and agree that my child shall comply with the terms of the Acceptable Use Agreement. By signing this Agreement, I give permission for my child to use the CLC technology and/or to access the center's computer network and the Internet. I understand that, despite the CLC's best efforts, it is impossible for the CLC to restrict access to all offensive and controversial materials. I agree to release from liability, indemnify, and hold harmless both the CLC personnel against all claims, damages, and costs that may result from my child's use of CLC technology, or the failure of any technology protection measures used by the CLC. I understand I am financially responsible for any willful, malicious, or accidental damage to the device. Further, I accept full responsibility for supervision of my child's use of his/her access account if and when such access is not in the school setting.

Parent Name: _____

Date _____

Parent Signature: _____

Student Signature: _____

COMMUNICATION

We use the Brightwheel app to get in touch with parents regarding schedule changes, quick updates, reminders, etc. After enrollment, you will receive an invitation to join Brightwheel. Once you have downloaded and logged on, you will be able to update student information, send messages, set up payment preference, monitor your student's activities and stay up-to-date with everything going on at the CLC.

We are on a very tight schedule when picking up our students and it is crucial that you let us know if you have a schedule change **PRIOR** to after school pick-up. If you have neglected to inform us of a change in pick-up, we will charge you a \$5 fine per incident. Thank you in advance for your cooperation.



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 _____