



Clark County Parks & Recreation Early Childhood Enrichment Program

Helen Meyer Community Center 2025-2026

PARTICIPANT INFORMATION

Participant Name:

Date of Birth:

Age:

Sex: M F

Address:

Apt #

Zip:

Parent/Guardian #1:

Cell Phone:

Parent/Guardian #2:

Cell Phone:

E-mail Address(es):

EMERGENCY CONTACT/Authorized to pick up participant (Someone other than parent/guardians):

(I understand that it is my responsibility to provide current phone numbers and addresses)

Relationship: _____	Phone: _____
Relationship: _____	Phone: _____
Relationship: _____	Phone: _____
Relationship: _____	Phone: _____

MEDICATION: _____ NO _____ YES (If yes, please fill out additional form)

DOES PARTICIPANT REQUIRE ANY ACCOMMODATIONS : _____ NO _____ YES

(If yes please describe) _____

ALLERGIES: _____

EMERGENCY PROCEDURES

In the event of an accident or illness to my child, where the parents/guardians and the emergency contacts cannot be reached, I authorize the operator of this facility to secure any necessary medical aid/treatment. I also agree that I am directly responsible for the costs associated with examination, diagnosis, treatment, and removal of my child.

(Initial)

Doctor: _____ Address: _____ Phone: _____

Med Plan: _____ Policy #: _____ Phone: _____

In the event I cannot be contacted immediately for notifications or shall fail or refuse to remove my child affected with a communicable disease or other valid reason after notification of illness and request for removal of my child, I understand that the appropriate authorities may remove my child from the premises of this facility.

(Initial)

PERMISSION TO RELEASE INFORMATION

I understand that when my child is in the facility, that the director may be asked for information regarding my child

(Initial)

I hereby give permission to release information to official persons only, who identify themselves, such as schools, health care personnel, welfare or other governmental officials.

(Initial)

OR

I DO NOT give permission to release information about my child as set forth in the aforementioned statement. I understand that the Bureau of Services for Child Care has access to my child's records as the licensing agent and may view the record upon BSCC facility inspection.

(Initial)

RIGHT TO NOTIFICATION OF DISCIPLINARY ACTION AGAINST CHILD CARE SITE

The Bureau of Services for Child Care is notifying all facilities within the Bureau's jurisdiction that NRS 432A.178 is now in effect. Child care facilities must fill out the standardized form listing a summary of complaints the facility has received in the last 12 months. This form will need to be given out to newly enrolled families and upon request from parents who are considering enrolling their child in the facility. If a complaint requires disciplinary action all children enrolled in the facility need to be notified within 3 working days. The facility is required to include the following statement on their registration form in order for the Bureau to track this information and ensure the facility is in compliance with the requirements listed under NRS 432A.178.

I, _____, am aware that I have the right to request and view any complaints the facility has received for the month my child(ren) are enrolled in as well as the previous 12 months.

Parent Signature

Date

OTHER INFORMATION

Late Pick-up Fee: I understand that a \$5 late fee will be charged for every ten (10) minutes beginning 1 minute after the scheduled class has ended that my child has not been picked up.

(Initial)

Registration Form Updates: I understand that the only person(s) authorized to make changes to this form is the parent/guardian who has signed below.

(Initial)

Sign-In/Out: I understand that each child must be signed in and/or out daily. The only person(s) authorized to pick up the child are those listed on this form and a photo ID must be shown.

(Initial)

Parent Handbook: I have read and understand ALL the policies and procedures as outlined in the Parent Handbook.

(Initial)

Refund Policy: No refunds will be issued after the close of the first business day of class is offered per Clark County Fees and Charges.

(Initial)

Insecticide / Air Freshener Notification: I understand that Real Property Management/Park Maintenance sprays the exterior of Helen Meyer Community Center as needed with insecticides and also sprays the interior, including the preschool rooms, with air freshener.

(Initial)

Illness: Participants who are ill should stay home. If a child becomes ill during class time, a parent/guardian will be notified to pick up the child immediately.

(Initial)

Drop Off/Pick up: Parent/Guardian will sign their child in/out one at a time at the front counter and then immediately exit the building. (Spaces will be marked outside of the building 6 feet apart to stand to await check in/out).

(Initial)

Immunization Policy: Parent/Guardian must submit updated shot records throughout the school year-this includes age-sensitive immunizations and 4-year old shot records. **Failure to provide updated shot records will lead to exclusion from the program.**

(Initial)

I, _____ acting on behalf of my organization, myself or my minor child do expressly and forever waive, release, and hold harmless and indemnify Clark County from and against any and all claims, demands, obligations, causes of action and lawsuits, and all damages, liabilities, fines, judgments and costs including reasonable attorney's fees associated with, arising from or alleged to have arisen from the actions or omissions of myself, my minor child or the organization, its agents, employees or contractors, in connection with the activities operated, organized, arranged, or sponsored by the Clark County Department of Parks and Recreation.

PHOTO/VIDEO RELEASE: By registering for any Clark County Parks and Recreation program, I agree to allow publication of photos or video taken of my child/children or myself at any program, event or facility associated with the Clark County Parks and Recreation Department.

Signature of Parent/Guardian

Date