

City of Henderson Public Works, Parks and Recreation Department



A Place To Call Home

ABC ETC./Little Learners 2016-2017 Registration Packet

Valley View Recreation Center
500 Harris St.
Henderson, NV 89015
702-267-4146

Lenore Budyach, Recreation Services Supervisor
Donna Miller, Preschool Administrator
Cathy Dembinski, Lead Recreation Assistant
Kalie Crose, Lead Recreation Assistant

ABC ETC./Little Learners Preschool Information and Requirements

Dear parent/guardian,

ABC ETC. is a state-licensed preschool program designed for children between the ages of 3 and 5. Little Learners is a state-licensed, full-day preschool for children ages 4 and 5. Both are offered only at Valley View Recreation Center. The program runs concurrently with the Clark County School District's 9-month calendar and is closed on school holidays and designated professional development days.

To register any child in the program, the age requirements listed below must be met (no exceptions). All participants must be toilet trained.

- Preschoolers must be 3 years old no later than the first day of the month you would like them to attend the Tuesday/Thursday class.
- Preschoolers must be 4 years old by September 30 of the current school district year before they are permitted to enroll in/attend the Monday/Wednesday/Friday or Tuesday/Thursday class.
- Be sure to specify on the registration form if you prefer ABC ETC. or Little Learners. ABC ETC. is Monday/Wednesday/Friday or Tuesday/Thursday AM or PM class. Little Learners is Monday/Wednesday/Friday or Tuesday/Thursday.

The program offers a variety of opportunities for your preschooler to excel. Group activities and learning centers covers areas such as:

Motor skills (fine/large)

Arts & crafts

Alphabet/shapes/numbers

Story time

Music/singing

Reading/phonics

Social interaction/creative play

Months/days of week

Mail-in registration is accepted August 1-6, 2016. Registration must be postmarked on or after July 30 (include all required copies). Participants are enrolled on a first come, first served basis. Drop off registration is accepted August 8-September 9, 2016, pending space availability, at Valley View Recreation Center until classes are full. You will be notified by email and/or phone if your enrollment is successful, at which time you will have 24 hours to make your initial payment in person. A \$50 deposit must accompany your registration packet. Deposits from successfully enrolled families will be applied to the first payment. If you are not successfully enrolled your deposit will be returned in full.

Mail your completed registration packet along with an updated photocopy of an official immunization record. A copy of your child's birth certificate may be required.

Valley View Recreation Center
ABC ETC./Little Learners
500 Harris St.
Henderson, NV 89015



Registration Form

This form can be copied.
Please print and fill out completely.

Mail to: Program Registration, P.O. Box 95050 MSC 411, Henderson, NV 89009-5050

Parent/Guardian: First Name		Last Name			Birthdate	
Street Address		Apt. #	City	State	ZIP	
Day Phone		Evening Phone		Emergency Phone		Email
Participant 1: First Name		Last Name		Birthdate	Age	Grade/Grade Completed
Gender						

Supporting the Americans with Disabilities Act, if the patron has a physical/ emotional/cognitive disability, call (702) 267-4065.

	Activity #	Activity/Class	Location/Pool/Site	Day/Date	Time	Costs
Class 1	—					
Alternate choice if unavailable	—					
Class 2	—					
Alternate choice if unavailable	—					

Waiver Of Liability and Disclaimer

I, as the participant or parent or legal guardian of the above-named child, hereby give permission for his/her/my participation in the above-listed activity(ies). I further authorize, without prior approval, the rendering of any emergency medical treatment that may become necessary due to his/her/my participation in the activity(ies).

In consideration of the permission granted to me or the above-named child to participate in the activity(ies) listed above, I do hereby agree, on my own behalf as the participant or, if the parent or legal guardian, on my own behalf and on behalf of the above-named child, to release the City of Henderson and their officials, administrators, employees, agents, representatives, contracted instructors, and volunteers from any and all actions, causes of action, damages, claims, or demands of whatever kind or nature which I or the above named child may have against the City of Henderson or the other above-listed parties for any injuries, known or unknown, which are incurred by, arise from, or in any way relate to my or the above named child's participation in the activity(ies) described above. The City of Henderson is not responsible for lost or stolen items. The City of Henderson reserves the right to reconcile customer balances should the customer have available credit on their account.

I represent that I am the parent or legal guardian of this child or that I have permission from the child's parent or legal guardian to enroll the child in this activity, and grant and give the City of Henderson the right to use my or my child's photograph or image, with or without my name or the name of my child, both individually and in conjunction with other persons or objects for any and all purposes including, but not limited to, private or public presentations, advertising, publicity and promotion. I authorize the City of Henderson to share information with the Clark County School District when necessary.

I have read this release and fully understand its terms. I execute the release voluntarily and with full knowledge of its significance and consequences. I understand that a copy of this waiver of liability and disclaimer will not be provided to me and I am strongly encouraged by the City of Henderson to print a hardcopy for my records. I further understand that if I am a parent or legal guardian enrolling a minor child, I will be required to submit a new registration for each school year.

Fitness & Sports Activity Waiver Of Liability and Disclaimer

Please read this carefully and be aware that by agreeing to it you will be waiving and releasing claims for potential injuries and property damage arising from participation in this fitness or sports activity. I, as the participant or parent or legal guardian of the above-named child, acknowledge that I understand the physical nature of this fitness or sports activity and that I, or the above-named child, am/is qualified, in good health, and in proper physical condition to participate in such activity. I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous fitness activities and have substantial risks of injury such as transmission of diseases. I fully understand that fitness and sports classes may incorporate compound whole-body movements that demand focus and constant attention to form and may involve the risk of serious bodily injury, including, but not limited to, broken bones, torn ligaments, dislocated joints, head injury, stroke, loss of consciousness, cardiac arrest, muscle strain and sprain, back injury, joint pain, pelvic discomfort, knee or hip dislocation, punctures, abrasions, bruising, and shortness of breath which may result in permanent disability, paralysis and/or death. I understand that these and other risks may be caused by my own, or the above-named child's actions or inaction; or by others participating in this event; by the use and adjustment of any equipment or apparatus; the conditions in which the event takes place; or the negligence of the Releasers described below; and that there may be other risks either not known by me, or the above-named child, or not foreseen at this time. I fully accept and expressly assume all such risks and responsibility for injury, losses, costs, and damages I, or the above-named child, incur as a result of my or the above-named child's participation in the activity. I hereby release, discharge and covenant not to sue the City of Henderson, their respective administrators, directors, agents, officers, volunteers, contracted instructors and/or employees (Releasers) for occurrences of any nature or kind arising as a result of my or the above-named child's voluntary participation in this activity. If I, or anyone on behalf of me or the above-named child, makes a claim against any of the Releasers, I or my estate will indemnify, defend, save, and hold harmless each of the Releasers from any liability, loss, damage, or cost, whether for personal injury or property damage, which they may incur as a result of such claim, except to the extent described in the next paragraph.

This release, waiver of liability, and express assumption of risk agreement does not apply to any liability, claims, demands, losses, or damages arising out of the intentional, willful, or wanton misconduct of Releasers. No oral representations, statements, or inducements apart from this waiver and release have been made.

I have, or will, inspect the facilities and equipment to be used in conjunction with this event and if I believe any unsafe conditions exists, I will immediately advise a class trainer of such condition and refuse to participate until such condition is corrected. I further acknowledge that I have been advised by the City of Henderson to seek the advice of a health care provider prior to my, or the above-named child's, participation in this activity.

Participant/Parent/Guardian Signature _____ Date _____

Participant/Parent/Guardian Signature _____ Date _____



**City of Henderson Public Works, Parks and Recreation Department
YOUTH ENRICHMENT**

Youth Participant Information & Parent/Guardian Agreement

This form must be submitted on or before the participant's first day of attending the program.

Participant Name:		Age:	Date of Birth:	Sex: M F
Street Address:		School:		
City:		Current Grade:		
State:	ZIP:	Home Phone:		
Parent/Guardian (1):		Relationship to Participant:		
Street Address (if different from participant):		Home Phone		
		Alternate phone (e.g., cell):		
City:	State:	ZIP:	Business Phone:	Ext.
Parent/Guardian (2):		Relationship to Participant:		
Street Address (if different from participant):		Home Phone		
		Alternate Phone (e.g., cell):		
City:	State:	ZIP:	Business Phone:	Ext.

Emergency Contact and Authorized Escorts. List individuals who can respond to an emergency in the event that the legal parent(s)/guardian(s) cannot be reached. Authorized persons listed below (e.g., other custodial parent/ 3rd-party person) must be able to escort the participant from the program.

Name	Relationship	Day Phone	Night Phone	Alternate Phone	Parent (1)/(2)

The City of Henderson welcomes participants of all ages and abilities to participate in its recreation programs. If you or your child needs assistance to fully and safely participate in a program, the program coordinator needs to be contacted in advance. Please advise of any possible need for assistance at least two weeks prior to the program's start date. **For full telephone access, use Relay Nevada by dialing 7-1-1.**

Special Needs Information:

Allergies/Medical Information:	Special Considerations:
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Authorization to Participate and for Emergency Medical Treatment

I, as the participant or parent or legal guardian of the above-named child, hereby give permission for his/her/my participation in the Youth Enrichment activity(ies) noted in the Parent Handbook. I further authorize, without my prior approval, the rendering of any emergency medical treatment that may become necessary due to his/her/my participation in the activity(ies).

Parent (1) /Guardian Signature _____	Date _____	Parent (2) /Guardian Signature _____	Date _____
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Participant Name:	Age:	School:	Grade:
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WAIVER, INDEMNIFICATION AGREEMENT

I, as the participant or parent or legal guardian of the above-named child, hereby give permission for his/her/my participation in the Youth Enrichment Program. I further authorize, without my prior approval, the rendering of any emergency medical treatment that may become necessary due to his/her/my participation in the activity(ies).

In consideration of the permission granted to me or the above-named child to participate in the activity(ies) Youth Enrichment listed in the parent handbook, I do hereby agree, on my own behalf as the participant, and/or as the parent or legal guardian, on my own behalf and on behalf of the above-named child, to release the City of Henderson and its officials, administrators, employees, agents, representatives, and volunteers from any and all actions, causes of action, damages, claims, or demands of whatever kind or nature which I or the above-named child may have against the City of Henderson or the other above-listed parties for any injuries, known or unknown, which are incurred by, arise from, or in any way relate to my or the above-named child's participation in the activity(ies) described above.

I acknowledge, that the City of Henderson is not responsible for lost or stolen items. The City of Henderson reserves the right to reconcile customer balances should the customer have available credit on their account.

I represent that I am the parent or legal guardian of this child or that I have permission from the child's parent or legal guardian to enroll the child in this activity; and grant and give the City of Henderson the right to use my or my child's photograph or image, with or without my or my child's name, both individually and in conjunction with other persons or objects for any and all purposes including, but limited to, private or public presentations, advertising, publicity and promotion.

I authorize the City of Henderson to share information with the Clark County School District when necessary.

I have read this release and fully understand its terms. I execute the release voluntarily and with full knowledge of its significance and consequences. Please make a copy of this form for your records, as the City will not provide one. **All parents/legal guardians/participants will be required to submit a new registration form each new school year.**

I acknowledge and agree that this form may be executed by me and transmitted electronically to the City of Henderson and that if I elect to do so, such transmission shall in no way impair the legally binding effect of the representations, waivers, and provisions set forth and agreed to herein.

Parent (1) /Guardian Signature	Date	Parent (2) /Guardian Signature	Date
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PARTICIPANT, PARENT/GUARDIAN AGREEMENT

I have read the parent handbook and agree to abide by the program rules and regulations. If procedures are not followed, I understand my child may be removed from the program. I further understand that the City of Henderson is not responsible for lost or stolen items. This authorization will be effective until the beginning of the next school year.

Participant Signature	Date
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Parent (1) /Guardian Signature	Date	Parent (2) /Guardian Signature	Date
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I agree that all terms of the authorization to participate and for emergency medical treatment on the front page of this Youth Participation Information and Parent/Guardian Agreement apply.

Parent (1) /Guardian Signature	Date	Parent (2) /Guardian Signature	Date
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City of Henderson Public Works, Parks and Recreation Department
Valley View Recreation Center

ABC ETC. 2016-2017 Tuition

As a courtesy, we offer parents/guardians the option of paying for the program in full or using a monthly payment schedule. Depending on your choice, the following applies:

- If you choose to pay the cost of the program in full, the entire amount must be paid by the start of the program in September.
- If you choose to use the monthly payment schedule, your payment must be received on or before the 20th of each month to ensure the participant's spot in the program. The first payment in September may be made prior to the start of the program.
- Late monthly payments are generally not accepted. However, if there is no waiting list for new participants in the particular class in which your child is enrolled, then payment may be accepted with a \$10 late charge.
- Online payments are made through cityofhenderson.com. New accounts may take up to 3 days to be activated.
- For payment questions and additional information, visit the front desk or call Valley View Recreation Center at 702-267-4146
- A \$50 deposit must accompany your registration packet. Deposits from families that successfully enroll will be applied to the first payment. If you are not successfully enrolled, your deposit will be returned in full.

Annual Tuition M/W/F Class		Annual Tuition T/Th Class	
1 child	\$793.69	1 child	\$554.63
2 children	\$1,508.01	2 children	\$1,053.79
3 children	\$2,222.33	3 children	\$1,552.95

Payment Schedule For Monthly Tuition

Class	M/W/F			T/Th		
	1	2	3	1	2	3
Number of children						
September	\$67.50	\$128.25	\$189.00	\$45.00	\$85.50	\$126.00
October	\$135.00	\$256.50	\$378.00	\$90.00	\$171.00	\$252.00
November	\$101.25	\$192.38	\$283.50	\$67.50	\$128.25	\$189.00
December	\$78.75	\$149.63	\$220.50	\$56.25	\$106.88	\$157.50
January	\$123.75	\$235.13	\$346.50	\$101.25	\$192.38	\$283.50
February	\$123.75	\$235.13	\$346.50	\$90.00	\$171.00	\$252.00
March	\$157.50	\$299.25	\$441.00	\$101.25	\$192.38	\$283.50
April	\$101.25	\$192.38	\$283.50	\$67.50	\$128.25	\$189.00
May	\$45.00	\$85.80	\$126.00	\$33.75	\$64.13	\$94.50



City of Henderson Public Works, Parks and Recreation Department
Valley View Recreation Center

Little Learners 2016-2017 Tuition

As a courtesy, we offer parents/guardians the option of paying for the program in full or using a monthly payment schedule. Depending on your choice, the following applies:

- If you choose to pay the annual, the entire amount must be paid at the time of initial registration.
- If you choose to use the monthly payment schedule, your payment must be received on or before the 20th of each month to ensure the participant's spot in the program. The first payment in September may be made prior to the start of the program.
- Late monthly payments are generally not accepted. However, if there is no waiting list for new participants in the particular class in which your child is enrolled, then payment may be accepted with a \$10 late charge.
- Online payments are made through cityofhenderson.com. New accounts may take up to 3 days to be activated.
- For payment questions and additional information, visit the front desk or call Valley View Recreation Center at 702-267-4146.

Annual Tuition M/W/F Class		Annual Tuition T/Th Class	
1 child	\$2,116.50	1 child	\$1,479.00
2 children	\$4,021.35	2 children	\$2,810.10
3 children	\$5,926.20	3 children	\$4,141.20

Deposit: A \$50 deposit must accompany your registration packet. Successfully enrolled families deposits will be applied to their first payment. If you are not successfully enrolled your deposit will be returned in full.

Payment Schedule For Monthly Tuition

Class	M/W/F			T/Th		
	1	2	3	1	2	3
Number of children						
September	\$180.00	\$342.00	\$504.00	\$120.00	\$228.00	\$336.00
October	\$360.00	\$684.00	\$1,008.00	\$240.00	\$456.00	\$672.00
November	\$270.00	\$513.00	\$756.00	\$180.00	\$342.00	\$504.00
December	\$210.00	\$399.00	\$588.00	\$150.00	\$285.00	\$420.00
January	\$330.00	\$627.00	\$924.00	\$270.00	\$513.00	\$756.00
February	\$330.00	\$627.00	\$924.00	\$240.00	\$456.00	\$672.00
March	\$420.00	\$798.00	\$1,176.00	\$270.00	\$513.00	\$756.00
April	\$270.00	\$513.00	\$756.00	\$180.00	\$342.00	\$504.00
May	\$120.00	\$228.00	\$336.00	\$90.00	\$171.00	\$252.00

City of Henderson
Public Works, Parks and Recreation Department
2016-2017 ABC ETC./Little Learners Preschool

Payment Information/Late Pick Up

Payment information

Once your child's registration and payment have been accepted for their first month of ABC ETC./Little Learners, future tuition payments are due by the 20th of each month to secure your child's place in the program the next month. You can pay via the following methods:

1. In person at Valley View Recreation Center
2. Online at cityofhenderson.com. In order to use the online option you must first submit your household information and request a password. This can take 48-72 hours. Once you receive a password, you may use the online registration system to make October through May tuition payments.

If payment is not received by 6pm by the 20th of the month at Valley View Recreation Center or online, **your child's space will be forfeited.** Available space will be offered to the next child on the waiting list starting the 21st of each month. Waiting lists are computer generated.

Late pick-up

Please be prompt in picking up your child at the conclusion of class. A \$10 late pick-up fee is assessed for every ten-minute increment the child stays past the scheduled program end time, beginning one minute after the conclusion of designated class time. The late pick-up fee is due at the time of pick up or before the participant returns to the program.

Scheduled class times are as follows:

M-W-F or T-Th	ABC ETC. AM class	9am-11:15am
M-W-F or T-Th	ABC ETC. PM class	12:15pm-2:30pm
M-W-F or T-Th	Little Learners	9am-3pm

I, _____, parent/guardian of ABC ETC./Little Learners participant, _____, (first and last name), have read and understand the above described ABC ETC./Little Learners monthly payment information and late pick-up policy for the 2016-2017 school year.

Signature of parent/guardian

Date

ABC ETC./Little Learners Internal field trip release form



Site: ABC ETC./Little Learners	Participant's Name:	Age:
Activity Location: Valley View Recreation Center, 500 Harris St., Henderson, NV 702-267-4146	Address:	
Date: Sept. 19, 2016 -May 12, 2017	Parent/Guardian Name:	
Price: None	Home Phone:	Work Phone:
ABC ETC. AM Class Time: 9am-11:15am	Cell Phone:	Alt. #:
ABC ETC. PM Class Time: 12:15pm-2:30pm		
Little Learners Class Time: 9am-3pm	Emergency Name:	Phone #:
<p>ABC ETC./Little Learners participants may take part in activities at Valley View Recreation Center's gymnasium, patio, racquetball courts, meeting rooms, and dance room. The City of Henderson is not responsible for lost or stolen items.</p> <p>Please read before signing By signing below, I hereby give my permission for the above-named participant to take part in field trips and acknowledge that the field trip is part of the above-listed activity and that the authorization for emergency medical treatment and the release previously executed for this activity cover this field trip.</p>		
Signature of parent/guardian:		
Date:		

Please do not cut



ABC ETC./Little Learners Program Parent Advisory



Parent advisory: This facility may use chemical air fresheners during hours of operation.

Parent advisory: This facility may use professional pesticide services without providing further notice.

I, _____, parent/guardian of ABC ETC./Little Learners participant _____ (first and last name), have read and understand the above advisories.

Signature of parent/guardian

Date: _____
month/day/year



ABC ETC./Little Learners

Participant Questionnaire

Please complete the following questionnaire and return it with your ABC ETC./Little Learners registration packet.

Child's Name _____ Child's Age _____

1. How many of the following does the child have:

a. Brothers _____

Names: _____

b. Sisters _____

Names: _____

c. Playmates _____

Names: _____

d. Pets _____

Names: _____

e. Favorite toys _____

f. Favorite TV shows _____

2. Please tell us anything about your child you feel would help us get to know them better. Please check as many of the following that apply.

_____ Shy

_____ Aggressive

_____ Toilet-training problems

_____ Difficult to understand

_____ Does not play well with others

_____ Other _____

Comments:

Thank you for your feedback. It will enable our staff to provide a quality program.

Permission to Release Information

I understand that during the time my child _____
is in the care at the _____ that the
Director may be asked for information regarding my child.

Please check one:

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

Signature of Parent/Guardian _____

I do not give permission to release information about my child as set forth in the
aforementioned statement. I realize that the Bureau of Services for Child Care has access
to my child's record as the licensing agent.

Signature of Parent/Guardian _____

Child Care Licensing Information- NRS 432A.178

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. If a complaint requires disciplinary action all children enrolled in the facility will be notified within 3 working days.

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

Parent Signature

Date

Health Statement

Child's Name:	Birth Date:
Parent's Name:	
Parent's Address:	
Status of above child's health:	
Any known conditions under treatment:	
Child is capable of adjusting to programs of the child care facility:	
Signed: (MD or RN) <u>*Please print doctor's name, office address & phone number</u>	



Required Vaccinations

	Prior to 4 yrs.	4-6 yrs.
Hep B (Hepatitis B)	3-4 doses**	
DTap / Tdap (Diphtheria tetanus, pertussis)	4 doses	5 doses
Hib Haemophilus influenza type B	3-4 doses**	
Polio	3 doses	4 doses
PCV Pneumococcal conjugate	4 doses	
RV Rotavirus	2-3 doses**	
MMR Measles, mumps, rubella	1 dose	2 doses
Varicella Chickenpox	1 dose	2 doses
Hep A Hepatitis A	2 doses	



**Number of doses will vary depending on the type of vaccine your health care provider uses.

Immunization Exemption

Unless your child is excused due to a medical condition (which must be signed by a doctor) or because of religious belief, he/she may not be enrolled in a child care facility in the state of Nevada without the required immunizations.



ABC ETC./Little Learners 2016-2017 Schedule

September 19	First Day of Class
*October 28	Nevada Day
*November 8	Professional Development Day
*November 11	Veterans Day
*November 21-23	Professional Development Days
*November 24 & 25	Thanksgiving & Family Day
*December 19-January 2	Winter Break
January 3	Classes Resume
*January 16	Martin Luther King Jr. Day
*February 20	Presidents Day
*April 10-14	Spring Break
April 17	Classes Resume
May 9	Last Day for T/Th
May 10	Last Day for M/W/F
May 12	Graduation for 4- and 5-year-old classes

**No classes on designated holidays and professional development days*