



**Medical Information:**

Child's Physician: \_\_\_\_\_ Phone number: \_\_\_\_\_

Emergency Hospital Preference: \_\_\_\_\_

Are there any medical reasons to restrict activity? \_\_\_\_\_ If YES, please explain \_\_\_\_\_

**Allergies/Medical Conditions:**

Does your child have any allergies? \_\_\_\_\_ If YES, please list \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Are there any past or current medical conditions(s) that we should be aware of? \_\_\_\_\_

If YES, Please explain \_\_\_\_\_

**Emergency Numbers:**

In Case of an Emergency, Please Notify:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

4. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

## General Release of Liability

I, Mr./Mrs. \_\_\_\_\_, of \_\_\_\_\_, Nevada, the parent or guardian of \_\_\_\_\_, our minor child do hereby release for and behalf of ourselves, and our minor child, CAUGHLIN PRESCHOOL CORPORATION, 1524 Ambassador Drive, Reno, Nevada, all owners and employees of Caughlin Preschool Corporation for any and all damages and/or personal injury that may occur in and from any connections with such Caughlin Preschool Corporation sponsoring an activity. This is a full release of any and all claims given in consideration for Caughlin Preschool Corporation, its owners and employees sponsoring the Caughlin Preschool Program(s). I, Mr./Mrs. \_\_\_\_\_, the undersigned have read this release, understand its terms and hereby execute it voluntarily and with full knowledge and understanding of its significance.

### MEDICAL RELEASE

We hereby also consent to emergency medical and/or hospital service that may be rendered by accredited hospitals, appointed physicians, in the event such need arises in the opinion of a duty licensed physician.

PRINT NAME OF PARENT/GUARDIAN \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_  
MM/DD/YY

### PERMISSION SLIP

I, \_\_\_\_\_, give permission to have your services transport my child, \_\_\_\_\_, to/from Caughlin Preschool and various locations. Details of field trips will be given in advance. This may include walking trips for younger students.

### PERMISSION TO PHOTOGRAPH AND VIDEO

I, \_\_\_\_\_, hereby authorize Caughlin Preschool to photograph my child \_\_\_\_\_ in the school setting. Photos and videos may be posted at the school, Caughlin Preschool Corporation, or used in newsletters. Photos will not be sold or given to private parties.

## TUITION AND SCHEDULING

### TUITION:

- Tuition is due the Friday before the week of attendance.
- A late fee of \$25.00 will be charged after 6:00 pm on Friday.
- Arrangements can be made to pay tuition biweekly or monthly.
- Checks or Cash will be accepted.
- Insufficient funds fee of \$30 for bounced checks.
- Absentees and/or holidays during the course of the week does not effect the weekly tuition.
- Annual registration fee is \$100.00 per family is due upon enrollment
- An annual supply fee of \$50.00 per child (Honeybee & up).
- Additional Drop-in Days may be requested for enrolled children, prices available.

### VACATION:

- After six months of continuous enrollment, you may use the one week vacation credit. Vacation credits must be used in full week increments (Monday-Friday). Your request for a vacation credit must be submitted in writing to the directors at least one month in advance. Vacation credits apply to tuition only and are excluded from all other fees.

### HOLIDAYS:

- \*Caughlin Preschool will be closed in celebration of the following holidays: Labor Day, Nevada Day, Veteran's Day, Thanksgiving Day & Family Day, Christmas Day and the day after, New Year's Day, Martin Luther King Day, President's Day, Memorial Day, & Independence Day.
- \*Caughlin Pre-First and Pre-K Classes will follow Washoe County School District Christmas and Easter vacations. An Enrichment program will be provided for these students during those times. Regular tuition for is due for these time periods regardless of attendance. No additional fees will be charged for enrichment (unless the student increases his/her schedule for these times, i.e. half days to full days).
- \*Caughlin Preschool will be closed on days when the administration deems it necessary due to weather, when travel to and from school would be dangerous, or during unforeseen circumstances.
- \*Two weeks notification of a child's withdrawal is required, so people on the waiting list can be called and given verification of their starting date. Payment of tuition is expected for this time period.

I have read and agree to the Caughlin Preschool Policies described in this packet!

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date