



Before & After School Program And Day Camp Registration

Thank you for choosing the Cold Springs Family Center!

We offer quality child care in a safe and enriching environment. In order to assure these standards, the following guidelines have been developed. Please note this is not a complete list of policies, but only a summary of key details. Please refer to your Handbook, Payment Agreement, and Registration form for more information.

Parent Handbook:

- A Parent Handbook has the complete list of our policies and practices. It may be requested at the front desk.

Program Hours/Attendance:

- The Before & After School Program (BASP)/Day Camp operates from 6:00am to 6:30pm.
- Early Before School Care is available starting at 5:15 am or 5:30 am for an additional fee.
- A late pick up fee of \$10 for the first 15 minutes and \$1 per minute after may be assessed after 6:30pm.
- For the safety of the children in this program, ***please call us to let us know if your child(ren) is to be absent.***

absent.

Repeated issues with non-reporting are grounds for termination of the program.

- Drop-in care requires a 24 hour notice, is based on availability of space, and must be approved prior to attendance.
- Vacation Care is available at the CSFC and already included in the bundle package. Please see the staff for more information.

Payments:

- Your child may not be accepted in the program until payment is received.
- A service fee of \$25 will be assessed for any payments that are returned.
- Payment Arrangements may be possible, but will be charged a \$5 fee and must be pre-approved.

Bundle

- Bundle payments are due on the 1st of the month through automatic deduction.
- The Bundle can be split into 2 payments (1st & 15th) with a \$5 fee or the 1st only with no fee.

Weekly

- Weekly payments are due the Friday prior to attendance and can be set on an automatic deduction.
- All billing/attendance changes for weekly accounts must be made the Wednesday prior to care.
- A **late payment fee of \$10** may be charged if payment is **not received by Friday at 6:30 pm**.

Program Activities:

- We will provide a morning & afternoon snack. You are welcome to send additional food with your child(ren). We do ask that you **avoid peanuts**, candy, soda and other high sugar items.
- Please provide a **sack lunch** during days that your child will be here all day, such as school holidays, snow days, and Day Camp. We are unable to refrigerate/microwave food and will eat at the park when weather permits. Please **no peanuts** and avoid products with peanuts.
- If your child has food allergies, we try to meet your child's needs, but may request that you provide snacks.
- Homework/Reading time is set in the BASP. For children who do not have homework we will ask them to read or participate in a quiet activity. While staff try to assist the children, we are not able to provide one-on-one tutoring.
- Arts, crafts, games, sports and other projects are done daily to provide your child with many experiences.
- Staff are experienced working with youth, have CPR/First Aid training, and have cleared background and criminal history checks.

- Contact information: Cold Springs Family Center - **775-657-6388**

Cold Springs Family Center

Before & After / Day Camp School Registration

Child's First Name	Child's Last Name	Birthdate	Gender	School	Grade 2025-26
		____/____/____	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Nancy Gomes <input type="checkbox"/> Inskeep <input type="checkbox"/> CSMS <input type="checkbox"/> Other: _____	
		____/____/____	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Nancy Gomes <input type="checkbox"/> Inskeep <input type="checkbox"/> CSMS <input type="checkbox"/> Other: _____	
		____/____/____	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Nancy Gomes <input type="checkbox"/> Inskeep <input type="checkbox"/> CSMS <input type="checkbox"/> Other: _____	

Program registering for (please check):

☐ Before School ONLY
 ☐ After School ONLY
 ☐ Before & After School
 ☐ Day Camp
☐ DROP-IN
 ☐ Early Care (5:15am start)

Membership: ☐ CSFC Member ☐ Non-Member

Start Date: ____/____/____
 Please circle day(s) child will attend: M T W TH F or All Week

Child(ren) lives with:

☐ Both Parents
 ☐ Mother
 ☐ Father
 ☐ Guardian
 ☐ Other _____

PARENT/GUARDIAN INFORMATION:

* * * * * * * * * * * * * * *

1st Parent/Guardian (Child's address)

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip Code _____ Home Phone (____) _____

Cell Phone (____) _____ E-mail: _____

Employer _____ Work Phone (____) _____
 * * * * * * * * * * * * * * *

2nd Parent/Guardian

Last Name _____ First Name _____

☐ Address same as above

Address _____

City _____ State _____ Zip Code _____ Home Phone (____) _____

Cell Phone (____) _____ E-mail: _____

Employer _____ Work Phone (____) _____

MEDICAL INFORMATION

Child's Name	Medical Concerns/Allergies/	Medications

*A Medical Release Form must be completed to administer medication.

Hospital Preference: ___ Renown ___ St. Mary's ___ No. NV Medical Center ___ Other _____

Physician _____ Physician Phone # (_____) _____ - _____

Any suggestions to help us help your child feel comfortable in our program? _____

CHILD PICK-UP/EMERGENCY CONTACT INFORMATION:

(Aside from parents/guardians listed on the front):

	Last Name	First Name	Relationship To Child	1st Phone	2nd Phone
1st Authorized Pick-Up					
2nd Authorized Pick-Up					
3rd Authorized Pick-Up					
4th Authorized Pick-Up					
5th Authorized Pick-Up					

Changes:

Date	Type of Change	Change	Effective Date	Made by	Parent Init.	Staff Init.
	___ Add Pick up ___ Remove Pick up Other: .			___ Mom ___ Dad ___ Other _____		
	___ Add Pick up ___ Remove Pick up Other: .			___ Mom ___ Dad ___ Other _____		

Signature of Parent _____ Date _____

Please initial that you have reviewed and made any changes updates:

Initial _____ Date _____ Initial _____ Date _____

Staff Initials	Date	Clipboard Update	Member #	Notes	
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BASP Payment Agreement

Child's Last Name	Child's First Name

Please initial each item to indicate understanding and agreement:

- _____ I agree to make changes, in writing, the Wednesday prior to that change. I understand changes must be pre-approved.
- _____ I agree to pay the annual registration fee of \$35, due at the time of registration, for the School Year. Summer is separate.
- _____ All payments/deposits are not refundable. Under no circumstances will a refund be granted for non-attendance.
- _____ A late payment fee of \$10 may be charged if payment is not received by 6:30 pm on the due date.
- _____ Uncollected balances may be sent to collections and other fees may be assessed.
- _____ Registration/Attendance may be denied if payment is not made and/or there is a past due balance.
- _____ Should any draft/payment not be honored by my financial institution, for any reason, I realize that I am still responsible for that payment and will pay a \$25.00 service fee.
- _____ I understand that for weekly participants, inconsistent attendance (such as missing weeks) may cause a loss of spot.
- _____ I understand there may be additional charges/fees for variations to the schedule (like Vacation Care, Conference Week, Early Care, Late Pick Up, etc.).
- _____ I understand that the CSFC is not responsible for circumstances out of their control (such as natural disasters and pandemics). Prices and availability may change in these types of circumstances, which may include termination of this agreement.

*Please **read and initial** each statement based on program and payment options:*

Bundle Option:

- _____ It is my complete understanding that if I wish to terminate my child care, I must give a 30 day written notice.
- _____ I understand that the Bundle Program is spread out through the entire year and that I will have even payments for the entire period.
- _____ The bundle cannot be started during the summer program.

Please choose the 1st or the 1st and the 15th payment option.

- _____ My account will be debited on the 1st of each month.
- OR**
- _____ My account will be debited half on the 1st and 15th of each month and there is a \$5 convenience fee on the 1st.

Weekly

- _____ I understand that my payment will be automatically processed on the Friday prior to service.
- _____ I must give written notice the Wednesday prior to the draft, to change or cancel an automatic draft.

Daily/Drop In

- _____ Drop In requires a 24 hour notice, must be approved, and be prepaid. No refunds are granted for absences.

Payment Options:

"Bundle" options are required to be on automatic deduction. Weekly participants/drop-ins, may pay directly each week or have it set up for automatic deduction.

My Payment Option: _____ Direct Pay _____ Automatic Deduction

I understand that my payment amount will be \$_____ per _____ month or _____ week.

Bank Drafts - please initial each item to indicate understanding and agreement:

- _____ The Bank Draft is a continuous child care and/or membership plan.
- _____ I will be automatically drafted the amount chosen on my Payment Agreement.
- _____ Cold Springs Family Center may automatically redraft any returned payments and fees. CSFC reserves the right to cancel child care/membership if my account can not be debited or a balance is due.

Parent's Signature _____ Date _____

Date	Amount of Payment	Member #	Set in Heartland	Last 4# of Card	Staff Initials	1st Draft Date
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BASP Child Care Agreement

Child's Last Name	Child's First Name

PARENTAL/GUARDIAN CONSENT: Participation in the program involves consent and/or agreement to the following items. Please initial each line.

I agree to the following while in attendance at the Cold Springs Family Center (CSFC):

- ☐ I have **read all waivers, policies and the parent handbook**. I agree to abide by all set policies and procedures.
- ☐ CSFC may administer first stage emergency care and/or contact emergency services (including emergency transportation).
- ☐ I understand that if my child needs medication dispensed at the CSFC, a medication authorization form must be on file. (Prescriptions must be in original pharmacy issued bottle/packaging. This includes non-prescription medication.
- ☐ The CSFC is not responsible for my child(ren), or their actions, before or after being signed into the program.
- ☐ **I will call the CSFC if my child(ren) will not attend their registered/daily schedule.**
- ☐ I give permission for the CSFC to release my child from the CSFC to walk to/from the Cold Springs Middle School and/or to be transported by bus/van or walk with staff to/from Nancy Gomes or Inskeep when school is in session.
- ☐ I understand changes to my weekly schedule must be approved and submitted the Wednesday prior to care. I will be responsible for any fees due based on schedule if changes are made after Weds.
- ☐ I understand that refunds are not granted for non-attendance. Deposits and Supply Fee are **non-refundable**.
- ☐ I give permission for the CSFC to transport my child by bus/van, with a contracted company.
- ☐ I understand that the program may be off site during the day/at times (weather permitting) to local areas like school grounds, walking trails, local parks and other community areas.
- ☐ For full day programs, children need to bring a **sack lunch** that can be eaten outside. Snacks will be provided in the morning and afternoon. Please no peanut products.
- ☐ My child will bring their own water bottle each day.
- ☐ Toys and electronics are not allowed to be used at the program. Please keep them at home.
- ☐ The CSFC does not allow children to use phones (in any form) while in the program. Please us at the center to talk to them or for any questions.
- ☐ The CSFC is not responsible for lost, damaged, or stolen property. Please label their items with their name(s).
- ☐ **Clothing** must be appropriate for a co-ed program and follow the WCSD Standards. Please wear closed toe shoes.
- ☐ My child may watch G and PG **movies**.
- ☐ **Photo/Talent Release:** I hereby irrevocably release, consent and allow the CSFC and its agents to use my child's photograph/likeness/voice, as it pertains to my participation in the CSFC, in any manner for promotional efforts without expectation of any reimbursement in connection with its use.
- ☐ I give permission for 'Photo' to be taken and printed for projects to take home and/or be hung at the CSFC.
- ☐ When appropriate, my child may apply sunscreen on themselves or it will be applied at home prior to attendance.

I attest that the above information is accurate and correct to the best of my knowledge. I further attest that I am legally responsible for the above named child. I hereby accept any and all responsibility for, and assume the risk of any and all injury or damage to my person or Dependent children which might arise directly or indirectly as a result, and or participate in a Cold Springs Family Center (CSFC) program. I hereby expressly release, discharge and hold harmless from any liability whatsoever the CSFC, the various branches and divisions thereof, and all employees and volunteers in their capacities as representatives of the CSFC, expressly including, but not limited to, the Board of Trustees of the CSFC, except for injuries caused intentionally, or by willful misconduct. I certify that I am familiar with the contents of this release, that I have read and understand the same, and that it is my intention by signing this release that the same be binding not only on me, but my heirs, administrators, executors, successors, and assigns.

Parent's Signature _____ Date _____

Member #

COLD SPRINGS FAMILY CENTER: AUTHORIZATIONS, RELEASE AND WAIVER OF LIABILITY

PARENTS or GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18)

In consideration of _____ (Print minor's name)
("Minor") being permitted by CSFC to participate in its activities and to use its equipment and facilities, I further agree to indemnify, defend and hold harmless CSFC from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

in consideration of gaining membership or being allowed to participate in the activities and programs of the Cold Springs Family Center (hereinafter collectively referred to as "CSFC") and to use its facilities and/or equipment in addition to the payment of any fee or charge, I, on behalf of myself, my child(ren) and all persons on my membership do hereby waive, release, and forever discharge CSFC and its officers, agents, employees, representatives, executors and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities (inside and/or outside the facility) or use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by a negligent act or omission of any those mentioned or others, acting on their behalf or in any way arising out of or connected with my participation in any activities of CSFC or the use of any equipment of the CSFC.

I hereby hold harmless, release, and forever discharge the CSFC from all claims, demands, and causes of action including, but in no way limited to, claims of negligence against the CSFC on account of personal injury, property damage, death, accident of any kind or any liability arising out of any actual, alleged, or threatened infectious, pathogenic, toxic, or other harmful properties of any "organic pathogen", which includes but may not be limited to bacteria, viruses or other pathogens whether or not a microorganism, regardless of whether such "organic pathogen" is the result of a local outbreak, epidemic, pandemic or unknown cause, arising out of or in any way related to the use of CSFC facilities/equipment or participation in CSFC programs/classes/activities whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releases.

I acknowledge that outdoor activities entail known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. The risks include, but are not limited to: slips and falls while walking/dancing/exercising in rugged, uneven hazardous terrain & pavement; severe weather and environmental conditions; heat stroke; sprains, strains, joint dislocations, and broken bones; falling; the negligence of other participants and non-participants; and exposure to potentially harmful wildlife, insects, and plant life. "I hereby take full responsibility for these risks and understand that other risks may also exist. I take full responsibility for those risks."

I hereby acknowledge and agree that participation in CSFC activities comes with inherent risks and that certain activities are potentially dangerous, and I assume on behalf of myself and my child(ren) and all persons on my membership all risks associated with participation in any program/activity. I have full knowledge and understanding of the inherent risks associated with CSFC participation, including but in no way limited to: (1) slips, trips, and falls, (2) athletic injuries, and (3) illness, including exposure to and infection with viruses or bacteria (4) injury or in extreme cases permanent trauma, or death. I further acknowledge that the preceding list is not inclusive of all possible risks associated with CSFC participation and that said list in no way limits the operation of this Agreement. To the best of my knowledge, I, my child(ren) and all persons on my membership are physically able and cleared by my/our physician to engage in physical activities. It is at my own discretion that I decide which activities/programs to participate in based on my own health/physical abilities.

I hereby certify that I have full knowledge of the nature and extent of the risks inherent in CSFC participation and that I am voluntarily assuming said risks. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, or death, I sustain while participating with the CSFC. I agree that the foregoing Waiver of Liability is intended to be as broad and inclusive as is permitted by the law and that if any portion thereof is held invalid, the undersigned agrees that the balance shall, notwithstanding, continue in full force and effect.

BY MY SIGNATURE BELOW I ACKNOWLEDGE THAT I HAVE CAREFULLY READ, UNDERSTOOD AND AGREE TO THE FOREGOING AGREEMENTS, ASSUMPTION OF RISKS, RELEASE AND WAIVER OF LIABILITY. If under 18 years of age, a parent or legal guardian must sign.

Parent/Guardian Signature: _____ Print Name: _____ Date: _____

Addendum to the CSFC Membership Application. Where applicable, the signature on this waiver does not replace the original signature on the Cold Springs Family Center Membership Application. Both documents are still in effect.

Member #