



# 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 is available 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 for an additional fee.
- Please notify us if your child is to be absent from the Family Center on an enrolled day.
- 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.** 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**

○ [coldspringsfamilycenter@gmail.com](mailto:coldspringsfamilycenter@gmail.com)

## Cold Springs Family Center Day Camp / Before & After School Registration

Child's Last Name	Child's First Name	Birthdate	Gender	School	Grade 2026-27
		____ / ____ / ____	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> NI	<input type="checkbox"/> Nancy Gomes <input type="checkbox"/> Inskip <input type="checkbox"/> CSMS Other: _____	
		____ / ____ / ____	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> NI	<input type="checkbox"/> Nancy Gomes <input type="checkbox"/> Inskip <input type="checkbox"/> CSMS Other: _____	
		____ / ____ / ____	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> NI	<input type="checkbox"/> Nancy Gomes <input type="checkbox"/> Inskip <input type="checkbox"/> CSMS 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 # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**The Family Center works with Federal and State grant funded programs that require this data to be collected. All information is voluntary and will not affect your child (ren)'s participation.**

Please select the best description: \_\_\_ White \_\_\_ Black or African American \_\_\_ American Indian or Alaskan \_\_\_ Latin X \_\_\_ Asian \_\_\_ Pacific Islander \_\_\_ Multi-Racial \_\_\_ Other/Unknown \_\_\_ Prefer not to answer

Do you have any suggestions to help us help your child feel comfortable in our program?

**CHILD PICK-UP/EMERGENCY CONTACT INFORMATION: (Aside from parents/guardians listed):**

	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					

**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 \_\_\_\_\_

Staff Initials	Date	Clipboard Update	Member #	Notes

# Cold Springs Family Center SUMMER DAY CAMP 2026 Registration Form

Child's Last Name	Child's First Name

**Bundle Participant:** \_\_\_\_\_ CSFC Family Membership: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Summer Pass Membership \_\_\_\_\_ Early Care: \_\_\_\_\_ (extra fee)

Week	Date	Circle Days Attending	Weekly Rate Due	Date Deposit Pd	Deposit \$10 min./child	Staff Initials	Balance Due	Final Payment Date	Payment Amount	Staff Initials	Balance Due by the Friday Prior
1	6/8 - 6/12	All - M - T - W - TH - F	\$		\$		\$		\$		6/5/2026
2	6/15 - 6/19	All - M - T - W - TH - F	\$		\$		\$		\$		6/12/2026
3	6/22-6/26	All - M - T - W - TH - F	\$		\$		\$		\$		6/19/2026
4	6/29 - 7/3	All - M - T - W - TH - F	\$		\$		\$		\$		6/26/2026
5	7/6 - 7/10	All - M - T - W - TH - F	\$		\$		\$		\$		7/3/2026
6	7/13 - 7/17	All - M - T - W - TH - F	\$		\$		\$		\$		7/10/2026
7	7/20-7/24	All - M - T - W - TH - F	\$		\$		\$		\$		7/17/2026
8	7/27-7/31	All - M - T - W - TH - F	\$		\$		\$		\$		7/24/2026
9	8/3-8/7	All - M - T - W - TH - F	\$		\$		\$		\$		7/31/26

**Weekly Registration:**

\$15 non-refundable registration fee per child must be paid at time of registration.  
 A \$10/week per child- deposit is required to reserve each spot.

\_\_\_\_\_ Initial here to have your payments set on auto deduction every Friday for each week of camp registered.

**Bundle Parents:**

Please complete this form for attendance purposes only. Your monthly rate and auto deduction will remain the same through July 31, 2026.

**Deposits:** A deposit is required to reserve your spot for each week registered. Deposits are non-refundable and non-transferable and will be applied to that week's fee.  
**Payment due dates/options:** Payments are **due in full, by 6:30pm the Friday before attending camp**. If payment is not received by the due date, your child's space is no longer guaranteed, must be approved by staff, and a \$10 late fee may be accessed. There's a \$25 fee for any returned payment.

**Cancellations:** All cancellations must be made the Wednesday prior to the week of camp or balance is due regardless of attendance. No refund will be granted for non-attendance.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Initials	Date	Member #	Reg Fee \$15	Cash - Credit Card - Ck #	Heartland Auto
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