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.
- A late pick up fee of $10 for the first 15 minutes and $1 per minute after may be assessed after 6:30pm.
- Please notify us if your child is to be absent from the Family Center on an enrolled day.

  Please call us at 775-657-6388 to report an absence.

  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.
- There is a one-time registration fee of $35 per child, per school year.
- 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.
- A **late payment fee of $10** may be charged if payment is **not received by Friday at 6:30 pm or bundle payments are not processed.**

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.

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, candy, soda and other high sugar items and **NO peanut products**.
- 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/peanut products.**
- 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**

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

Child's Last Name	Child's First Name	Birthdate	Gender	School	Grade 2026-27
		____/_____/____	__ F __ M __ NI	___ Nancy Gomes ___ Inskeep ___ CSMS ___Other:_____	
		____/_____/____	__ F __ M __ NI	___ Nancy Gomes ___ Inskeep ___ CSMS ___Other:_____	
		____/_____/____	__ F __ M __ NI	___ Nancy Gomes ___ Inskeep ___ 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 ___ 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	

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