

Robert "Bob" Price Recreation Center Little Bobcats Preschool Program

2023-2024

REQUIRED REGISTRATION PACKET



Dear Parents/Guardians,

The following documents are required before your child can participate in the Little Bobcats Preschool Program at Robert "Bob" Price Recreation Center.

- **Birth Certificate (Must provide a copy)**
- **Shot Records (Must provide a copy)**
- **Health Evaluation Form**
- **Child Care Registration Form**
- **Little Bobcats Participation Form**
- **Permission to Release Information/Field Trip Form**
- **Photo Release Form**
- **Air Freshener/Insecticide Form**
- **Signed Review Complaint Form (NRS. 178)**

If you have any questions about the registration packet, then please see the front desk or call the enter at 702-455-7600.



We'll see you in the classroom!

**Robert E. "Bob" Price Recreation Center
Preschool Aged Classroom Guidelines**

ADMISSION REQUIREMENTS

Children must be four (4) years old by September 30 to enroll in the 4-5 year old class, or three (3) years old by September 30 to enroll in the 3 year old class. This standard has been established by the Clark County School District. Children must be toilet trained (no pull-ups) and must perform their own personal hygiene. SORRY, NO EXCEPTIONS!

CLOTHING

Dress children in play clothes, they will be painting and playing outside and participating in many craft projects. Closed toed shoes, suitable for outdoor play, must be worn. Please put your child's name on jackets, sweaters, and backpacks.

HOURS AND HOLIDAYS

Our Early Childhood Enrichment Program begins promptly at the designated time. Children should not arrive earlier than 5 minutes before the start of class. The program is closed on all major holidays. If class is canceled by Clark County Parks and Recreation, the class will be made up the week following the end of the session or a credit will be issued.

LATE PICK-UP

Please ensure that your child is picked up on time at the end of class. A fee will be assessed for children that are picked up late. Please come inside the center to pick up your child. Please be prompt. It is very disturbing for a child to be left when the rest of the children are gone. Additionally, most teachers have other classes and need this time for preparation. Your understanding and cooperation is appreciated.

BIRTHDAYS AND TREATS

Birthdays are special days. If you wish to send treats for your child's class, please make arrangements ahead of time with the teacher.

BRINGING TOYS

Children should not bring toys to school, as it is hard to keep track of them.

VISITORS AND ESCORTS

Please let your teacher know in advance if you would like to do so. (Remember, it is sometimes best to wait until the child has had a chance to get used to being away from home before you visit class.) Children's friends or siblings may not attend class as this creates a problem for the teacher. Please inform the teacher in advance if anyone other than those listed on this information card will be picking up your child.

CHILDREN'S HEALTH

Please help us maintain a healthy environment for all children. IF YOUR CHILD SHOWS SYMPTOMS OF ILLNESS, PLEASE KEEP THEM AT HOME. Any staff member may refuse to admit your child if he/she is obviously ill. A sick child requires extra attention from the staff and exposes other children to illness. No medication can be administered during the program.

DISCIPLINE

It is our goal for your child to succeed in this program. In order to ensure everyone's safety and enjoyment, children are expected to follow the rules at all times. Our staff praises and encourages desirable behavior in the hopes that it will get more attention than negative behavior. There are times when undesirable behavior cannot be ignored and further action must be taken. Disrespect of staff, misuse of property, and behaviors that inhibit other children's enjoyment of the program must be addressed. Usually, the child will be asked to sit in "Quiet Time" for a short time (up to 5 minutes). If the behavior is not corrected, parents will be asked to help. If your child is asked to sit in quiet time for any reason, you will be notified either verbally or in writing at the end of class. If the behavior is extreme (hitting, biting, kicking, etc.), the parent may be called and asked to pick up the child immediately.

I have read and understand the above parent information and conditions of Robert E. "Bob" Price's PreSchool Program.

Child's Name

Parent/Guardian Name

Parent/Guardian Signature

Date



Robert E. "Bob" Price Recreation Center
Little Bobcats Preschool Program

Health Evaluation

I have examined _____ and find him/her to be in general good health. I find him/her suitable for enrollment in a childcare program.

There **are / are not (circle one)** any special conditions or treatments which may present a problem that the child care center may be unable to deal with,

Problem area found: _____

Date of Examination: _____

Signature of Physician or Nurse: _____

Comments: _____



Permission to Release Information

I understand that the time my child, _____ is in the facility that the director may be asked for information regarding my child.

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

I do not give permission to release information about my child as set forth in the aforementioned statement. I understand that the Bureau of Services for Child Care has access to my child's record as the licensing agent and may view the record upon BSCC facility inspection.

Transportation/Field Trip Permit

I understand my child may take part in field trips and educational excursions, either by bus, private car, or on foot. I further understand that my child will be chaperoned by a responsible adult at all times away from the facility.

Should any accident occur while my child is away from the facility on the aforementioned trip, I shall not hold the child's caretaker, members of the facility and its employees, nor any participating adult liable.

I do not wish my child to take part in the aforementioned field trips or educational excursions

Clark County Robert E. "Bob" Price Recreation Center may transport my child, _____ in the event of an emergency evacuation or disaster preparedness drill of the facility.

Child's Name _____

Parent's Name _____

Parent's Signature _____ Date _____



Air Freshener Notification

To be in compliance with the Southern Nevada Health District mandates: Clark County Parks & Recreation must notify patrons that air freshener sprays are utilized inside the Bob Price Recreation Center, including the Early Childhood Enrichment Classroom. For further information on products used, please contact our office at 702-455-7600 or RPM at 702-455-8293. Thank you.

Insecticide Notification

To be in compliance with the Southern Nevada Health District mandates: Clark County Parks & Recreation must notify patrons that Real Property Management/ Park maintenance sprays the exterior of Bob Price Recreation Center, as needed with insecticides. For further information on products used, please contact our office at 702-455-0566 or Real Property Management at 702-455-8293.

NRS.178

Parent/Guardian Notification of NRS.178 Child care facility required to maintain certain information; reporting of information to parents and guardians; notice of right to information:

I, _____, (Parent/Guardian) am aware that I have the right to request and review any complaints the facility has received within the last 12 months of my child's(ren's) enrollment.

Child's Name _____

Parent's Name _____

Parent's
Signature _____ Date _____

CHILD CARE REGISTRATION FORM

NAME OF CHILD CARE FACILITY: _____

CHILD'S SURNAME: _____ FIRST NAME: _____ RELIGION: _____
HOME ADDRESS: _____ HOME PHONE: _____ SEX: _____
BIRTH DATE: _____

FATHER'S NAME: _____ HOME ADDRESS: _____ HOME PHONE: _____
BUSINESS ADDRESS: _____ BUSINESS PHONE: _____

EMPLOYER: _____ ADDRESS: _____ PHONE: _____

MOTHER'S NAME: _____ HOME ADDRESS: _____ HOME PHONE: _____
BUSINESS ADDRESS: _____ BUSINESS PHONE: _____

EMPLOYER: _____ ADDRESS: _____ PHONE: _____

AUTHORIZED ESCORT(S) OR PERSON(S) WHO MAY BE CALLED IN AN EMERGENCY (OTHER THAN PARENT):

NAME: _____ ADDRESS: _____ RELATION: _____ PHONE: _____

NAME: _____ ADDRESS: _____ RELATION: _____ PHONE: _____

REQUIRED SHOTS: (Must be viewed by Child Care Facility)

Recorded With: Doctor _____ Health Dept. _____ Military _____

DATES	DPT	POLIO	MMR	Hib	Hep. B
Series:	1. _____	1. _____	1. _____	1. _____	1. _____
	2. _____	2. _____	2. _____	2. _____	2. _____
	3. _____	3. _____		3. _____	3. _____
Boosters:	4. _____	4. _____		4. _____	
	5. _____	5. _____			

DPT – (Diphtheria – Pertusis – Tetanus) MMR – (Measles – Mumps – Rubella) Hib – (Haemophilus Influenza Type b) Hep B – (Hepatitis B)

PLEASE INDICATE MEDICAL REASON IF THE CHILD CANNOT RECEIVE A REQUIRED IMMUNIZATION _____

IN THE EVENT OF AN ACCIDENT OR ILLNESS TO THE CHILD, I HEREBY AUTHORIZE OPERATOR OF THIS CHILD CARE FACILITY TO SECURE ANY NECESSARY MEDICAL AID AND/OR TREATMENT FROM: DOCTOR _____ OR THE DOCTOR WHO IS ON CALL OR AVAILABLE OR FROM THE _____ HOSPITAL/CLINIC OR THE NEAREST HOSPITAL OR CLINIC.

IN THE EVENT I CANNOT BE CONTACTED IMMEDIATELY FOR NOTIFICATION OR SHALL FAIL OR REFUSE TO REMOVE THE CHILD AFFECTED WITH A COMMUNICABLE DISEASE OR OTHER VALID REASON AFTER NOTIFICATION OF ILLNESS AND REQUEST FOR REMOVAL OF THE CHILD: I UNDERSTAND THAT THE APPROPRIATE AUTHORITIES MAY REMOVE THE CHILD FROM THE PREMISES OF THIS CHILD CARE FACILITY.

FURTHERMORE, I AGREE TO BE DIRECTLY RESPONSIBLE FOR ALL COSTS AND EXPENSES CONNECTED WITH THE EXAMINATION, DIAGNOSIS, TREATMENT AND REMOVAL OF THE CHILD.

DATE: _____ SIGNATURE OF PARENT OR GUARDIAN: _____

HEALTH RECORD OF CHILD

Date Child Had Last Physical Exam: _____ Physician's Name: _____

Give Date If Child Has Had Any Of The Following:

Chicken Pox: _____ Mumps: _____ Measles: _____

Asthma: _____ Hay Fever: _____ Epilepsy: _____

Diabetes: _____ Whooping Cough: _____ Rheumatic Fever: _____

Is The Child Allergic To Any Foods? _____ Does The Child Have Any Special Problems? _____

Has Child Ever Been In **Licensed Child Care** Before? _____

If So, Where: _____

Date Of Admission: _____ Date Of Discharge: _____

Little Bobcats Preschool

PHOTO RELEASE PERMISSION FORM

Throughout the year there will be some memorable moments in our classroom. We would love to cherish these moments and capture them in videos or pictures. We would also love to share these pictures with you in our classroom Remind app. Many videos or pictures would consist of group shots of the children/or teachers.

We would love your permission to share videos and pictures that YOUR CHILD IS IN!

Please indicate below your preference.

YES, I would like to allow videos or pictures of my child to be used/shared in the classroom Remind app.

NO, I would NOT like to allow videos pictures of my child to be used/shared in the classroom Remind app.

Child's Name: _____

Parent's Name: _____

Parent's Signature: _____

Date: _____

Please sign and return to the front desk, Ms. Stephenie,

Ms. Alix or Ms. Nicole.