



# C.A.R.E Registration Form

## Child's Information

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

### Teachers (If Known)

TEACHER	SUBJECTS

## CHILD'S SCHOOL SCHEDULE

Start/Drop-off Time \_\_\_\_\_ End/Pick-up Time \_\_\_\_\_

Please select all time periods in which you intend for your child to be present at the CARE Program in whole or in part (SELECT ALL THAT APPLY):

- AM (7:30 am – 10:45 am)                       Midday (10:45 am – 1:00 pm)  
 PM (1:00 pm – 3:30 pm)                       End of Day (3:30 pm – 6:00 pm)

• Is Your Child Able to Swim Without a Flotation Device in Water Where He/She Cannot Touch the Bottom?

YES NO

• Does Your Child require an Accommodation Because of Disability to Enjoy this Program?

YES NO *If yes, please explain:* \_\_\_\_\_

• Does Your Child Require Medication During the Hours of this Program?

YES NO *If yes, please attach Medication Release Form.*

• Please List any Needs, Limitations, or Allergies: \_\_\_\_\_

What are Your Child's Hobbies, Activities, Special Interests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Parent/Guardian Information**

### **Parent/Guardian #1**

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_ Cell \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_

E-Mail \_\_\_\_\_

*(Required to receive program updates and information)*

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### **Parent/Guardian #2**

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_ Cell \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_

E-Mail \_\_\_\_\_

*(Required to receive program updates and information)*

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### **Parent/Guardian #3**

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_ Cell \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_

E-Mail \_\_\_\_\_

*(Required to receive program updates and information)*

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### **Parent/Guardian #4**

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_ Cell \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_

E-Mail \_\_\_\_\_

*(Required to receive program updates and information)*

**Emergency Contact (if parent/guardians are unable to be reached first):**

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Additional Person(s) Authorized to Pick Up Your Child (Other than those parents/guardians listed on page 2 Above)**

Name _____ Phone _____
Relationship to Child _____

Name _____ Phone _____
Relationship to Child _____

Name _____ Phone _____
Relationship to Child _____

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I grant permission for \_\_\_\_\_ to attend the C.A.R.E. Program. I understand that Churchill County Parks & Recreation, Churchill County, and/or other person(s) or organizations connected therewith will not be responsible for illness or injury sustained by my child while in the program or in travel to and from the program. I grant permission to the Parks & Recreation department staff and/or trained emergency medical professionals to provide emergency medical care and to call a physician for my child if it is not possible to contact me first. I hereby agree to pay for such emergency care.

***Initials***

\_\_\_\_\_ I agree to pay a returned check fee of \$25.00 for each returned check payment that is returned unpaid, for any reason, by my bank or financial institution.

\_\_\_\_\_ **PHOTO RELEASE.** I understand that due to the nature of this program, I/my child may be included in photos or video that will be used for media information or advertising of future programs. I understand by signing this hold harmless agreement that I authorize the use of any photos or video taken during this program.

\_\_\_\_\_ I do hereby give permission for my child to participate in surveillance testing for COVID-19. I understand that I, as the parent, will have the option to be present when my child is tested. I understand that COVID-19 testing for my child is a requirement for the CARE program and may not be opted out of, regardless of testing policies at my child's school.

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**Parent/Legal Guardian's Signature**

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**Date**



Parks and Recreation

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# Churchill County Parks & Recreation

325 Sheckler Road Fallon, NV 89406 (775) 423-7733 (775) 423-7734 (Fax)

## CARE RULES

Rules governing behavior are necessary in order to assure everyone's safety and enjoyment. Participants are expected to behave at all times and can accomplish this by showing respect towards themselves and others. The following list represents some – though not necessarily all – of the behaviors that are not acceptable while at the CARE program. Unacceptable behavior is addressed as outlined in the CARE Progressive Discipline Plan. Repeated or severe infractions may result in suspension or removal from the CARE program.

Parents are expected to review these expectations with their campers in advance of their attendance at the program. Rules are discussed with all campers at the beginning of the summer and reviewed intermittently and as needed thereafter.

Examples of inappropriate behavior include (**BUT NOT LIMITED TO**):

1. **ABUSIVE LANGUAGE/INAPPROPRIATE GESTURES** – The use of foul or unkind words, inappropriate gestures toward participants, staff, or self.
2. **FIGHTING/ASSAULT** – Striking or injuring another participant.
3. **DISRESPECT OF STAFF AND PARTICIPANTS** – Talking back to or not listening to staff members – not following directions.
4. **MISUSE OF CARE PROPERTY** – Improper care of equipment or items that belong to CARE, Churchill County Parks & Recreation, Churchill County School District, or to another person.
5. **STEALING** – Removing items from CARE, staff members, or other participants without permission.
6. **SPITTING** – Spitting on property, equipment, others, or self.
7. **FAILURE TO ADHERE TO SPECIFIC RULES** – Disobeying rules established by the CARE program or Churchill County Parks & Recreation.
8. **RUNNING AWAY** – Leaving the immediate area of supervision.
9. **LYING** – Always tell the truth.



Parks and Recreation

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## PROGRESSIVE DISCIPLINE PLAN

Inappropriate Behavior and/or Rule Infractions will be addressed with the following progressive actions:

**1<sup>st</sup> Offense** – Reinforce the Rule Verbally. A Counselor will speak with the child and make him/her aware of the rule that was broken.

**2<sup>nd</sup> Offense** – Separation and Reinforcement of the Rule. A Counselor will pull the child aside and speak with them individually to remind the child of the expectation and the appropriate behavior. They will seek to address any factors that may be contributing to the repeated infractions.

**3<sup>rd</sup> Offense** – Removal from Activity and Reinforcement of the Rule with Recreation Leader and/or Recreation Coordinator. The Recreation Leader or Coordinator will begin the Progressive Discipline Plan and fill out an Incident Report – initiating the process below. The child may be removed to a different location or activity, as the situation warrants.

If a rule is broken and steps 1 – 3 have been used, an *Incident Report* will be completed and signed stating the infraction and the actions taken. If an *Incident Report* is signed:

**1<sup>st</sup> Time** – The CARE Director will complete an *Incident Report* informing the parent of the situation. The parent will be notified when the child is picked up in the afternoon. The report will stay in the child's folder for as long as he/she attends the CARE program.

**2<sup>nd</sup> Time** – This will be the same as the First *Incident Report* signing. (If this is a new behavioral problem, steps 1-3 will be repeated. If it is the same behavioral problem as on first-time report signing, steps 1-3 will NOT be repeated).

**3<sup>rd</sup> Time** – A phone call will be made to the parent. The child must be picked up for the remainder of that day and there may be a one-day suspension for the following day.

**4<sup>th</sup> Time** – The parent MUST pick up the child from his/her location. The parents must have a meeting with the Recreation Supervisor, CARE Director, and child. The child will not be able to attend the SUMFUN program until the meeting is conducted and a plan of action and solution are agreed upon.

**5<sup>th</sup> Time** – If an *Incident Report* is signed for a fifth time, the child will be suspended or terminated from the program.

\*If a child commits any physical harm towards another child or staff, that child will be sent home immediately. Fighting will not be tolerated for any reason, if a child is involved in a physical altercation he/she will be sent home immediately. **Aggressive behavior will not be tolerated.**

\*If a child runs away from a supervised area, they will be automatically sent home for the remainder of the day and possibly longer. When a child leaves a supervised area, they run the risk of being hurt. It is imperative that the children know that running away will not be tolerated.

### ***Affirmation:***

***I hereby affirm with my signature below that I have read and fully understand the "Progressive Discipline Plan" and have discussed the "CARE Rules" with my child(ren).***

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**Parent/Guardian Signature**

**Date**

# Consent for COVID-19 Testing



The Churchill County CARE program performs surveillance testing on all participants to monitor for cases of COVID-19. Tests are performed weekly on a selection of participants. Tests are performed by medical professionals in conjunction with Churchill County Social Services. There are no costs to the parents/guardians associated with the COVID-19 testing.

By signing this document, I am giving permission for my child to be tested for COVID-19 through the Churchill County CARE program. I agree to allow the medical records of my child which are related to COVID-19 testing to be shared with the Churchill County Board of Health.

I understand that my child may be tested multiple times throughout the duration of their participation in the CARE program and grant permission for recurring testing until such time as my child's participation in the CARE program ends or the requirement for COVID-19 testing is lifted.

I understand that I will be notified at least 3 days in advance when my child is scheduled for surveillance testing and I have the option to be present for the test.

I understand that based on testing results, my child may be asked to complete additional COVID-19 testing and may not be allowed at the CARE program until such testing is completed and results are received. Depending on the circumstances, I may be required to make alternative arrangements for additional testing outside of the CARE program.

I consent to receiving test results via electronic forms, including email and or facsimile.

I consent to receiving test results via telephone and or voicemail.

\_\_\_\_\_  
Patient (Child) Name (Printed)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (Printed)

**Food Bank of Northern Nevada  
Participant Information**

\_\_\_\_\_ **Gender** \_\_\_\_\_  
**Name of Youth** < Please Print >

**Date** \_\_\_\_\_

**Program(s) attending:**    SUMFUN    WINTERFUN    CARE

The Food Bank of Northern Nevada offers food service for our programs. In return, we are required to provide information pertaining to our clients gender, age, ethnic background and residency in the community.

We would appreciate you taking the time to answer a few questions to help us fill out the monthly reports. Thank you for your time!

- **Child's ethnic background?**  
Caucasian \_\_\_\_\_      African American \_\_\_\_\_  
Hispanic    \_\_\_\_\_      Native American \_\_\_\_\_  
Asian        \_\_\_\_\_      Pacific Islander \_\_\_\_\_  
Other \_\_\_\_\_
  
- **County of residence?**  
(Example: Churchill ) \_\_\_\_\_
  
- **Length of time you've lived in above county?**  
Less than 1 month \_\_\_\_\_  
1 month – 2 years \_\_\_\_\_  
2+ years                    \_\_\_\_\_

*Thank you for your time!*