

# City of Henderson Parks and Recreation Department



*A Place To Call Home*

## **ABC ETC. 2011-2012 Orientation Packet**

Valley View Recreation Center  
500 Harris St.  
Henderson, NV 89015  
702-267-4060

Valerie Derrick, Recreation Services supervisor  
Kara Fox, Recreation program coordinator

Donna Miller, team leader—Recreation Services  
Cathy Dembinski, team leader—Recreation Services



## ABC ETC. Preschool Program Information and Requirements



Dear parent/guardian,

ABC ETC. is a state-licensed preschool program designed for children between the ages of 3 and 5, and is offered only at Valley View Recreation Center. The program runs concurrently with the Clark County School District's 9-month calendar and is closed on school holidays.

To register any child for the program, the age requirements listed below must be met (no exceptions). All participants must be toilet trained to attend.

- ❖ Preschoolers must be 3 years old to attend the Tuesday/Thursday class.
- ❖ Preschoolers must be 4 years old by Sept. 30 of the current school district year before they are permitted to enroll in/attend the Monday/Wednesday/Friday class.

The program offers a variety of opportunities for your preschooler to excel. Group activities and learning centers covers areas such as:

Motor skills (fine/large)  
Arts & crafts  
Alphabet/shapes/numbers  
Story time

Music/singing  
Reading/phonics  
Social interaction/creative play  
Months/days of week

Payment must accompany your completed packet. Mail-in registration is accepted Aug. 1-6, 2011. Registration must be postmarked on or after Aug. 1 (include all required copies). Participants are enrolled on a first come, first served basis. Drop off registration is accepted Aug. 10-Sept. 3, 2011, pending space availability, at Valley View Recreation Center until classes are full. You will be notified by mail if your enrollment is successful, and this will include the date and time of the parent/child orientation/open house you and your child will attend.

Mail your completed registration packet with payment to:  
Valley View Recreation Center/ABC ETC.  
500 Harris St., Henderson, NV 89015

We look forward to serving your family!

# ACTIVITY REGISTRATION FORM



## CITY OF HENDERSON PARKS AND RECREATION DEPARTMENT

Aquatics	267- 5870
Arroyo Grande Sports Complex	267-5700
Black Mountain Recreation Center	267-4070
Downtown Recreation Center	267-4040
Henderson Multigenerational Center	267-5800
Valley View Recreation Center	267-4060
Youth Enrichment	267-4100
Senior Adult Services	267-4150
Silver Springs Recreation Center	267-5720
Whitney Ranch Recreation Center	267-5850

This form may be copied  
Please print and fill out completely

Parent or Guardian:						
Participant: Last Name	First	M.I.	DOB	Grade	Age	Sex
Street Address		City		State	ZIP	
Home Phone		Work Phone		Emergency Phone		

Has sibling in same division

Activity No.	Activity or Class	Day	Time	Location	Total Price

### FORM OF PAYMENT

CASH	CHECK #	MONEY ORDER #	TOTAL DUE \$
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### **Authorization to Participate and for Emergency Medical Treatment**

I, as the participant or parent or legal guardian of the above-named child, hereby give permission for his/her/my participation in the above-listed activity(ies). I further authorize, without my prior approval, the rendering of any emergency medical treatment that may become necessary due to his/her/my participation in the activity(ies).

\_\_\_\_\_  
Participant/Parent/Guardian Print

\_\_\_\_\_  
Participant/Parent/Guardian Signature

\_\_\_\_\_  
Date

The City of Henderson welcomes participants of all ages and abilities to participate in its recreation programs. If you or your child needs assistance to fully and safely participate in a program, the Program Coordinator needs to be contacted in advance. Please advise the Program Coordinator of any possible need for assistance at least two (2) weeks prior to the program's start date. For full telephone accessibility, use Relay Nevada by dialing 7-1-1.

### RELEASE

In consideration of the permission granted to me or the above-named child to participate in the activity(ies) listed above, I do hereby agree, on my own behalf as the participant or, if the parent or legal guardian, on my own behalf and on behalf of the above-named child, to release the City of Henderson, its Parks and Recreation Department, and its officials, administrators, employees, agents, representatives, and volunteers from any and all actions, causes of action, damages, claims, or demands of whatever kind or nature which I or the above-named child may have against the City of Henderson, its Parks and Recreation Department, or the other above-listed parties for any injuries, known or unknown, which are incurred by, arise from, or in any way relate to my or the above-named child's participation in the activity(ies) described above.

**"The City of Henderson is not responsible for lost or stolen items."**

I have read this release and fully understand its terms. I execute the release voluntarily and with full knowledge of its significance and consequences. **Please make a copy of this form for your records, as the City will not provide one.**

\_\_\_\_\_  
Participant/Parent/Guardian Signature

\_\_\_\_\_  
Date



**City of Henderson Parks and Recreation Department  
RECREATION DIVISION**

## Youth Participant Information & Parent/Guardian Agreement

This form must be submitted on or before the participant's first day of attending the program.

Participant Name:		Age:	Date of Birth:	Sex: M F
Street Address:		School:		
City:		Current Grade:		
State:	Zip:	Home Phone:		
Parent/Guardian (1):		Relationship to Participant:		
Street Address (if different from participant):		Home Phone		
		Alternate phone (e.g., cell):		
City:	State:	ZIP:	Business Phone:	Ext.
Parent/Guardian (2):		Relationship to Participant:		
Street Address (if different from participant):		Home Phone		
		Alternate Phone (e.g., cell):		
City:	State:	ZIP:	Business Phone:	Ext.

**Emergency Contact and Authorized Escorts.** List individuals who can respond to an emergency in the event that the legal parent(s)/guardian(s) cannot be reached. Authorized persons listed below (e.g., other custodial parent/third party person) must be able to escort the participant from the program.

Name	Relationship	Day Phone	Night Phone	Alternate Phone	Parent (1)/(2)

The City of Henderson welcomes participants of all ages and abilities to participate in its recreation programs. If you or your child needs assistance to fully and safely participate in a program, the program coordinator must be contacted in advance. Please advise the program coordinator of any possible need for assistance at least two weeks prior to the program's start date. **For full telephone access, use Relay Nevada by dialing 7-1-1.**

Special Needs Information:

Allergies/Medical Information:	Special Considerations:
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***Authorization to Participate and for Emergency Medical Treatment***

I, as the participant or parent or legal guardian of the above-named child, hereby give permission for his/her/my participation in the Youth Enrichment activity(ies) noted in the Parent Handbook. I further authorize, without my prior approval, the rendering of any emergency medical treatment that may become necessary due to his/her/my participation in the activity(ies).

Parent (1) /Guardian Signature	Date	Parent (2) /Guardian Signature	Date
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Participant Name:	Age:	School:	Grade:
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**WAIVER, INDEMNIFICATION AGREEMENT**

I, as the participant or parent or legal guardian of the above-named child, hereby give permission for his/her participation in the Youth Enrichment Program. I further authorize, without my prior approval, the rendering of any emergency medical treatment that may become necessary due to his/her/my participation in the activity(ies).

In consideration of the permission granted to me or the above-named child to participate in the activity(ies) Youth Enrichment listed in the parent handbook, I do hereby agree, on my own behalf as the participant or, if the parent or legal guardian, on my own behalf and on behalf of the above-named child, to release the City of Henderson and its officials, administrators, employees, agents, representatives, and volunteers from any and all actions, causes of action, damages, claims, or demands of whatever kind or nature which I or the above-named child may have against the City of Henderson or the other above-listed parties for any injuries, known or unknown, which are incurred by, arise from, or in any way relate to my or the above-named child's participation in the activity(ies) described above.

The City of Henderson is not responsible for lost or stolen items. The City of Henderson reserves the right to reconcile customer balances should the customer have available credit on their account.

I represent that I am the parent or legal guardian of this child or that I have permission from the child's parent or legal guardian to enroll the child in this activity; and grant and give the City of Henderson the right to use my or my child's photograph or image, with or without my or my child's name, both individually and in conjunction with other persons or objects for any and all purposes including, but limited to, private or public presentations, advertising, publicity and promotion.

I authorize the City of Henderson to share information with the Clark County School District when necessary.

I have read this release and fully understand its terms. I execute the release voluntarily and with full knowledge of its significance and consequences. Please make a copy of this form for your records, as the City will not provide one. **All parents will be required to submit a new registration form each new school year.**

_____ Parent (1) /Guardian Signature	_____ Date	_____ Parent (2) /Guardian Signature	_____ Date
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**PARTICIPANT, PARENT/GUARDIAN AGREEMENT**

I have read the parent handbook and agree to abide by the program rules and regulations. If procedures are not followed, I understand my child may be removed from the program. I further understand that the City of Henderson is not responsible for lost or stolen items. This authorization will be effective until the beginning of the next school year.

_____ Participant Signature	_____ Date
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_____ Parent (1) /Guardian Signature	_____ Date	_____ Parent (2) /Guardian Signature	_____ Date
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**I agree that all terms of the authorization to participate and for emergency medical treatment on the front page of this Youth Participation Information and Parent/Guardian Agreement apply.**

_____ Parent (1) /Guardian Signature	_____ Date	_____ Parent (2) /Guardian Signature	_____ Date
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City of Henderson Parks and Recreation Department  
 Valley View Recreation Center  
 500 Harris St., Henderson, NV 89015  
 702-267-4060

## ABC ETC. Payment Schedule 2011-2012

When submitting your initial registration packet, you have two convenient payment options.

**Option 1:** Submit only September tuition payment (payment chart listed below). Your October tuition payment is due Sept. 20.

**Option 2:** Submit your combined September and October tuition payments (add both months together from the chart below). Your November tuition payment is due Oct. 20.

Monthly tuition is based on a \$6 per day rate.

Attending the month of	Payments due the 20 <sup>th</sup> of each month					
Class	M/W/F			T/Th		
Number of children	1	2	3	1	2	3
September	\$54	\$98	\$132	\$36	\$62	\$78
October	\$72	\$134	\$186	\$42	\$74	\$96
November	\$60	\$110	\$150	\$42	\$74	\$96
December	\$42	\$74	\$96	\$30	\$50	\$60
January	\$60	\$110	\$150	\$54	\$98	\$132
February	\$72	\$134	\$186	\$42	\$74	\$96
March	\$78	\$150	\$210	\$54	\$98	\$132
April	\$42	\$74	\$96	\$24	\$38	\$42
May	\$24	\$38	\$42	\$24	\$38	\$42

Payment in full must be received on or before the 20<sup>th</sup> of each month. Late payments result in loss of enrollment. If space is available, you will be contacted. After your child has been enrolled you can make future payments online at [cityofhenderson.com/parks](http://cityofhenderson.com/parks). All new accounts take 48-72 hours to establish.

ABC ETC. M/W/F  
 Yearly tuition  
 1 child - \$504  
 2 children - \$922  
 3 children - \$1,248

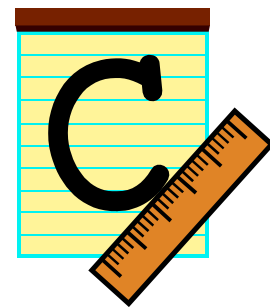
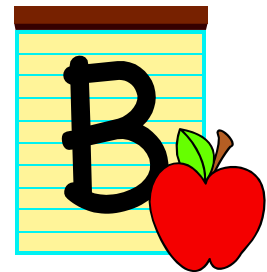
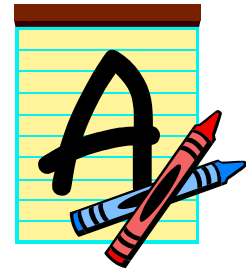
ABC ETC. T/Th  
 Yearly tuition  
 1 child - \$348  
 2 children - \$606  
 3 children - \$774

# ABC ETC.

## Schedule 2011-2012

\*Designated holidays and staff development days, no classes held

September 12	First day of ABC ETC.
*October 27	Staff development day
*October 28	Nevada Day
*November 10	Staff development day
*November 11	Veterans Day
*November 23, 24 & 25	Thanksgiving & family days
*December 19-January 2	Winter break
January 3	Classes resume
*January 16	Martin Luther King Day
*January 23	Staff development day
*February 20	Presidents Day
*February 21	Staff development day
*April 2-13	Spring break
April 16	Classes resume
May 7	Last day for M/W/F
May 8	Last day for T/Th
May 11	Graduation



City Of Henderson  
Parks And Recreation Department  
2011-2012 ABC ETC. Preschool Program

**PAYMENT INFORMATION/LATE PICK UP**

**Payment information**

Once your child's registration and payment have been accepted for their first month of ABC ETC., future tuition payments are due by the 20<sup>th</sup> of each month to secure your child's place in the program the next month. You can pay via the following methods:

1. In person at Valley View Recreation Center
2. Online at [cityofhenderson.com/parks](http://cityofhenderson.com/parks). In order to use the online option you must first submit your household information and request a password. This process can take 48-72 hours. Once you have your password, you may use the online registration system to make your October through May tuition payments.

If payment is not received by 8:00 p.m. by the 20<sup>th</sup> at the Valley View Recreation Center or online, **your child's space will be forfeited.** Available space will be offered to the next person(s) on the waiting list starting the 21<sup>st</sup> of each month. Please note that waiting lists are computer generated.

**Late pick-up**

Please be prompt in picking up your child at the conclusion of class. A **\$10 late pick-up fee** will be charged for every ten-minute increment the child stays past the scheduled program end time, beginning one minute after the conclusion of designated class time. The late pick-up fee is due at the time of pick up or before the participant returns to the program.

**Scheduled class times are as follows:**

M-W-F or T-Th	AM Class	9:00-11:15 a.m.
M-W-F or T-Th	PM Class	12:15-2:30 p.m.

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I, \_\_\_\_\_, parent or guardian of ABC ETC. participant,  
\_\_\_\_\_, (first and last name), have read and understand the  
above explanation of ABC ETC. monthly payment information and late pick up policy  
for the 2011-2012 school year.

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

Date: \_\_\_\_\_  
month/day/year



**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF CHILD AND FAMILY SERVICES  
BUREAU OF SERVICES FOR CHILD CARE  
4180 S. Pecos Rd., Suite #150  
Las Vegas, Nevada 89121  
(702) 486-7918 • FAX (702) 486-6660**

February 14, 2008

To: Child Care Providers

From: Bureau of Services for Child Care  
4180 S. Pecos Rd., Suite #150  
Las Vegas, NV. 89121

Subject: Child Care Licensing Information- NRS 432A.178

The Bureau of Services for Child Care is notifying all facilities within the Bureau's jurisdiction that NRS 432A.178 is now in effect. Child care facilities must fill out the standardized form (attached) listing a summary of complaints the facility has received in the last 12 months. This form will need to be given out to newly enrolled families and upon request from parents who are considering enrolling their child in the facility. If a complaint requires disciplinary action all children enrolled in the facility need to be notified within 3 working days. The facility is required to include the following statement on their registration form in order for the Bureau to track this information and ensure the facility is in compliance with the requirements listed under NRS 432A.178.

**Statement – I, \_\_\_\_\_, am aware that I have the right to request and view any complaints the facility has received for the month my child(ren) enrolled in and the previous 12 months.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

# ABC ETC. Internal field trip release form



<b>Site:</b> ABC ETC.	<b>Participant's Name:</b>	<b>Age:</b>
<b>Activity Location:</b> Valley View Recreation Center, 500 Harris St., Henderson, NV (702) 267-4060	<b>Address:</b>	
<b>Date:</b> Sept. 12, 2011 – May 12, 2012	<b>Parent/Guardian Name:</b>	
<b>Price:</b> None	<b>Home Phone:</b>	<b>Work Phone:</b>
<b>AM Class Time:</b> 9:00-11:15 a.m.	<b>Cell Phone:</b>	<b>Alt. #:</b>
<b>PM Class Time:</b> 12:15-2:30 p.m.	<b>Emergency Name:</b>	<b>Phone #:</b>

ABC ETC. participants may take part in activities in the Valley View Recreation Center gymnasium, patio, racquetball courts, meeting rooms, or dance room. The City of Henderson is not responsible for lost or stolen items.

**Please read before signing**

By signing below, I hereby give my permission for the above-named participant to take part in field trips and acknowledge that the field trip is part of the above-listed activity and that the authorization for emergency medical treatment and the release previously executed for this activity cover this field trip.

**Signature of parent/guardian:**

**Date:**



## ABC ETC. Program Parental Advisory



**Parental advisory:** This facility may use chemical air fresheners during hours of operation.

**Parental advisory:** This facility may use professional pesticide services without providing further notice.

I, \_\_\_\_\_, parent/guardian of ABC ETC. participant  
\_\_\_\_\_ (first and last name), have read and understand the above  
parental advisories.

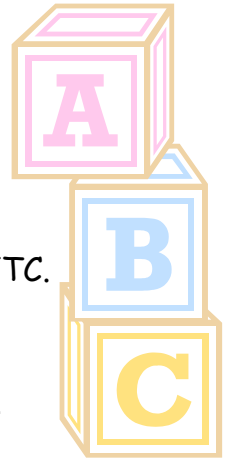
\_\_\_\_\_  
Signature of parent/guardian

Date: \_\_\_\_\_  
month/day/year



# ABC ETC.

## Participant Questionnaire



Please complete the following questionnaire and return it with your ABC ETC. registration packet.

Child's Name \_\_\_\_\_ Child's Age \_\_\_\_\_

1. How many of the following does the child have:

a. Brothers \_\_\_\_\_

Names: \_\_\_\_\_

b. Sisters \_\_\_\_\_

Names: \_\_\_\_\_

c. Playmates \_\_\_\_\_

Names: \_\_\_\_\_

d. Pets \_\_\_\_\_

Names: \_\_\_\_\_

e. Favorite toys \_\_\_\_\_

f. Favorite TV shows \_\_\_\_\_

2. Please tell us anything about your child you feel would help us get to know them better. Please check as many of the following that apply.

\_\_\_\_\_ Shy

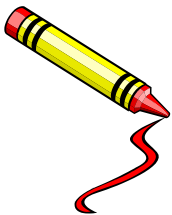
\_\_\_\_\_ Aggressive

\_\_\_\_\_ Toilet training problems

\_\_\_\_\_ Difficult to understand

\_\_\_\_\_ Hasn't played well with others

\_\_\_\_\_ Other \_\_\_\_\_



Comments:

Thank you for sharing the above information. It will enable our staff to provide a quality program that will prepare your child for school.

# Permission to Release Information

Date: \_\_\_\_\_

I understand that during the time my child: \_\_\_\_\_  
is in the care at the \_\_\_\_\_ 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 there governmental officials.

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

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I do not give permission to release information about my child as set forth in the  
aforementioned statement. I realize that the Bureau of Services for Child Care has access  
to my child's record as the licensing agent.

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

# Health Statement

Child's Name:	Birth Date:
Parent's Name:	
Parent's Address:	
Status of above child's health:	
Any known conditions under treatment:	
Child is capable of adjusting to programs of the child care facility:	
Signed: (M.D. or R.N.) Please print Dr. Name, office address & phone number	

# Required Vaccinations

	Prior to 4 yrs.	4-6yrs
<b>Hep B</b> (Hepatitis B)	3 -4 doses**	
<b>DTap / Tdap</b> (Diphtheria tetanus, pertussis)	4 doses	5 doses
<b>Hib</b> Haemophilus influenza type B	3-4 doses**	
Polio	3 doses	4 doses
PCV Pneumococcal conjugate	4 doses	
RV Rotavirus	2-3 doses**	
MMR Measles, mumps, rubella	1 dose	2 doses
Varicella Chickenpox	1 dose	2 doses
Hep A Hepatitis A	2 doses	



\*\*Number of doses will vary depending on the type of vaccine your health care provider uses.

## IMMUNIZATION EXEMPTION

In order to obtain an immunization exemption, you must attend a vaccine education class.



Call (702) 759-0898 and leave your name and number to schedule the class. You will be notified of the class date and time.