City of Henderson
Parks and Recreation Department

A Place To Call Home

Preschool 2019-2020
Registration Packet

Valley View Recreation Center
500 Harris St.
Henderson, NV 89015
702-267-4146

Michelle McGory, Recreation Services Supervisor
Felisha Aguilar, Preschool Program Coordinator
Angela Poulson, Preschool Program Lead

Preschool Information and Requirements

Dear parent/guardian,

ABC ETC. and Little Learners are state-licensed preschool programs designed for children between the ages of 3 and 5. They are offered only at Valley View Recreation Center. The programs run concurrently with the Clark County School District's 9-month calendar and are closed on most school holidays and designated professional development days.

To register any child in to the programs, the age requirements listed below must be met (no exceptions).

- All participants must be toilet trained.
- Preschoolers must be 3 years old no later than the first day of the month you would like them to attend.
- Preschoolers must be 4 years old by September 30 of the current school district year before they are permitted to enroll in/attend the Monday/Wednesday/Friday or Tuesday/Thursday classes.
- Be sure to specify on the registration form if you prefer the Monday/Wednesday/Friday or Tuesday/Thursday am or pm class for ABC ETC. or Monday/Wednesday/Friday or Tuesday/Thursday for Little Learners.

The programs offer a variety of opportunities for your preschooler to excel and are aligned with the Nevada Pre-K Content Standards. Group activities and learning centers covers areas such as:

Motor skills (fine/large)	Music/singing
Arts & crafts	Reading/phonics
Alphabet/shapes/numbers	Social interaction/creative play
Story time	Months/days of week

Mail-in registration is accepted June 17-22, 2019. Registration must be postmarked on or after June 15 (include all required copies). Participants are enrolled on a first-come, first-served basis. Drop-off registration is accepted beginning June 24, 2019, pending space availability, at Valley View Recreation Center until classes are full. An annual registration charge of $10 per child (non-transferrable and non-refundable) must accompany your registration packet. You will be notified by email and/or phone if your enrollment is successful, at which time you will have 24 hours to make your initial payment in person.

Mail your completed registration packet along with an updated photocopy of an official immunization record. A copy of your child's birth certificate may be required.

Valley View Recreation Center/Preschool
500 Harris St.
Henderson, NV 89015

Preschool Registration Form

This form can be copied. Please print and fill out completely.

Valley View Recreation Center, 500 Harris St. Henderson, NV 89015

Parent/Guardian: First Name	Last Name			Birthdate
Street Address	Apt. #	City	State	ZIP

Day Phone	Evening Phone	Emergency Phone	Email

Participant 1: First Name	Last Name	Birthdate	Age	Grade/Grade Completed	Gender

Supporting the Americans with Disabilities Act, if the patron has a physical/emotional/cognitive disability, call (702) 267-4065.

	Activity #	Activity/Class	Location/Pool/Site	Day/Date	Time	Costs
Class 1	—					
Alternate choice if unavailable	—					
Class 2	—					
Alternate choice if unavailable	—					

Waiver Of Liability and Disclaimer

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 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) 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 and their officials, administrators, employees, agents, representatives, contracted instructors, 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 name or the name of my child, both individually and in conjunction with other persons or objects for any and all purposes including, but not 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. I understand that a copy of this waiver of liability and disclaimer will not be provided to me and I am strongly encouraged by the City of Henderson to print a hardcopy for my records. I further understand that if I am a parent or legal guardian enrolling a minor child, I will be required to submit a new registration for each school year.

Participant/Parent/Guardian Signature _____ Date _____

Fitness & Sports Activity Waiver Of Liability and Disclaimer

Please read this carefully and be aware that by agreeing to it you will be waiving and releasing claims for potential injuries and property damage arising from participation in this fitness or sports activity. I, as the participant or parent or legal guardian of the above-named child, acknowledge that I understand the physical nature of this fitness or sports activity and that I, or the above-named child, am/is qualified, in good health, and in proper physical condition to participate in such activity. I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous fitness activities and have substantial risks of injury such as transmission of diseases. I fully understand that fitness and sports classes may incorporate compound whole-body movements that demand focus and constant attention to form and may involve the risk of serious bodily injury, including, but not limited to, broken bones, torn ligaments, dislocated joints, head injury, stroke, loss of consciousness, cardiac arrest, muscle strain and sprain, back injury, joint pain, pelvic discomfort, knee or hip dislocation, punctures, abrasions, bruising, and shortness of breath which may result in permanent disability, paralysis and/or death. I understand that these and other risks may be caused by my own, or the above-named child's actions or inaction; or by others participating in this event; by the use and adjustment of any equipment or apparatus; the conditions in which the event takes place; or the negligence of the Releasers described below; and that there may be other risks either not known by me, or the above-named child, or not foreseen at this time. I fully accept and expressly assume all such risks and responsibility for injury, losses, costs, and damages I, or the above-named child, incur as a result of my or the above-named child's participation in the activity. I hereby release, discharge and covenant not to sue the City of Henderson, their respective administrators, directors, agents, officers, volunteers, contracted instructors and/or employees (Releasers) for occurrences of any nature or kind arising as a result of my or the above-named child's voluntary participation in this activity. If I, or anyone on behalf of me or the above-named child, makes a claim against any of the Releasers, I or my estate will indemnify, defend, save, and hold harmless each of the Releasers from any liability, loss, damage, or cost, whether for personal injury or property damage, which they may incur as a result of such claim, except to the extent described in the next paragraph.

This release, waiver of liability, and express assumption of risk agreement does not apply to any liability, claims, demands, losses, or damages arising out of the intentional, willful, or wanton misconduct of Releasers. No oral representations, statements, or inducements apart from this waiver and release have been made.

I have, or will, inspect the facilities and equipment to be used in conjunction with this event and if I believe any unsafe conditions exists, I will immediately advise a class trainer of such condition and refuse to participate until such condition is corrected. I further acknowledge that I have been advised by the City of Henderson to seek the advice of a health care provider prior to my, or the above-named child's, participation in this activity.

Participant/Parent/Guardian Signature _____ Date _____

City of Henderson Parks and Recreation Department

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 (i.e., other custodial parent/third-party person) must be able to escort the participant from the program.

Name (Parent 1)	Relationship	Day Phone	Cell Phone	Alternate Phone
Name (Parent 2)	**Relationship**	**Day Phone**	**Cell Phone**	**Alternate Phone**

If your child has special needs and/or needs assistance to fully and safely participate in a program, the preschool program coordinator needs to be contacted in advance. Please advise the preschool 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, Allergies, Medical Information & Special Considerations:

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. This authorization will be effective until the beginning of the next school year.

Parent (1) /Guardian Signature Date Parent (2) /Guardian Signature Date

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

Participant Name:	Age:	School:	Grade:

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT

In consideration of the permission granted to me or the above-named child ("Participant") to participate in the Youth Enrichment program and the activity(ies) provided during the Program, including, but not limited to, those described in the Parent Handbook,

I DO HEREBY AGREE, on behalf of myself and on behalf of my child, in my capacity as his/her parent and/or guardian to **RELEASE** the City of Henderson, its employees, former employees, volunteers, officials, representatives and agents ("CITY Parties") from and **WAIVE all liability** against the CITY Parties, and each of them, for any and all manner of action or actions, cause or causes of action, suits, judgments, demands, claims, rights, debts, agreements, promises, liabilities, obligations, losses, damages (whether general, special or punitive), attorney's fees, liens, indemnities, costs and expenses (collectively referred to as "Claims"), of every nature, character, description and amount, regardless of severity**, INCLUDING, but not limited to CLAIMS ARISING FROM OR RELATED TO THE NEGLIGENCE OF THE CITY OF HENDERSON AND/OR THE NEGLIGENCE OF ITS EMPLOYEES, VOLUNTEERS, OFFICIALS, REPRESENTATIVES OR AGENTS** which I and/or my child may have at any time without limitation or exception, whether anticipated or unanticipated, foreseen or unforeseen, direct or indirect, whether based on theories of contract, breach of contract, breach of the covenant of good faith and fair dealing, tort, violation of statute or ordinance, or equitable theory of recovery, or any other theory of liability or declaration of rights whatsoever, for or by reason of any event, transaction, matter or cause whatsoever, with respect to, in connection with, arising from or related in any manner to my and/or the above named child's participation in the Youth Enrichment Program and/or its activities.

I understand that the Program and activities in which I and/or the above-named child will be a participant in the Program involve the risk of injury to participants, whether caused by the participant, someone else, the City of Henderson and/or other CITY Parties. Specific risks vary from one activity to another and the risks range from minor injuries to major injuries, such as catastrophic injuries including death. In consideration of my or my child's participation in the Program**, I understand and voluntarily accept and assume the risks and agree that the City of Henderson**, its officers, officials, employees, former employees, volunteers, agents and independent contractors **WILL NOT BE LIABLE FOR ANY INJURY**, including without limitation, personal, bodily, or mental injury, economic loss or any damage to me, my child(ren), my spouse or to my relatives or the relative of the above-named child resulting or arising from the negligence of the City of Henderson, its officers, officials, employees, former employees, volunteers, agents, independent contractors, other participants or non-participants present or near to location where Program activities take place or where Program Participants are present **whether related to the Program activities or not.**

I FURTHER AGREE TO INDEMNIFY, HOLD HARMLESS AND DEFEND the City of Henderson, its employees, volunteers, officials, representatives and/or agents from and against any and all liabilities, obligations, claims, damages, penalties, causes of action, costs and expenses (including reasonable attorney fees), **INCLUDING, but not limited to CLAIMS ARISING FROM OR RELATED TO THE NEGLIGENCE OF THE CITY OF HENDERSON AND/OR THE NEGLIGENCE OF ITS EMPLOYEES, VOLUNTEERS, OFFICIALS, REPRESENTATIVES OR AGENTS** for which the CITY Parties, or any of them, may become obligated by reason of any injury, damage or loss to any person or property, including, but not limited to, those described in the release and waiver above.

Please Print Parent (1) /Guardian Name	Please Print Parent (2) /Guardian Name
Parent (1) /Guardian Signature Date	Parent (2) /Guardian Signature Date

Participant Name:	Age:	School:	Grade:

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT CONT.

I acknowledge, that 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 not 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 acknowledge and agree that this form may be executed by me and transmitted electronically to the City of Henderson and that if I elect to do so, such transmission shall in no way impair the legally binding effect of the representations, waivers, and provisions set forth and agreed to herein.

I represent that I am the parent or legally appointed guardian of the named child and am authorized to enter into the agreements set forth above on behalf of myself and the named child.

I agree that this Agreement contains my entire, complete, sole and only understanding and agreement concerning the matters set forth herein and that there are no independent, collateral, different, additional or other understandings or agreements, oral or written that I have relied upon in entering into this Agreement. I agree that no documents have been incorporated into this Agreement by reference or otherwise.

I have read and fully understand the terms of this Release and Waiver of Liability, Assumption of Risk and Indemnification Agreement, and sign it voluntarily and with full knowledge of its significance and consequences.

Please Print Parent (1) /Guardian Name	Please Print Parent (2) /Guardian Name
Parent (1) /Guardian Signature Date	Parent (2) /Guardian Signature Date

City of Henderson Parks and Recreation Department
Valley View Recreation Center

ABC ETC. 2019-2020 Tuition

As a courtesy, we offer parents/guardians the option of paying for the program in full or using a monthly payment schedule. Depending on your choice, the following applies:

- If you choose to pay the annual, the entire amount must be paid at the time of initial registration.
- If you choose to use the monthly payment schedule, your payment must be received on or before the 20th of each month to ensure the participant's spot in the program. The first payment in September may be made prior to the start of the program.
- Late monthly payments are generally not accepted. However, if there is no waiting list for new participants in the particular class in which your child is enrolled, then payment may be accepted with a $10 late charge.
- Online payments are made through cityofhenderson.com/register. New accounts may take up to 3 days to be activated.
- For payment questions and additional information, visit the front desk or call Valley View Recreation Center at 702-267-4146.

Annual Tuition M/W/F Class		**Annual Tuition** T/Th Class	
1 child	$937.12	1 child	$659.81
2 children	$1,780.56	2 children	$1,253.64
3 children	$2,623.95	3 children	$1,847.48

Payment Schedule For Monthly Tuition

Class	**M/W/F**			**T/Th**		
Number of children	1	2	3	1	2	3
August	$67.50	$128.25	$189.00	$45.00	$85.50	$126.00
September	$135.00	$256.50	$378.00	$90.00	$171.00	$252.00
October	$135.00	$256.50	$378.00	$112.50	$213.75	$315.00
November	$101.25	$192.38	$283.50	$67.50	$128.25	$189.00
December	$101.25	$192.38	$283.50	$67.50	$128.25	$189.00
January	$123.75	$235.13	$346.50	$90.00	$171.00	$252.00
February	$123.75	$235.13	$346.50	$90.00	$171.00	$252.00
March	$146.25	$277.88	$409.50	$101.25	$192.38	$283.50
April	$112.50	$213.75	$315.00	$78.75	$149.63	$220.50
May	$56.25	$106.88	$157.50	$33.75	$64.13	$94.50

Keep for your records. Fees are subject to change

City of Henderson Parks and Recreation Department
Valley View Recreation Center

Little Learners 2019-2020 Tuition

As a courtesy, we offer parents/guardians the option of paying for the program in full or using a monthly payment schedule. Depending on your choice, the following applies:

- If you choose to pay the annual, the entire amount must be paid at the time of initial registration.
- If you choose to use the monthly payment schedule, your payment must be received on or before the 20th of each month to ensure the participant's spot in the program. The first payment in September may be made prior to the start of the program.
- Late monthly payments are generally not accepted. However, if there is no waiting list for new participants in the particular class in which your child is enrolled, then payment may be accepted with a $10 late charge.
- Online payments are made through cityofhenderson.com/register. New accounts may take up to 3 days to be activated.
- For payment questions and additional information, visit the front desk or call Valley View Recreation Center at 702-267-4146.

Annual Tuition M/W/F Class		**Annual Tuition** T/Th Class	
1 child	$2,499.00	1 child	$1,759.50
2 children	$4,748.10	2 children	$3,343.05
3 children	$6,997.20	3 children	$4,926.60

Payment Schedule For Monthly Tuition

Class	**M/W/F**			**T/Th**		
Number of Children	1	2	3	1	2	3
August	$180.00	$342.00	$504.00	$120.00	$228.00	$336.00
September	$360.00	$684.00	$1,008.00	$240.00	$456.00	$672.00
October	$360.00	$684.00	$1,008.00	$300.00	$570.00	$840.00
November	$270.00	$513.00	$756.00	$180.00	$342.00	$504.00
December	$270.00	$513.00	$756.00	$180.00	$342.00	$504.00
January	$330.00	$627.00	$924.00	$240.00	$456.00	$672.00
February	$330.00	$627.00	$924.00	$240.00	$456.00	$672.00
March	$390.00	$684.00	$1,008.00	$270.00	$513.00	$756.00
April	$300.00	$513.00	$756.00	$210.00	$399.00	$588.00
May	$150.00	$285.00	$420.00	$90.00	$171.00	$252.00

Keep for your records. Fees are subject to change

City of Henderson Parks and Recreation Department
2019-2020 ABC ETC./Little Learners Preschool

Payment Information/Late Pickup

Payment information
Once your child's registration and payment have been accepted for their first month of ABC ETC. /Little Learners, future tuition payments are due by the 20th 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/register. In order to use the online option, you must first submit your household information and request a password. This can take 48-72 hours. Once you receive a password, you may use the online registration system to make September through May tuition payments.

If payment is not received by 6:00 p.m.by the 20th of the month at Valley View Recreation Center or online, **your child's space will be forfeited.** Available space will be offered to the next child on the waiting list starting the 21st of each month. Waiting lists are computer generated.

Late pickup
Please be prompt in picking up your child at the conclusion of class. A $10 late pick-up fee is assessed 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.

Valley View Recreation Center offers extended stay for children in the ABC ETC. and Little Learners program. Children can stay until 6:00 p.m. for an additional fee.

Scheduled class times are as follows:

ABC ETC.	M-W-F or T-Th	AM class	9:00-11:15 a.m.
ABC ETC.	M-W-F or T-Th	PM class	12:15-2:30 p.m.
Little Learners	M-W-F or T-Th		9:00 a.m.-3:00 p.m.

I, _____, parent/guardian of ABC ETC./Little Learners participant, _____, (first and last name), have read and understand the above described ABC ETC./Little Learners monthly payment information and late pick-up policy for the 2019-2020 school year.

_____
Signature of parent/guardian Date

Preschool
Internal field trip release form

Site: Preschool	**Participant's Name:**	**Age:**
Activity Location: Valley View Recreation Center, 500 Harris St., Henderson, NV 702-267-4146	**Address:**	
Date: Aug 17, 2019 -Aug 16, 2020	**Parent/Guardian Name:**	
Price: None	**Home Phone:**	**Work Phone:**
ABC ETC. AM Class Time: 9:00-11:15 a.m.	**Cell Phone:**	**Alt. #:**
ABC ETC. PM Class Time: 12:15-2:30 p.m.	**Emergency Name:**	**Phone #:**
Little Learners Full Day Class Time: 9:00 a.m.-3:00 p.m.		

ABC ETC./Little Learners participants may take part in activities at Valley View Recreation Center's gymnasium, patio, racquetball courts, meeting rooms, and 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:

Please do not cut

ABC ETC./Little Learners Programs Parent Advisory

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

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

I, _____, parent/guardian of ABC ETC./Little Learners participant _____ (first and last name), have read and understand the above advisories.

_____ _____

Signature of parent/guardian Date (month/day/year)

ABC ETC./Little Learners

Participant Questionnaire

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

Child's Name_____ Child's Age_____

1. **How many of the following does your child have?**
   a. Brothers_____ Names:_____
   b. Sisters_____ Names:_____
   c. Playmates_____ Names: _____
   d. Pets_____ Names:_____

2. **Tell us what your child likes:**
   a. Favorite toys_____
   b. Favorite TV shows _____
   c. Favorite activities_____

3. **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
   _____Does not play well with others
   _____Other_____

   Comments:

   Thank you for your feedback. It will enable our staff to provide a quality program.

State of Nevada Form

Permission to Release Information

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.

Please check one:

☐ 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 _____

☐ 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 _____

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 listing a summary of complaints the facility has received in the last 12 months. If a complaint requires disciplinary action all children enrolled in the facility will be notified within 3 working days.

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**

State of Nevada Form

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: (MD or RN) ****Please print doctor's name, office address & phone number***	

Required Vaccinations

	Infant-3 yrs.	By 4 yrs.
Hep B Hepatitis B	3-4 doses*	
DTap / Tdap Diphteria tetanus, pertussis	4 doses	5 doses
Hib 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

Unless your child is excused due to a medical condition (which must be signed by a doctor) or because of religious belief, he/she may not be enrolled in a child care facility in the state of Nevada without the required immunizations.

Keep for your records

CITY OF HENDERSON
240 S. Water St.
P.O. Box 95050
Henderson, NV 89009

PARKS AND RECREATION
Shari Ferguson
Director
702-267-4000
fax 702-267-4001

Dear Parent:

You've all read the headlines and seen the news stories: food allergies are a growing concern across America. Millions of children who are perfectly healthy and normal in every other way must watch every bite they eat, or risk suffering a severe or even life-threatening reaction. In fact, food allergies claim an estimated 150 lives and are responsible for more than 125,000 emergency room visits each year. A major health issue such as this must be taken very seriously, and it has always been the policy of the City of Henderson to make the safety and well-being of our participant's top priority.

A participant in your child's class has a serious nut allergy. A child with serious nut allergy can suffer a reaction merely by touching a nut-containing food or food processed in a factory where nuts are present. Therefore, we are putting the following safety guidelines into effect:

- Please do not send any nuts, any type of nut butter, coconut or foods containing nuts, nut butters or coconut or food that has been processed in factories where nuts, nut butters or coconut have been present.
- Holiday and birthday parties are a special time for children but can be difficult for the child with a food allergy. When sending treats for parties, please read all ingredients on the package and where/how the product was processed to ensure no nut or coconut products are in or have been processed where nuts or coconut has been processed. Please send all treats in the original packaging.

This is a learning process for all of us, but we trust that you understand how deeply important it is to respect and adhere to these guidelines. If you have any questions or concerns about food-allergy-related issues, please do not hesitate to contact me.

Sincerely,
Felisha Aguilar
Preschool Program Coordinator

CC: Xanie Gann, Recreation Services Manager
Michelle McGory, Recreation Services Supervisor

Keep for your records