



CARSON CITY KIDS CLUB

CONTACT INFO

829 Fairview Dr
Carson City, NV 89701
775-885-1871

KIDS CLUB HOURS

Monday-Thursday
4pm-8pm
Saturday: Coming Soon

OUR GOAL

Fitness For 10 seeks to provide a safe and secure environment for your children to have fun while you (the member) workout in our facility. Your children will enjoy interactive play, games, crafts, family-oriented movies, and holiday themed events.

KIDS CLUB POLICYS AND PROCEDURES (AGE LIMIT: 1-11yrs)

- Parent/guardian understands that Kids Club is NOT a licensed daycare facility and is not equipped to provide one-on-one supervision to a single child or a special needs child.
- Kids Club is available to children of active and current VIP+ members only.
- Parent/legal guardian must remain on the premises the entire time child is in Kids Club. Should parent/legal guardian leave the premises without child, FF10 reserves the right to call Child Protective Services.
- Only the parent/legal guardian who dropped the child off in Kids Club may pick the child up.
- Parent/legal guardian is required to check their child in and out each visit and all waivers must be signed each visit.
- Age limit for all children is 1yr-11yrs.
- Time limit for all children is 1.5 hours.
- Limit 2 children per VIP+ member.

- Last check in to Kids Club will be 30 minutes prior to Kids Club closing.
- Due to many food allergies, no food, candy, gum, or drink will be permitted, with the exception of water (please label with child's name). Please be aware that we cannot guarantee the FF10 and/or Kids Club facility is free of trace allergens.
- FF10/Kids Club staff will not change diapers.
- If clothes or diapers are soiled, parent/legal guardian will be summoned.
- FF10/Kids Club staff will not assist a child with wiping after using the restroom.
- FF10/Kids Club staff will assist with hand washing after child has used the restroom, if necessary.
- To keep everyone safe and healthy, FF10 asks that you do not bring your child to Kids Club if they are sick, have had a fever within the last 24 hours, or have had any recent exposure to a contagious illness. It may be necessary to provide a physician's verification of wellness.
- No personal toys or electronics are permitted in the Kids Club (including cell phones).
- All children must be completely clothed, and shoes or socks must be always worn while in Kids Club. Bare feet are not permitted.
- All children in Kids Club must have a profile in our billing system.
- All children using Kids Club are REQUIRED to take a photo for our billing system.
- All parents/guardians using Kids Club are REQUIRED to take a photo for our billing system.
- Other than profile photo and video surveillance, photography is prohibited in Kids Club.
- For safety reasons, if maximum occupancy is reached FF10/Kids Club cannot accept additional check ins until a child checks out.
- FF10/Kids Club is not responsible for lost or stolen items.

- Kids Club hours are subject to reasonable change by FF10 management.
- FF10 reserves the right to revoke Kids Club privileges from any person who does not abide by these rules and guidelines.
- Children that knowingly cause harm to other children or FF10/Kids Club staff will be expelled.
- If child displays repeated behavioral concerns (3 reported incidents), child will be expelled from Kids Club.
- We want your Kids Club experience to be worry free and will do our best to keep your children happy. However, if your child is inconsolable, we will come and get you. If you are attending a class during this time, you are required to leave class and attend to your child.
- Smoking is strictly prohibited on premises.
- Parents/Guardians are allowed to observe the program prior to enrolling children
- All Fitness for 10 Kids Club staff hold current certification in CPR and stay up to date with all emergency procedures.

WAIVER OF LIABILITY

I hereby represent that I am the parent and/or legal guardian of the child I have listed above (my "Child") and that I am at least 18 years of age. I expressly assume all risks associated with my Child's participation in the Fitness for 10 (FF10) Kids Club. My Child may participate in any and all activities (e.g., arts and crafts, exercise, movies, playing, etc.) that may be made available to him/her, without limitation. I acknowledge that the risks associated with my Child's participation in the program may, at times, be hazardous. Please be aware that we cannot guarantee the FF10 and/or Kids Club facility is free of trace allergens. By signing this waiver, you assume all risks.

In consideration of receiving my permission to have my Child participate in the Program, I agree, to the fullest extent permitted by law, to release, defend, and hold harmless Fitness or 10, its operators, agents, employees, Nevada Fitness & Aerobics, FF10F, Main Corp Enterprises Inc, and each of their subsidiaries and affiliates, agents, officers, directors, owners, contractors, and employees (collectively, the "Released Parties") from any and all claims, actions, costs and damages that I and/or my Child might claim against the same as a result of any physical injury to my Child, including death, or

property damage or any loss sustained in connection with the Program, without limitation. I also agree to indemnify and hold harmless the Released Parties for any and all claims brought by any third party, which I and/or my Child may cause while my child is participating in the Program.

Unless otherwise specified above, I represent to Fitness for 10 the following: (i) my Child is in good health and is able to participate in any and all activities that the Program offers to children of his/her age group, (ii) my Child has no special needs and does not require any special care or attention, and (iii) my Child has no physical and/or mental condition (e.g. allergies, asthma, etc) that warrants special attention, care or instruction, such as restricting his/her activities. Fitness for 10 reserves the right, in its sole discretion, to disqualify or remove and Child from participating in the Program who requires special care or exhibits inappropriate or unusual behavior.

BY SIGNING BELOW: I verify that all information listed above is true to the best of my knowledge. Furthermore, I acknowledge that I have read, understand, and agree to the above Kid's Club policies. I understand that this Release of Liability and Waiver of Rights shall bind on my estate, heirs, and administrators and assigns.

I HAVE CAREFULLY READ THE FOREGOING, UNDERSTAND ITS CONTENTS AND ACCEPT ITS TERMS. I HEREBY SIGN THIS DOCUMENT WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Parent or Legal Guardian Signature

Date

Printed Name

FF10 Staff Signature

Date

Printed Name

CHILD RECORD

Enrollment Date: _____ Initial Start Date: _____

<u>Child's Name:</u> 	<u>Preferred Name:</u> 	<u>Sex:</u> M F	<u>Date of Birth:</u>
<u>Current Physical Address:</u> 	<u>City, State, Zip:</u> 	<u>Telephone:</u> 	

Enrolling Parent/Guardian: _____ Occupation: _____
 Home Address: _____ Phone: _____
 Work Address: _____ Phone: _____
 Cell Phone: _____

Parent/Guardian: _____ Occupation: _____
 Home Address: _____ Phone: _____
 Work Address: _____ Phone: _____
 Cell Phone: _____

List additional persons who may be called in the event of an emergency, and who are authorized to remove the child from the facility. (Your child will not be allowed to leave with any other person without written authorization from parent or guardian).

Name:	Address:	Home/Cell/Work Phone:	Relationship:

Signature of enrolling Parent/Guardian

Date

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CONSENT FOR MEDICAL TREATMENT

Parent/Guardian agrees the provider may consult with the child's nurse or attending physician in regards to child's health as needed. In the event that we should have questions regarding the health of the enrolling child we may contact one, or more, of the following sources for information.

- ✓ Hospital of choice and phone number _____
- ✓ Local Health Entity

Dr. Name:

Address:

Telephone:

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In an emergency, I, _____, (Parent/Guardian), give my authorization to, _____, (Provider's name) and any local physician, dentist or hospital to provide medical care and/or transport my child at my expense.

Medical Plan:

Policy #:

Telephone:

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Does your child require additional accommodations? Explain: _____

Are the problems serious enough to restrict our child's activities?

Explain: _____

Describe, if any, special care required: _____

Does your child have frequent colds? Yes ___ No ___

List any allergies staff should be aware of: _____

Is your child currently taking prescribed medication? Yes ___ No ___

Name of the medication? _____

If yes, for what reason? _____

Signature of enrolling Parent/Guardian

Date

.....

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 Child Care Licensing has access to my child's record as the licensing agent and may view the record upon Child Care Licensing facility inspection.

Signature of enrolling Parent/Guardian

Date

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TRANSPORTATION FORM/ 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.

(Provider's name) _____ may transport my child, _____ in the event of an emergency evacuation or disaster preparedness drill of the facility.

Signature of enrolling Parent/Guardian

Date

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Parent/Guardian Notification of NRS.178:

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.

Signature of enrolling Parent/Guardian

Date

IMMUNIZATION REQUIREMENTS

Post this guide on a wall or desktop as a quick reference for assessing the immunization status of children before they are allowed to attend your facility. If you have any questions or need more information call the Immunization Coordinator at your local health department or the Community Health Nurse at your local public health clinic. Parents must present a record of the child's immunization status **before he or she can attend** your facility and must continually keep the facility updated. The record must include the date (at least month and year) each vaccine dose was received.

Each child admitted to the child care facility must be up to date with vaccinations. The standard schedule is below. Some counties may have more stringent requirements.

AGE AT ENTRY	VACCINE(S)	DOSE REQUIRED
Younger than two months	None	
2 months	DTaP/DTP/DT, Polio, Hib* Hep B PCV	1 1 1
4 months	DTaP/DTP/DT, Polio, Hib Hep B PCV	2 2 2
6 months	DTaP/DTP/DT, Hib Polio Hep B PCV	3 2 3 3
15 months	DTaP/DTP/DT, Hib Polio MMR** Hep A Hep B PCV Varicella	4 3 1 1 3 4 1
18 months	DTaP/DTP/DT, Hib Polio MMR** Hep A Hep B PCV***** Varicella	4 3 1 2 –(Must be at least 6 months between dose 1 & dose 2) 3 4 1
4 years	DTaP;DTP DP Polio**** MMR*** Varicella Hep A Hep B	5 4 2 2 2 3

*Hib is required for children two months through 59 months

The Hib schedule depends on the vaccine used:

Hibiter – 2, 4, 6 and 15 months

PedvaxHib – 2, 4, and 12 months

ProHibit – 15 months

**MMR/Varicella is recommended at age 15 months but meets the legal requirements if given on or after the 1st birthday

****PCV Depends on previous number of doses and age of child

*****Must be 1 dose of polio on or after 4th birthday

It is the responsibility of the child care facility to follow up on all children and to ensure they receive all required immunizations according to the above schedule. Children age 18 months and over who have not met all requirements may be admitted conditionally upon initiation of the following immunization schedule.

VACCINE

TIME INTERVAL

DTaP/DTP/DT

2nd dose: 4 – 8 weeks after first dose

3rd dose: 4 – 8 weeks after second dose

4th dose: 6 months after third dose and at least 12 months old

5th dose: At least 6 months after fourth dose

(Normally given between 4 – 6 years of age.)

OPV/IPV

2nd dose: 4 weeks after first dose

3rd dose: 6 months after second dose

4th dose: At least six months after third dose

(Normally given between 4 to 6 years of age.)

Hib

The first three doses should be given at two month intervals according to the following schedule.

<u>Age when Hib vaccine began (months)</u>	<u>Needed doses</u>
2 to 6 months	4
7 to 11 months	3
12 to 14 months	2
15 to 59 months	1

The last dose should be given on or after 15 months of age.

MMR

Second dose at least four weeks after first dose. Children age 15 months and older without an MMR must obtain immediately.

Varicella

Second dose at least 3 months between doses

PCV

2, 4, 6, and 12 – 15 months. There must be at least 4 weeks between the first 3 doses and at least 8 weeks between the 3rd and 4th dose.

Hep B

Must be at least 1 month between dose 1 & 2, 2 months between dose 2 & 3 and 4 months between dose 1 & 3

Hep A

Must be at least 6 months between dose 1 & 2

Conditional Admission

It is the responsibility of the child care facility to follow up on all children and to ensure they receive all required immunizations. Children lacking one or more of the required vaccine doses, but not currently due for another dose may be admitted on the condition they receive the remaining doses when due, according to the schedule above. If the maximum time interval has passed, the child must not be admitted until the next immunization is obtained.

Children Not Meeting Requirement

Refer children who do not meet these requirements to their physician or public health clinic, providing them with a written notice of giving dates of vaccinations received and indicating which doses are lacking. They are not to be admitted until the needed vaccine(s) are received.

Exemptions

An up to date list of children with exemptions should be maintained separately, so they can be identified quickly if a disease outbreak occurs.

<i>Religious Beliefs</i>	A parent must submit a written statement stating that immunizations are prohibited according to their religious beliefs.
<i>Medical</i>	If the medical condition of the child will not permit him/her to be immunized, either permanently or temporarily, the parent must present a statement to that fact signed by a licensed physician. This statement should include those vaccinations that are not to be given and whether this is permanent or temporary. If temporary a date should be stated by the physician as to when the required dose of vaccine may be given.

Conditional Admission of Non-Permanent Residents

Children whose guardians have not established permanent residence in the county in which the child care facility is located and are not able to furnish proof of immunization, may be admitted conditionally as long as the guardian:

1. Submits a certificate within 15 days that the child has received or is receiving the required immunizations and;
2. Submits proof of non-residency in the county where the facility is located. Proof is defined in the "State of Nevada Regulations and Standards for Child Care Facilities".

Note: When an updated immunization record is provided by the parent, please dispose of any older records so the current shot record can be identified quickly if a disease outbreak occurs.