

BOULDER CITY PARKS AND RECREATION DEPARTMENT
TINY TOT'S INFORMATION

VISITORS

Parents are always welcome to visit our class, however please keep in mind that children of this age tend to get disrupted when their routine is different.

SNACKS

At the beginning of the session it would be greatly appreciated if each child could bring a box of snacks, such as; Ritz, graham, cinnamon, or cheese, (crackers, sticks, fish or bears). We also need 32oz 100% apple juice, as most children prefer this flavor. (Please no Capri Sun or juice boxes). Each child also needs to bring a roll of paper towels. We celebrate various holidays throughout the year. We will post a sign-up sheet before each party so your child can contribute in making their parties special.

AGE

Our Tiny Tot's program is for children ages three, four or five, not enrolled in private or public school. We have acquired a list of ideas to help make your child's experience a little easier.

1. Please be punctual in bringing and picking up your child. Tiny Tot's is a child's first impression of what school is like, and the experience should be a happy one.
2. To help your child grow in maturity through this new experience, assure them you will return at the end of class. You will have to work with the teacher as to your child's ability to let go of Mommy or Daddy and be happy to join the class. Do discuss these things privately with the teacher and not in front of your child. Often a parent may leave his or her child and assure them that they will be waiting for them outside the room on the bench. Please remain on the bench, until a teacher informs you of your child's progress. Once you leave, be assured, if there is a problem we will call you.
3. If your child has a health or allergy problem, please list on registration sheet. If your child should come down with a communicable illness, PLEASE notify the Parks and Recreation Office IMMEDIATELY, 293-9256.
4. Do not send your child if he/she does not feel well. Never send your child if they have a fever.
5. Dress your child comfortably. Overalls and belts are too difficult for some children to manage by themselves. Children should wear tennis shoes or sandals with socks. Please no flip flops.
6. **Please have your child's name on all removable clothing.**
7. When you pick up your child, please come to the door to get him or her. We cannot let them go to the car by themselves. Please be sure that your child is inside of the room, and that a teacher is aware of them. Don't forget to sign your child in on our sign-in sheet posted on the bulletin board in the lobby. You will also need to sign them out at the end of class.

CURRICULUM

Our program focuses on enriching children in areas of socialization skills, creativity through varied art mediums, motor skill development through P.E. activities, introductory academic skills such as; recognizing and learning to write upper and lower case ABC's, numbers 1-10, and all shapes and colors.



CITY OF BOULDER CITY

PARKS AND RECREATION DEPARTMENT

900 Arizona Street, Boulder City, NV 89005

Mailing Address: 401 California Ave., Boulder City, NV 89005

Phone (702) 293-9256 Fax (702) 293-9419

www.bcnv.org

HOUSEHOLD RELEASE OF LIABILITY

Mother's Name _____ Best phone _____ Home phone _____

Address _____ City _____ State _____ Zip _____

Father's Name _____ Best phone _____ Home phone _____

Address _____ City _____ State _____ Zip _____

Email address _____

Children in household:

Name _____ Age _____ DOB _____ Gender _____ Birth Cert. Verified by _____

Name _____ Age _____ DOB _____ Gender _____ Birth Cert. Verified by _____

Name _____ Age _____ DOB _____ Gender _____ Birth Cert. Verified by _____

Name _____ Age _____ DOB _____ Gender _____ Birth Cert. Verified by _____

Name _____ Age _____ DOB _____ Gender _____ Birth Cert. Verified by _____

Name _____ Age _____ DOB _____ Gender _____ Birth Cert. Verified by _____

Allergies, Medication & Other Health Problems (Please Describe) _____

Emergency contact or person who can pick up child other than parents:

1. _____ Relationship _____ Phone _____

2. _____ Relationship _____ Phone _____

3. _____ Relationship _____ Phone _____

4. _____ Relationship _____ Phone _____

Any restrictions for picking up child? _____

RELEASE OF LIABILITY

I, the undersigned, as a participant or parent/guardian of the participant in the programs sponsored by the Boulder City Parks and Recreation Department, do understand that, in consideration of the Parks and Recreation Department, I do release them, their officers, agents or employees from all liability demands or claims for loss, damage or injury resulting from participating in the programs for any dates as listed above.

I have been informed by the City and I fully understand and agree that no insurance coverage whatever is being provided by the City, its agents or representatives, undertaking to indemnify, or in any other manner, guaranteeing the safety of any participant in the program as to any injury or other peril or contingency resulting from participating in the program, whether to persons or property. I recognize and understand that the program requires that the participant be in good health. I warrant and declare that the participant is in good health. If the participant is a minor, I also give my consent for his/her participation in the program, and for any necessary emergency medical treatment. **PHOTO RELEASE:** I DO _____ DO NOT _____ CONSENT TO & AUTHORIZE THE USE & REPRODUCTION BY THE BOULDER CITY RECREATION DEPARTMENT OF ANY PHOTOGRAPHS & AUDIO-VISUAL MATERIALS TAKEN OF THE PARTICIPANT FOR MARKETING MATERIALS OR FOR ANY OTHER USE FOR THE BENEFIT OF THE PROGRAM.

Signature of Parent/Guardian or participant

Date



Entered



TINY TOTS Boulder City Parks and Recreation

Field Trip, Transportation, and Medical Liability Release

CHILD'S NAME _____ AGE _____ DATE OF BIRTH _____ B. CERT OK _____

ADDRESS _____ HOME PHONE _____

PARENT NAME _____ CELL _____ WORK PHONE _____

PARENT NAME _____ CELL _____ WORK PHONE _____

Emergency contact or person who can pick up child other than parents:

- 1. _____ Relationship _____ Phone _____
- 2. _____ Relationship _____ Phone _____
- 3. _____ Relationship _____ Phone _____
- 4. _____ Relationship _____ Phone _____

Allergies, Medication & Other Health Problems (Please Describe) _____

**RELEASE OF LIABILITY – ACTIVITY: 2016-2017 Tiny Tots Field Trips, Transportation,
and Medical Release**

I, the undersigned, legal guardian of the participant in the listed activity sponsored by the Boulder City Parks and Recreation Department, do understand that, in consideration of the Parks and Recreation Department, I do release them, their officers, agents or employees from all liability demands or claims for loss, damage or injury resulting from participating in the mentioned activity, as there is no insurance provided. I, the undersigned, as legal guardian on behalf of our child named above, our heirs, executors and administrators, we hereby do expressly and forever waive and release the City of Boulder City Parks and Recreation Department, and all their respective officers, trustees, employees, agents or representatives for any and all liability for personal injuries, or damages, sustained incurred, arising from, or connected with travel to and from the City of Boulder City and City of Boulder City Parks and Recreation Department meetings, classes, contests, field trips, and/or special events, and all activities related to, or in conjunction with, the said activity by our son or daughter. I also give my consent for his/her participation in the activity, and for any necessary emergency medical treatment.

PHOTO RELEASE: I DO ___ DO NOT ___ consent to & authorize the use & reproduction by the Boulder City Recreation Department of any photographs & audio-visual materials taken of me for marketing materials or for any other use for the benefit of the program.

Signature (Parent of Guardian)

Date