

**BOULDER CITY PARKS AND RECREATION DEPARTMENT**

# 2021/2022 TINY TOTS PROGRAM

**Registration 4 & 5 yr. old class: Begins Monday, August 2nd at 7:30AM**

**Registration 3 & 4 yr. old class: Begins Tuesday, August 3rd at 7:30 AM**



The Tiny Tots program focuses on enriching children in areas of socialization skills, creativity, motor skills development, and academics. We offer classes in the mornings from 9:00 - 11:30 Mondays - Thursdays for our 4 & 5 year old's and from 11:45am - 2:15pm on Tuesdays and Thursdays for our 3 & 4 year old's. Our program begins Aug. 23rd, 2021, and ends May 12th, 2022. You may register your child for several months or the entire year at any point in time. **Registration fees & birth certificates are due at the time of registration.**

<u>Month</u>	<u>3 &amp; 4 Year Old</u>	<u>4 &amp; 5 Year Old</u>
August/September	\$120.00	\$220.00
October	\$80.00	\$140.00
November	\$70.00	\$150.00
December	\$50.00	\$100.00
January	\$70.00	\$140.00
February	\$80.00	\$140.00
March	\$100.00	\$180.00
April	\$60.00	\$100.00
May	\$40.00	\$80.00

**REGISTRATION DEADLINE DATE:** Students must be registered by the 20<sup>th</sup> of each month for the NEXT month; otherwise, a \$25.00 late fee will be charged for students wanting to remain in the program. If your child is not registered by the deadline date (twentieth of the previous month), your child will lose his/her space and the office will offer the vacancy to the next name on the waiting list. We will not be making reminder phone calls for registration payments.

**TUESDAY & THURSDAY CLASS 3-4 YR OLDS:** Children must be 3 years of age and completely potty trained. They must be able to remove their own pants, undergarments, and use toilet paper to clean themselves unassisted. If they need assistance with buttons or snaps on their items of clothing, we will help initially but encourage you to work with them to be independent. Birth Certificates are required at the time of registration.

**MONDAY thru THURSDAY CLASS 4-5 YR OLDS:** Children must be four years old by September 30 (same as the school district CCSD policy for kindergarten entry). Birth Certificates are required for everyone at the time of signup. Children must be completely potty trained.

**HOLIDAY SCHEDULE:** The Tiny Tots program will observe the same holidays as the Clark County School District (CCSD). There will be no class on the following holidays.

9/6 - Labor Day  
 10/13 - \*CCSD No School Day  
 12/20-1/4 - Christmas Break  
 2/21 - Presidents Day  
 4/25 - \*CCSD No School Day

9/13 - \*CCSD No School Day  
 11/11 - Veteran's Day  
 1/17 - Martin Luther King Jr. Day  
 3/14 - \*CCSD No School Day  
 5/11 - 4-5 yr. Class graduation

10/4 - \*CCSD No School Day  
 11/24-11/25 - Thanksgiving  
 2/7 - \*CCSD No School Day  
 4/11-4/18 -Spring Break  
 5/12 - Last day of class/party

**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). 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, 702-293-9256.
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.
8. No Backpacks are needed. Please do not send.

**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](http://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 (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** \_\_\_\_\_

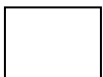
**Any restrictions for picking up child?** \_\_\_\_\_

**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 (Describe)** \_\_\_\_\_

**RELEASE OF LIABILITY – ACTIVITY: 2021-2022 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



### Activities Information Waiver and Release

1. The rules, regulations and procedures set forth below follow the recommendations of the CDC and Southern Nevada Health District.
2. All participants entering any City facility must immediately wash their hands in the restroom following CDC hand washing guidelines.
3. Activities will be monitored by City staff and items will be disinfected after use.
4. Program may require preregistration and has limited capacity. The City is not accepting "drop-ins" at this time.
5. No participant should come to a City facility or participate in a program, class or activity, if anyone in the household is ill. Please stay home if sick to help not spread any illnesses at this time.

Name of Participant(s):


Please list any special instructions or anything City staff needs to know about the participant(s):

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By signing this agreement, I acknowledge the contagious nature of COVID-19, and other viruses, and voluntarily assume the risk that my child(ren) and/or I may be exposed to or infected by attending all Parks and Recreation programming/activities, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19, or other virus, may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) and/or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I and/or my child(ren) may experience or incur in connection with my and/or child(ren)'s attendance or participation in City programming ("Claims"). On my behalf, and/or on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the City, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the City, its employees, agents, and representatives, whether an infection occurs before, during, or after participation in any City program.

\_\_\_\_\_ Participant/Guardian signature \_\_\_\_\_ date

\_\_\_\_\_ Participant/Guardian signature \_\_\_\_\_ date