



# Coyote Kids

1021 Greenway Road  
Henderson, NV 89002  
702-565-1950

Dear Parents,

We are excited to welcome your child as a "Coyote Kid". You will need to complete the following paperwork included in this packet and return it before we can enroll your child. You will also need to provide the following:

- Your child's up to date immunization records.
- Paid registration fee and first weeks tuition. Tuition is due the Friday before the week of service or a \$25.00 late fee applies.
- Crib sheet, small pillow, small blanket and small stuffed "sleeping buddy" if needed. (No dolls or toys please)
- Change of clothes (parts, shirt, underwear, socks,) in a gallon- sized zip lock bag.
- Lunch - should be in a lunch box with an ice pack to keep foods cool. Food cannot be heated by us at school. Children can use a thermos to keep food warm. **NO PEANUT BUTTER OR FOODS CONTAINING NUTS.** Please do not pack candy for lunch.
- Water bottle - Please have the child's name on it. Take it home daily to clean and refill or send in a new bottle.
- Coats and sweaters need to have the child's name on it.
- Voluntary sign-ups available for additional snack or party days. **WE DO NOT ALLOW FULL SIZE CUPCAKES..**

We are honored that you have entrusted us with the care of your child. We want to work with you to make this transition to our facility as easy as possible for your child. If you have any suggestions or concerns, please do not hesitate to ask.

Sincerely,  
Linda Schlueter, Owner-Director

# Consent for Medical Treatment

Parent/Guardian agrees the provider may consult with the child's nurse or attending physician in regards to the 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 Name & Phone Number \_\_\_\_\_
- Local Health Entity \_\_\_\_\_

Doctor Name:

Address:

Telephone:

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Medical Plan:

Policy#:

Telephone:

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I, \_\_\_\_\_, hereby give my consent for employees of Coyote Kids (Marsha's Mini-School), to call a physician and authorize medical or surgical care for my child, should an emergency arise where such serves is indicated: it is understood that a conscientious effort must be made to notify me before such action is taken, but it it is impossible to locate me or my spouse, the expense of this service will be accepted by me.

Further, I agree to hold Linda Schlueter and her agents or employees safe and harmless for or from any liability, injury, or harm of whatever nature which may arise from any cause or source except the express negligence of Coyote Kids or Marsha's Mini-School.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

Does your child require additional accommodations? YES \_\_\_\_ NO \_\_\_\_

Explain: \_\_\_\_\_

Are the problems serious enough to restrict your 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: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

## 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 on foot. I further understand that my child will be chaperoned by a responsible adult at all times away from the facility.

Should an 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, or 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



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## Health Statement

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Address: \_\_\_\_\_

Status of the above child's health: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Any known conditions under treatment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Child is capable of adjusting to programs of the child care facility

YES/NO- Reason: \_\_\_\_\_

\_\_\_\_\_

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

(M.D. or R.N.)

A copy of the child's immunization record must be given to the school upon entrance. The Health Statement must be turned in within 30 days.

# Marsha's Mini-School/ Coyote Kids Child Care Center Tuition Agreement

Coyote Kids serves children age's two and a half to six. The school is open from 6:30 a.m. to 6:30 p.m. Monday through Friday.

The registration fee of \$50.00 and first week's tuition is due upon enrollment. The registration fee is a one-time charge as long as your child remains enrolled. Re enrollment of a child offer withdrawing will require repayment of the registration fee.

Tuition rates are \$200.00 per week. Payment can be made by cash or check (we do not accept debit or credit cards). Tuition needs to be paid the Friday before the week of service or a **late fee of \$25.00** will be assessed. Daily rate is \$50 with a two day minimum.

Coyote Kids will be closed on the major holidays traditionally observed-not to exceed ten days per year. The holidays observed are printed on our yearly calendar. Tuition credit will not be granted for the holiday days.

After your child has been enrolled full-time for three months, (90 days) three weeks of scheduled vacation time per enrollment year will be allowed, provided a two-week written notice is given. If more than three weeks of vacation per year is needed, a holding fee of 50% of your child's tuition will need to be paid weekly to secure your child's space. Part-time children are not eligible for vacation time.

Contracted days cannot be changed without a two-week notice. If you wish to withdraw your child, you must notify Coyote Kids **in writing** two full weeks before leaving. Vacation weeks cannot be used in conjunction with the notice to withdraw your child. You will be charged as long as your child is enrolled regardless of absences.

I have read and agree to the provisions of this contract.

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Parent or Guardian Signature

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Date

# Marsha' Mini School/ Coyote Kids Policy Acknowledgement

As the parent of \_\_\_\_\_, I have read and acknowledge the following: (Please initial)

- ❖ I give permission for Marsha's Mini School/Coyote Kids to take photos of my child. I understand these photos may be used on brochures, in advertisements, on a website or on videos. I understand that no name will be used with these uses. \_\_\_\_\_
- ❖ I acknowledge that Marsha's Mini School/Coyote Kids is serviced by monthly pest control. Hand sanitizer, air fresheners and disinfectant spray are used in this facility. \_\_\_\_\_
- ❖ We have an association with Beehive Homes of Henderson Assisted Living. I give my permission for my child to participate in activities with Beehive Home residents. I understand the children will always be supervised by Marsha's Mini School/Coyote Kids staff during these activities. I give my permission for my child to walk to Beehive homes for these activities.
- ❖ I give my permission for my child to walk between building #1 and Building #2.

I have received and read a copy of the Marsh's Mini School Facility statement. I understand the policies on the following: (Please initial each item)

Tuition and late fees \_\_\_\_\_

Vacation \_\_\_\_\_

Meals & Snacks \_\_\_\_\_

Discipline \_\_\_\_\_

Illness \_\_\_\_\_

Rest time \_\_\_\_\_

Dress \_\_\_\_\_

Holidays \_\_\_\_\_

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



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Child Record      Enrollment Date\_\_\_\_\_ Initial Start Date\_\_\_\_\_

Child's Name	Preferred Name	Sex	Date of Birth
Current Address	City, State	Zip	Phone

Enrolling Parent/Gardian\_\_\_\_\_ Occupation\_\_\_\_\_

Home Address\_\_\_\_\_ Phone\_\_\_\_\_

Work Address\_\_\_\_\_ Phone\_\_\_\_\_

Cell phone\_\_\_\_\_ Email\_\_\_\_\_

Parent/Gardian\_\_\_\_\_ Occupation\_\_\_\_\_

Home Address\_\_\_\_\_ Phone\_\_\_\_\_

Work Address\_\_\_\_\_ Phone\_\_\_\_\_

Cell phone\_\_\_\_\_ Email\_\_\_\_\_

\*List of additional people allowed in the event of an emergence, who is authorized to take the child from this facility. (Your child will not be allowed to leave with any other person without written authorization from the parent or guardian.

Name	Address	Home/cell phones	Relationship

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

