



Marsha's Mini-School

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

Dear Parents,

We are excited to welcome your child to Marsha's Mini-School. 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 tuition payment.. Tuition is due the first of the month before the month of service or a \$25.00 late fee applies.
- 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.**

Your child will be provided with a school bag and a folder during the school year.

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 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

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

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 Tuition Agreement

Coyote Kids serves children age's two and a half to six. The school is open from 8:30 a.m. to 11:30 p.m. Monday through Friday. You chose which days you would like to attend.

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

Tuition rates are \$1,800 per year for two days a week, \$2,100 yearly tuition for three days a week. The student must be 4 years old to attend on Friday. Yearly tuition can be divided into 10 monthly payments due on the first of each month. Payment can be made by cash or check (we do not accept debit or credit cards). Tuition needs to be paid the 5th of the month of service or a **late fee of \$25.00** will be assessed.

Marsha's Mini School follows the CCSD calendar for holidays and time off. If a holiday falls on a Monday we are closed both Monday and Tuesday. Tuition credit will not be granted for holiday days.

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. 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.

Parent or Guardian Signature

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 _____

Car line _____

Snacks _____

Discipline _____

Illness _____

Party Days _____

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 _____

