Enrollment Agreement

Family Learning Center

Completion of this agreement is required for enrollment. This form will enable us to better understand your child and meet his/her needs. Much of the information requested is necessary to comply with state child care licensing regulations.

Enrollment Information

Roadrunners Busy Bees Start Date _____

Child's Information

Child's first name	Middle name	Last name		Nickname	
Birth Date	Age	Sex	Child's primary language	Parent/guardian/sponsor primary language	
Child's home address		City	State	Zip	
Does your child have any group or PreK experience? □ Yes □ No	Program Name	How long attended?		Will child continue? □ Yes □ No	

Family Information

List family members your child lives with – include first names, relation and ages of siblings

Parent/guardian/sponsor	Relationship to child	Home phone		Cell phone	
Home address if different from above		City	State	Zip	
Home email	Work email			Work phone	
Employer	Employer address	City	State	Zip	Work hours
Other parent/guardian/sponsor	Relationship to child	Home phone		Cell phone	
Home address if different from above		City	State	Zip	
Home email	Work email			Work phone	
Employer	Employer address	City	State	Zip	Work hours

Child Emergency Contact and Release Information (do not include parents/guardians/sponsors)

Please notify the center if an Emergency Release Contact will pick up your child on a given day.
[For the safety of your child, we request that all authorized pick up persons with whom staff is not familiar provide a photo ID when picking up child)

Person #1	Relationship to child	Home phone		Cell phone	
Home address		City	State	Zip	
Home email	Work email		Work Phone		
Employer	Employer address	City	State	Zip	Work hours
Person #2	Relationship to child	Home phone		Cell phone	
Home address		City	State	Zip	
Home email	Work email		Work Phone		
Employer	Employer address	City	State	Zip	Work hours
Person #3	Relationship to child	Home phone		Cell phone	
Home address		City	State	Zip	
Home email	Work email		Work Phone		
Employer	Employer address	City	State	Zip	Work hours

The persons designated in this section will be contacted by us if you cannot be reached in the event of a medical or other emergency. Our staff will only release your child to you or to those persons listed above. If you want a person who is not identified above to pick up your child, you must notify our staff in advance. Your child will not be released without prior authorization.

Authorization to Pick-up Child

The following persons are authorized to pick up my child for Family Learning Center. I understand that I need to let a staff member know when someone else besides me will pick him/her up. If there are changes during the year, I will notify the preschool staff.		**Initials**
Name _____ Telephone	Name _____ Telephone	Name _____ Telephone
Name _____ Telephone	Name _____ Telephone	Name _____ Telephone
Name _____ Telephone	Name _____ Telephone	Name _____ Telephone

Parent initial _____ Staff initial _____ Date _____

Medical Information

Child's name	Birth date	Height	Weight	Hair color	Eye color

Distinguishing marks

Child's Medical & Developmental History (Physical exam required)

1. Does your child have any special medical conditions? □ No □ Yes Explain
2. Does your child have any chronic illnesses? □ No □ Yes Explain
3. Please list a brief history of your child's serious injuries and hospitalizations.
4. Does your child have diabetes? □ No □ Yes *If yes, please attach care instructions from your physician.*
5. Does your child have asthma? □ No □ Yes *If yes, please attach care instructions from your physician.*
6. Will medication be administered regularly? □ No □ Yes *If yes, please attach care instructions from your physician and fill out Medication Release Form.*
7. Does your child have any special dietary needs? □ No □ Yes Explain
8. Is your child able to fully participate in all activities? □ Yes □ No Explain
9. Does your child have any physical restrictions? □ No □ Yes Explain
10. Does your child function at the level of other children in his/her age group? □ Yes □ No Explain
11. Is your child able to walk □ Yes □ No
12. Can your child communicate his/her needs? □ Yes □ No
13. Does your child need assistance at meal time? □ No □ Yes Explain
14. Does your child rest during the day? □ No □ Yes
15. Is your child toilet trained? □ No □ Yes
16. Does your child use any special equipment, such as breathing machine, wheelchair, hearing aid, braces, glasses etc? □ No □ Yes Explain
17. Does your child require one-to-one care/supervision on a regular basis for a significant period of time? □ No □ Yes Explain
18. Does your child require any accommodations or modifications to fully and equally enjoy and participate in a group setting? □ No □ Yes Explain

Illness History *(please check all that apply)*

□ Vision problems	□ Nosebleeds	□ Seizures
□ Hearing problems	□ Skin rashes	□ Mouth sores
□ Constipation	□ Sore throats	□ Fainting
□ Diarrhea	□ Ear infections	□ Persistent cough
□ Asthma/breathing problems	□ Urinary tract infections	□ Other

Please attach care instructions from your physician for any of these illnesses.

Disease History *(please check all that apply and add the date)*

□ Chicken Pox (Varicella)		□ Bronchiolitis		□ Botulism	
□ Measles Rubeola		□ Pneumonia		□ Haemophilus Influenza	
□ Rubella (German Measles)		□ Pertussis (Whooping cough)		□ Meningococcal Infection	
□ Mumps		□ Tetanus		□ Rabies	
□ Scarlet Fever		□ Diphtheria		□ Bacterial Meningitis	

Allergies *(please list)*

Medication Allergies	Reaction	**Food** Allergies	Reaction
Bee Stings Allergies	Reaction	**Respiratory** Allergies	Reaction
Other Allergies	Reaction	**Are any of these allergies life-threatening?**	□ **Yes** □ **No**

Please attach care instructions from your physician for any life-threatening allergies...

Miscellaneous Screenings and Tests *(please check all that apply and a copy of screening*

□ Vision		□ Developmental		□ Tuberculosis (PPD)	
□ Hearing		□ Physical		□ Sickle Cell Anemia	
□ Speech		□ Social Emotional		□ Dental	

Child's Medical Care Provider

Primary physician's name	Primary physician's practice name		Phone
Physician's practice address	City	State	Zip
Preferred hospital/clinic for emergency care	City		State
Dentist's name	Dentist's practice name		Phone
Dentist's practice address	City	State	Zip

Child's Insurance Provider (copy of insurance card required)

Child's health insurance provider name	Policy number	Secondary health insurance provider name	Policy number

Child's Immunization History *(please attach a copy of your child's immunization records)*

Below is a list of immunizations that your child may have received. Immunizations in *bold are required by our state. **[Immunization Chart in handbook.]**

Anthrax	Influenza	***Pneumococcal disease**	Smallpox
***Diphtheria**	Lyme Disease	***Polio**	***Tetanus**
***Haemophilus Influenzae type b (Hib)**	***Measles**	Rabies	Tuberculosis
***Hepatitis A**	Meningococcal disease	Rotavirus	Typhoid Fever
***Hepatitis B**	***Mumps**	***Rubella**	***Varicella (Chickenpox)**
Human Papillomavirus (HPV)	***Pertussis (Whooping Cough)**	Shingles (Herpes Zoster)	Yellow Fever
Copy of Immunization □ No □ Yes	**Up to date** □ No □ Yes If no, which Immunization needed: _____		

Additional Medical Policies

	Initial
1. Prior to enrollment, I must provide the center with updated physical exam and immunization information for my child. This information is to be kept current and updated in accordance with state child care regulations.	
2. I agree to call the preschool if my child will be absent from class due to illness or other reason. 505-367-0004.	
3. If my child becomes ill with a reportable contagious disease, I understand that he/she will not be able to return until I bring in a physician's note stating that he/she is no longer contagious.	
4. If my child becomes ill during his/her time at the preschool, the staff will contact me to pick up my child. I will arrange for pick up as soon as possible and no later than 2 hours after being contacted. If I cannot be reached, the staff will contact those listed in the *Child Emergency Contact and Release and Authorization to Pick up Child.*	

Emergency Medical Authorization & Consent

	Initial
In case of a medical emergency, the staff will attempt to contact me, those listed in the *Child Emergency Contact and Release*, and lastly my physician.	
In case of a medical emergency, I give permission for my child to receive treatment on FLC premises should my child need medical assistance; or to be transported to a medical facility.	
In case of a medical emergency, I permit the transportation of my child to a local hospital or other urgent care facility, if necessary by paramedics or other emergency personnel.	
In case of a medical emergency, I will be responsible for the emergency medical expenses.	
In case of an accidental ingestion of a poisonous substance, I consent to my child being treated as directed by the Poison Control Center.	

	Initial
I give my permission to this center to apply □ sunscreen and □ insect repellant to my child. *Please check which product you will permit.* (Medication form required for prescription medication)	
I understand that I must supply my own sunscreen and/or insect repellant with a valid expiration date, and it will be labeled with my child's name.	
I have special instructions for the application process. □ None □ _____	

Kindergarten destination: My child will likely attend _____ kindergarten.

Family Participation Agreement

Child's name	Birth date

Hours of Operation/

Regular operating hours are **Monday through Friday from 7:30-1:00** except closings for various holidays, and inclement weather as described in the Parent Handbook. Please consult the current calendar for holidays.
Child may not be dropped off before 7:30 and must be picked up by 1:00pm.
EXTENDED CARE is available for working families. The program is tuition based. Extended Care is open Monday through Friday 1:00 – 6:00.

The procedure to notify families should severe weather or other conditions prevent the program from opening on time or at all will be announced on local radio/TV stations. If Espanola Public schools are on a 2 hour delay, we are on 2 hour delay. If EPS are closed, we are closed.
If it becomes necessary to close early, we will contact you or someone listed in the *Emergency Contact and Release*, and it will be your responsibility to arrange for your child's early pick up.

Financial Information services (to be completed by staff; reviewed and initialed by the parent/guardian/sponsor after completion)

Extended care tuition is payable by the 1st of the month. After the fourth day you will be charged a $10 late fee. **Initial** _____

1. The three and four year old classrooms are funded by NM Early Pre-K/NM Pre-K through New Mexico Children Youth and Families Department. There is no charge for Early Pre-K/Pre-K services. _____
2. I have completed the IEA (Income Eligibility Application) form for Child Care Food Program. _____
3. Family Learning Center is a nonprofit organization. Donations are gratefully accepted and are tax deductible. _____
4. Contact Michelle Martinez at *ECECD (Formally CYFD) 753-0222 or cell 505-372-8645 or michelle.martinez@state.nm.us* for more information. _____

Fundraising

*I agree to participate in one Fundraiser during **each semester** of the school year. Fundraising provides resources for field trips, art projects, school supplies, playground equipment, etc.* **Initial** _____

Assessments/Parent Involvement

Initial

I will allow my child to be assessed for his/her growth and development. (Pre-K Observation Assessment, Hearing, vision, social emotional, development) _____

I agree to provide, at a minimum, **90 hours of parent involvement** during the school year to include home visits by teachers; parent teacher conferences; field trips; reading logs; spending time in classroom; parent nights, monthly family projects; etc. I will participate in home visits, parent-teacher meetings, and parent nights. _____

I authorize any staff member of FLC to have access to my child's file to obtain any information needed for use of the program. _____

Private Employment Acknowledgement and Release

	Initial
Any arrangement/employment between me and staff of this center (i.e., babysitting), outside of the programs and services offered by this center, is an individual endeavor and private matter not connected or sanctioned by this center. This center shall remain harmless from any such arrangement.	

Media Release

	Initial
Occasionally, photos will be taken of the children at the center for use within the preschool, training or our website. Please indicate that you authorize the use and reproduction of photographs of your child in conjunction with Family Learning Center. (CYFD-PreK Photo release form is separate)	

Field Trip/ Walking Excursions

	Initial
I give permission for my child to participate in local supervised field trips and/or walking excursions. FLC uses the Blue Bus for local activities. Permission slip is required for each activity.	
I understand that parents/guardians must accompany children on out of town field trips along with the required permission slip for any off campus activity.	
Parents will be responsible for paying for parent tickets on field trips. FLC pays for student tickets and transportation.	

Handbook Acknowledgement

	Initial
I have read and understand the Parent Handbook, Discipline Procedures, and attached the Handbook Acknowledgement Form.	
I have received a copy of the Family Learning Center Disenrollment Policy Form. I have read and understand the Disenrollment policy.	
I understand that it is my responsibility to go directly to management with any questions I may have regarding the policies and procedures and information contained in this Enrollment Agreement and Parent Handbook. FLC is governed by a Board of Directors and I am invited to attend meetings every 3 months.	
Information contained in the **Parent Handbook** may be subject to change.	

Contract Approval

I certify that I have read, understand, and accept all of the terms and conditions described in this *Enrollment Agreement* and the *Parent Handbook*.

Primary Parent/Guardian/Sponsor Signature	Date	Staff Signature	Date