

ENROLLMENT DATE: _____ DIS-ENROLLMENT DATE: _____

ALTAMONTE CHILD DEVELOPMENT CENTER

CHILD'S INFORMATION:

NAME _____ SEX _____ DOB _____

CHILD RESIDES WITH _____

WHAT IS THE CHILD'S PRIMARY LANGUAGE? _____

SPECIAL MEDICAL CONDITIONS (ALLERGIES ETC...)

FAMILY INFORMATION

MOTHER/GUARDIAN NAME _____

ADDRESS _____

SOCIAL SECURITY NUMBER _____ DOB: _____

HOME PHONE _____ CELL PHONE _____

EMPLOYER NAME _____

EMPLOYER ADDRESS _____

EMPLOYER NUMBER _____

FATHER/GUARDIAN NAME _____

ADDRESS _____

SOCIAL SECURITY NUMBER _____ DOB: _____

HOME PHONE _____ CELL PHONE _____

EMPLOYER NAME _____

EMPLOYER ADDRESS _____

EMPLOYER NUMBER _____

**LOCAL EMERGENCY CONTACTS & OTHERS AUTHORIZED TO PICK UP CHILD
— OTHER THAN PARENTS**

NAME _____ RELATIONSHIP _____
HOME PHONE _____ WORK PHONE _____

NAME _____ RELATIONSHIP _____
HOME PHONE _____ WORK PHONE _____

NAME _____ RELATIONSHIP _____
PHONE NUMBER _____

NAME _____ RELATIONSHIP _____
PHONE NUMBER _____

SIGNED _____ DATE: _____

PHYSICIANS NAME & PHONE NUMBER _____

PREFERRED HOSPITAL & PHONE NUMBER _____

Enrollment Agreement

(Mandated by State Licensing Regulations)

I/We, the parents of _____, understand that policies and procedures of Alta Monte Child Development Center. I/We agree to abide by the rules and regulations set forth by the director of this facility. I/We further understand that this center is licensed and regulated by the State of New Mexico. I/We understand that all costs associated with child care at this facility and accept responsibility for all charges incurred at Alta Monte Child Development Center. I/We agree not to hold the director, owner, or any staff member responsible for any injury sustained by my/our child while in the care of this facility. Furthermore, in the event of an emergency, I/We give permission for my/our child to be transported to the nearest emergency facility by the most expedient means necessary and that neither the staff, nor the director of this facility will be held responsible for injuries sustained to my/our child while in transit.

I HAVE READ AND AGREE TO FOLLOW ALL POLICIES AND PROCEDURES OF ALTA MONTE CHILD DEVELOPMENT CENTER.

MOTHER / LEGAL GUARDIAN _____ DATE _____

FATHER / LEGAL GUARDIAN _____ DATE _____

DIRECTOR _____ DATE _____

CONSENT FOR EMERGENCY FIRST AIDE & TRANSPORTATION:

I HERBY GIVE PERMISSION THAT MY CHILD, _____, MAY BE GIVEN EMERGENCY TREATMENT BY A STAFF MEMBER AT ALTA MONTE CHILD DEVELOPMENT CENTER. I ALSO GIVE PERMISSION FOR MY CHILD TO BE TRANSPORTED BY CAR, AMBULANCE, OR OTHER EMERGENCY VEHICLE NECESSARY. I AGREE TO HOLD ALTA MONTE CHILD DEVELOPMENT CENTER AND ALL ITS' EMPLOYEES NOT LIABLE.

PARENT SIGNATURE _____

DATE _____

CONSENT FOR MEDICAL CARE AND TREATMENT

IN THE EVENT THAT I CANNOT BE CONTACTED IMMEDIATELY, I GIVE PERMISSION THAT ANY MEDICAL TREATMENT DEEMED NECESSARY BY AN ATTENDING PHYSICIAN MAY TAKE PLACE. I, AGAIN HOLD ALTA MONTE CHILD DEVELOPMENT CENTER AND ALL ITS' EMPLOYEES NOT LIABLE.

PARENT SIGNATURE _____

DATE _____

ADVERTISING

HOW DID YOU FIND OUT ABOUT US? _____

**ALTAMONTE CHILD DEVELOPMENT CENTER
SICK CHILD POLICY AND PROCEDURE**

REGULAR SCHOOL ATTENDANCE IS ENCOURAGED; HOWEVER, A SICK CHILD SHOULD BE KEPT AT HOME. THE FOLLOWING GUIDELINES HAVE BEEN ESTABLISHED TO DETERMINE IF A CHILD SHOULD BE AT SCHOOL. PARENTS WILL BE CALLED TO PICK UP THEIR CHILD IF THE FOLLOWING SYMPTOMS ARE PRESENT:

1. DIARRHEA OR VOMITING. THE CHILD MAY RETURN WHEN SYMPTOMS HAVE CEASED FOR 24 HRS.
2. IMPETIGO: THE CHILD MAY RETURN AFTER ANTIBIOTICS HAVE BEEN ADMINISTERED FOR 24 HOURS, OR WHEN SORES ARE DRY WITH NO YELLOW CRUST (ABOUT 7-10 DAYS).
3. FEVER: 100* RECTALLY OR 99.4* ORALLY. THE CHILD MAY RETURN WHEN FREE FROM FEVER FOR 24 HOURS.
4. GENERAL MALICE: (HEADACHES, LISTLESSNESS) A CHILD WHO WILL NOT EAT OR PARTICIPATE IN ACTIVITIES DOES NOT BELONG AT SCHOOL.
5. EARACHE (OTIS MEDIA) THE CHILD SHOULD BE SEEN BY A PHYSICIAN AND MAY RETURN TO SCHOOL FOLLOWING A MINIMUM TREATMENT OF 48 HOURS.
6. PERDICULOSIS (LICE): THE CHILD MAY RETURN FOLLOWING A MINIMUM OF 48 HOURS AFTER SHAMPOO TREATMENT HAS TAKEN PLACE. IF ANY EGGS REMAIN, THE CHILD WILL BE SENT HOME IMMEDIATELY.
7. COLDS: THE CHILD MAY ATTEND SCHOOL IF HE/SHE IS FREE FROM FEVER AND GENERAL MALICE.
8. RING WORM OR ATHLETES FOOT: THE CHILD MAY ATTEND SCHOOL IF THE INFECTED AREAS ARE COVERED AND BEING TREATED.
9. STREP THROAT: THE CHILD MAY ATTEND SCHOOL AFTER 24 HOURS OF ANTIBIOTIC TREATMENT.
10. PINK EYE (CONJUNCTIVITIS): THE CHILD MAY RETURN FOLLOWING 24 HOURS OF TREATMENT WITH MEDICATION PRESCRIBED BY A MEDICAL DOCTOR.
11. ANY CONDITION THAT REQUIRES CONSTANT CARE IS UP TO THE MANAGEMENT'S DISCRETION.

PARENT SIGNATURE _____

DATE _____

ALTAMONTE CHILD DEVELOPMENT CENTER HEALTH HISTORY QUESTIONNAIRE

CHILD'S NAME: _____ DOB _____

DATE OF LAST PHYSICAL _____

HAS YOUR CHILD HAD ANY OF THESE DISEASES OR COMPLICATIONS WITH?:

HEPATITIS	YES/NO
MEASLES	YES/NO
GERMAN MEASLES (RUBELLA)	YES/NO
SCARLET FEVER	YES/NO
TUBERCULOSIS	YES/NO
FAINTING SPELLS	YES/NO
FREQUENT COLD	YES/NO
FREQUENT SORE THROATS	YES/NO
LICE	YES/NO
RINGWORM	YES/NO
SKIN RASH	YES/NO
SOILING	YES/NO
URINARY PROBLEMS	YES/NO
STOMACH UPSETS	YES/NO
ASTHMA	YES/NO
BRONCHITIS	YES/NO
CHICKEN POX	YES/NO
DIABETES	YES/NO
IMPETIGO	YES/NO
MUMPS	YES/NO
POLIO	YES/NO
WHOOPING COUGH	YES/NO
CONSTIPATION	YES/NO
CONVULSIONS	YES/NO
DIARRHEA	YES/NO

PLEASE LIST ANY ILLNESSES NOT LISTED

ABOVE _____

HAS YOUR CHILD EVER BEEN HOSPITALIZED YES/NO

IF YES, PLEASE LIST THE DATES _____

HAS YOUR CHILD SUSTAINED ANY INJURIES WITH FRACTURES OR LOSS OF CONSCIENCE? (EXPLAIN)

PLEASE LIST ANY ALLERGIES KNOWN

TUITION AGREEMENT:

I UNDERSTAND THAT TUITION IS SUBJECT TO CHANGE WITH ADVANCE NOTICE. THERE IS A NON REFUNDABLE REGISTRATION FEE OF \$ 50.00 PER CHILD, OR \$75 PER FAMILY. THE REGISTRATION FEE IS DUE UPON ENROLLMENT AND **RENEWED ANNUALLY**. ALL MONTHLY PAYMENTS ARE DUE BY THE 10TH OF EACH MONTH. WEEKLY AND BI-WEEKLY TUITIONS ARE DUE IN ADVANCE. PAYMENTS MADE AFTER THE 10TH WILL ACCRUE A \$15.00 LATE FEE.

TUITION RATES ARE BASED ON A TEN HOUR DAY. IF YOUR CHILD IS HERE LONGER THAN 10 HOURS ON ANY GIVEN DAY, YOU WILL BE CHARGED AN ADDITIONAL HOURLY FEE. FOR STATE CONTRACT FAMILIES, IF YOU EXCEED THE HOURS YOU ARE ALLOTTED, YOU WILL BE CHARGED HOURLY FOR EACH HOUR YOUR CHILD IS HERE IN EXCESS OF YOUR CONTRACT AMOUNT.

Due to State regulations, NO CHILD IS ALLOWED TO BE AT THE DAYCARE FOR MORE THAN 12 HOURS PER DAY! UNDER ANY CIRCUMSTANCES!!!

TO ENSURE THAT WE HAVE ADEQUATE STAFF TO MEET ALL CHILDREN'S NEEDS, PLEASE STICK TO YOUR SCHEDULE. NOTIFY US 1 WEEK IN ADVANCE OF ANY CHANGES YOU MAY NEED TO MAKE TO YOUR SCHEDULE.

ALTA MONTE CHILD DEVELOPMENT CENTER WILL PROVIDE WELL BALANCED NUTRITIONAL MEALS & SNACKS.

ALTA MONTE CHILD DEVELOPMENT CENTER WILL NOT BE REIMBURSED FOR YOUR CHILDREN'S MEALS IF YOU DO NOT CLOCK THEM IN AND OUT.

BREAKFAST LUNCH SNACK DINNER

7:00-9:00 11:30-12:30 2:30 -4:30 5:30-6:30

MONTHLY TUITION \$ _____ BI-MONTHLY \$ _____

WEEKLY TUITION \$ _____

TOTAL TUITION DUE \$ _____

REGISTRATION DUE \$ _____

TOTAL DUE AT REGISTRATION \$ _____

I HAVE READ AND AGREE TO FOLLOW ALL POLICIES AND PROCEDURES OF ALTA MONTE CHILD DEVELOPMENT CENTER.

MOTHER / LEGAL GUARDIAN _____ DATE _____

FATHER / LEGAL GUARDIAN _____ DATE _____

DIRECTOR _____ DATE _____

Discipline Policy

(Mandated by State Licensing Regulations)

All staff members employed by Altamonte Child Development Center will actively attempt to stop a child from continuing a behavior which is dangerous to the child or others, or which is disruptive and/or interferes with group time and/or other activities. Consistency is the key to effective discipline; all staff members employed by Alta Monte Child Development Center will be consistent with the following procedures:

- ❖ The staff member will attempt to redirect the child to other activities.
- ❖ If behavior continues, the child will be separated for a brief Time Out. All staff will ensure that the child understands what the offense was and what is required to rejoin the group. A representative of Altamonte Child Development Center, Inc will inform the parents of the child of the dangerous or disruptive behavior, should it continue.
- ❖ If a child has hurt another, the staff member will try to get the offender to realize his/her responsibility by talking with the children together, helping the offender to notice how the other child feels, and asking what he/she could do to make the other feel better. Apologies are to be encouraged, but may not be forced or used as a requirement to get out of timeout.
- ❖ If a child is continuously disruptive or abusive to others or him/herself either physically or verbally, the following steps will be taken:
 1. The parent will be notified and the problem will be discussed. A mutual plan for correction will be adopted.
 2. If the behavior does not improve after the discussion, the director may ask that the child be withdrawn (disenrolled) from the school, for reasons beneficial to the child and/or the school with one week notice, or immediately if the safety and well-being of other children or staff members are at risk.

The following disciplinary practices are prohibited:

1. Physical punishment of any type.
2. Withdrawal of food, rest, bathroom access, or outdoor activities.
3. Abusive or profane language, including yelling.
4. Any form of public or private humiliation, including threats of physical punishment.
5. Unsupervised isolation.

Parent's Signature _____ Date _____

Field Trip Permission

I hereby request that my child be permitted to participate in field trips, to the park, or any other activities that would involve taking the child outside of the daycare for his/her benefit in attendance at this facility.

Parent's Signature _____ Date _____

Please fill in your child's schedule
Daily schedule will not exceed 10 hours a day

Mon	Tue	Wed	Thur	Fri
TO	TO	TO	TO	TO

GENERAL INFORMATION AND CONSENT

I HAVE PROVIDED ALTAMONTE CHILD DEVELOPMENT CENTER WITH ALL IMMUNIZATIONS RECORDS FOR MY CHILD AND HAVE READ INFORMATION REGARDING MY CHILD'S ENROLLMENT. I UNDERSTAND THAT IDENTIFICATION MAY BE REQUIRED BEFORE MY CHILD IS RELEASED TO UNRECOGNIZED INDIVIDUALS, I UNDERSTAND THAT ALTA MONTE CHILD DEVELOPMENT CENTER RETAINS THE RIGHT TO DISENROLL MY CHILD IF MY CHILD'S NEEDS ARE NOT BEING MET ADEQUATELY, WHICH IS UP TO THE DIRECTOR'S DISCRETION. I AFFIRM THAT ALL INFORMATION ON THE REGISTRATION FORMS IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT I AM WELCOME AT ANY POINT TO COME AND OBSERVE MY CHILD AT ALTA MONTE CHILD DEVELOPMENT CENTER WITH THE UNDERSTANDING THAT I AM TO RESPECT THOSE TEACHERS IN THE ROOMS AND IN THE CONFINES OF THE BUILDING. I UNDERSTAND THAT ANY THREATENING OR BELLIGERENT BEHAVIOR ON THE PART OF MY CHILD OR ME MAY BE GROUNDS FOR DISENROLLMENT.

PARENT SIGNATURE _____

DATE _____

DIRECTOR'S SIGNATURE _____

DATE _____

Altamonte Child Development Center
Parent handbook Acknowledgement

I _____, have read and understand the policies and procedures as specified in the Parent Handbook.

By signing the Parent Handbook acknowledgement I agree that I have as stated above read and understand the policies and procedure guidelines set out in the Parent Handbook.

Parent Signature

Date

Director's Signature

Date