

ABC Preschool

Welcome!

Thank you for considering ABC Preschool we are committed to providing your child with excellent care and education every minute he/she spends with us. Taking the unique ability levels, needs, and goals for each child who attends our center into consideration at all times is our standard practice. At ABC Preschool we believe that all children can and do learn from each other and from the positive guidance of the adults surrounding them. We sincerely appreciate that you are entrusting your most precious asset to us!

Admission Procedures

Please return completed forms and information listed below.

_____ Application for Enrollment (fully completed and signed by parent/ guardian)

_____ Copy of current shot record

_____ \$85.00 non-refundable registration fee / \$65.00 family

2011 Tuition and Fees

Please note that all tuition is due in advance. The following are base rates for weekly, full-time attendance up to 45hrs and Part-time up to 25hrs. If you need information about rates for other enrollment options, please ask at the front desk. *(Prices subject to change)*

FULL-TIME

Infants (0-2) = \$160.00+tax, per week

3 year-olds and over = \$140.00+tax, per week

Drop ins welcome \$40.00 a day

We also accept CYFD assistance

PART-TIME

Infant (0-2) = \$120.00+tax

3 year-old and over = \$100+tax

Registration Fee: ABC Preschool charges a \$85.00 registration fee for first-time enrollment and a \$50.00 renewal fee each year that are both non-refundable.

Application for Enrollment

Please type or print all requested information as required by New Mexico State Law.

Student's Full Legal Name _____ Nickname: _____

First day of attendance _____ Last day of attendance _____

Part day _____ Full day _____ Number of days to attend _____ Days of attendance: M T W Th F

Age _____ Date of Birth _____ Male/Female SSN _____

Student's Address _____ Home phone _____

City _____ State _____ Zip code _____

Are parents of student married to each other? _____ Child resides with _____

Is there a court order/visitation order/ order of protection that we should be aware of? _____ If yes, please provide a copy to the front desk.

Mother's Name _____ Is mother authorized to pick up child? _____

Mother's Home Address _____ Home phone _____

City _____ State _____ Zip Code _____

E-mail address _____ Employer _____

Work phone _____ Cell phone _____

Spouse name (if other than Father) _____ Is spouse authorized to pick up child? _____

Please provide a four-digit code for signing your child in/out _____

Father's Name _____ Is father authorized to pick up child? _____

Father's Home Address _____ Home phone _____

City _____ State _____ Zip Code _____

E-mail address _____ Employer _____

Work phone _____ Cell phone _____

Spouse name (if other than Mother) _____ Is spouse authorized to pick up child? _____

Please provide a four-digit code for signing your child in/out _____

Student Emergency Information

Other people to notify in case of illness, emergency, and permitted to pick up child (other than parents). State Regulations require a minimum of **two contacts** to allow child's attendance. (I.D. Required at time of pick up)

1. Name _____ Address _____
Home Phone _____
Work Phone _____
Cell Phone _____ Relation _____
2. Name _____ Address _____
Home Phone _____
Work Phone _____
Cell Phone _____ Relation _____
3. Name _____ Address _____
Home Phone _____
Work Phone _____
Cell Phone _____ Relation _____
4. Name _____ Address _____
Home Phone _____
Work Phone _____
Cell Phone _____ Relation _____

Person financially responsible for student's tuition and fees, if different than parents:

Name _____ Relation _____
Home Address _____ City _____
State _____ Zip _____ Home Phone _____ Cell Phone _____
Email _____
Employer _____

Parent / Guardian Signature _____ Date _____

AFTER HOURS PAYMENT POLICY

I, _____ agree to pick up my children by 6:30 pm M-F. If I pick my child/children after the center closes I agree to pay \$1.00 per minute, per child for every minute after this time. This must be paid at the time of pick up and must be paid in cash.

Parent 1 _____ Date _____

Parent 2 _____ Date _____

PHOTO PERMISSION

I, _____ give ABC Preschool permission to photograph my child/children, while participating in school activities. **Pictures are only to be used at the center.**

My child has my permission to participate in water play, and nature walks.

Parent 1 _____ Date _____

Parent 2 _____ Date _____

ENROLLMENT AGREEMENT

(Mandated by State

Licensing Regulations)

I/We, the parents of _____ understand the policies and procedures of ABC Preschool. I/ We agree to abide by the rules and regulations set forth by the director of this facility. This facility offers childcare to children 2 years old to 13 years old, & their families. I/We further understand that this center is licensed and regulated by the state of New Mexico. I/ We agree not to hold the director, owner or any staff member responsible for any injury sustained by my/our child(ren) to be transported to the nearest emergency facility by the most expedient means necessary (including privately owned vehicle) and neither the staff, nor the director of this facility will be held responsible for injuries sustained by my/our children while in transit. I/We also understand that if my/our child(ren) is/are left more than one hour after posted closing times, he/she/they will be remanded to the custody of the legal authorities, and ABC Preschool, (to include directors, owners, and staff members) will not be held responsible for the outcome of any situation. I have read also and understand the policies and procedures in the parent handbook.

Care will include breakfast, (no later than 9:00) lunch, a.m. and p.m. snack, which offer meats, fruits, vegetables and a variety of foods, following guidelines of CACFP . Child(ren) are not required to bring in any outside food, unless your child has allergies, and needs a special menu.

Parent 1 _____ Date _____

Parent 2 _____ Date _____

GUILDANCE POLICY

(Mandated by State Licensing Regulations)

All staff members employed by ABC Preschool will actively attempt to stop a child from continuing a behavior which is dangerous to the child and or/others, or which is disruptive and/or interfere with group time activities. Consistent with the following procedures:

*The staff member will attempt to redirect the child to other activities

*All staff will ensure that the child understands what the offense was and what is required to rejoin the group. A representative of ABC Preschool will inform the parents of the child of the dangerous or disruptive behavior should it continue.

*If the child has hurt another, the staff member will try to have the child understand his/her responsibility by talking with children together, helping the child to notice how the other child feels, and asking what she /he could do to make it better. Apologies are to be encouraged, but may not be forced or used for the child to rejoin the group.

* If a child is continuously disruptive to others of 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 behavior does not improve after this discussion, the director may ask that the child be withdrawn from the school. To reasons beneficial to that child or the school with one (1) week notice, or immediately if the safety and well-being of other children or members are at risk.

*The following disciplinary practices are prohibited

1. Physical punishment of any type, including shaking, biting, hitting, or putting anything in a child's mouth.
2. Withdrawal of food, rest, bathroom access, or outdoor activities.
3. Any form of public humiliation, including threats of physical punishment, Un-supervised isolation.

Parent 1 _____ Date _____

Parent 2 _____ Date _____

Health History Questionnaire

Student's Physician: _____ Phone number: _____

Student's Dentist: _____ Phone number: _____

Medical Insurance Company _____ Policy number: _____

Dental Insurance Company _____ Policy number: _____

Desired hospital in case of emergency _____

Health Information

Child's last physical exam _____

I consider my child's health to be (circle one): Excellent Above average Average Poor

If "poor" please explain

Health History

Yes No Yes No

Asthma

High Blood Pressure

Bleeding Trait

Migraine Headaches

Congenital Defect

Nervous Stomach

Convulsions

Rheumatic Fever

Depression

Sinus Trouble

Diabetes

Thyroid – overactive

Epilepsy

Thyroid – underactive

Hay Fever

Mental Health Problems

Hepatitis

Hyperactive

Chicken Pox

Other _____

Circle if applicable:

Heart: Rheumatic Frequent infection Valve problem Murmur

Ear: Hearing aid Frequent infections Other: _____

General: Appendix Bladder Other: _____

Health, Continued

Special Needs:

Special Diet Yes No If yes, please specify:

Food Restrictions Yes No If yes, please specify:

Allergies Yes No If yes, please specify:

Please list and explain any issues that require special attention:

Physical Differences (medical problem causing permanent or long-term disability):

Special Needs (circle any that apply) Crutches / Braces Wheel chair Incontinence Eyeglasses
Non-correctable vision problems Speech difficulties

Other _____

Please note any restrictions concerning physical participation

To the best of my knowledge all the above information is correct, complete, and accurate. The child herein described has my full permission to participate in all school activities, unless specified otherwise. In the event of illness, accident, or injury, I give permission that medical measures be instituted without delay as the judgment of the personnel dictates. I understand ABC Preschool is not engaged in the practice of medicine, including, but not limited to, diagnosing undetected illness or adverse medical conditions. I also authorize the above information to be given to medical professionals in the event of an accident or if necessary for immediate medical attention. I will also furnish immunization records to be kept permanently in my child's file.

Parent/ Guardian Signature

Date

Services

Hours of Operation / After Hours Pick-up Fee: ABC Preschool is open from 6:30 am to 6:30 pm Monday through Friday. We do not provide after hours care. (This may vary depending on location) Families are assessed a \$1.00 charge for each minute past 6:30pm if their child is still at the center. If the child is still present after 7:00 pm, the family will be assessed \$10.00 for each additional minute and CYFD will be contacted. _____ Initials

NSF Charge: If a check is returned for non-sufficient funds, you will be required to pay all fees incurred as a result of the returned check to the office. Childcare services may be temporarily stopped until the full payment of tuition and the NSF charges have been made in cash. In addition, we will not be able to accept personal checks from this time forward. We also apply a \$25.00 NSF fee to the account. _____ Initials

Payments/fees: CYFD co-payments are due before the 5th of every month fees may accrue if later than the 5th. Weekly or Bi-weekly tuition, including any late fees that may accrue, must be paid at the beginning of each week or Bi-week, or care will no longer be provided.
_____ Initials

Late Payment Fee: If payments are not made on time, based on the schedule set forth in the parent contract, a late charge of \$25.00 will be added to your bill for each week the payment is late. After 4 weeks of non-payment, the child will be disenrolled. _____ Initials

Refunds: ABC Preschool does not provide refunds for registration fees, supply fees, therapy fees, or late fees. We will only provide tuition refunds if you are terminating services after giving two-weeks notice. Refunds will only be issued if the childcare account is in good standing and all assessed fees are paid, and the child has been permanently withdrawn from all programs at ABC Preschool. Only statements with a credit balance over \$5.00 will be refunded. _____ Initials

Withdrawal: In the event a parent/guardian chooses to withdraw their child from ABC Preschool, the following procedure is expected: 1. A written request to withdraw is submitted to the office. 2. Payment is expected for one week after notice of withdrawal is received at the ABC Preschool office. If a family terminates without notice or if a child fails to attend for two contracted weeks, they are withdrawn from the program. The family will then be billed and is responsible for paying for one week of child care fees. _____ Initials

Tax Credit: Parents should check for possible tax credit for childcare under the Federal Tax Reform Act of 1979.
_____ Initials

Multiple Child Discounts: Families are offered a 10% multiple child discount, taken off the lesser tuition(s).
_____ Initials

**ABC Preschool
Parent Contract**

Parent(s)/ Guardians : _____

Child: _____

Date of Enrollment: _____

Days/Times of Attendance:

Promotional Rate: _____

Promotional Rate End Date: _____

Regular Rate: _____

Payment Plan: Every Week Biweekly Monthly

Registration Fee: _____

I understand that the registration and supply fees and the first week of tuition are all due upon enrollment. I agree to pay ABC Preschool at the beginning of each week/month of my child's scheduled attendance. I understand that all fees and tuition payment are necessary to hold my child's spot at ABC Preschool and that these payments are non-refundable.

Parent Signature

Date

Director Signature

Date