

Joy learning Center
(505)836-8607
3200 Coors Blvd Suite H-I-J
Albuquerque Nm 87120



Enrollment Form

First day of Attendance: _____
Last day of Attendance: _____

Parent / Guardian Information

Mother/ guardian First Name: _____ **M.I.** _____ **Last Name:** _____

Address: _____

Home Phone _____ **Cell Phone** _____

Occupation: _____ **Employed by:** _____

Work Address: _____

Work Phone _____ **Work Hours:** _____

Email: _____ **Driver's License #** _____

Marital Status () Married () Single () Divorce () Separated () Widowed () other _____

() Custodial Parent (If married, mark both parents)

Father/ guardian First Name: _____ **M.I.** _____ **Last Name:** _____

Address: _____

Home Phone _____ **Cell Phone** _____

Occupation: _____ **Employed by:** _____

Work Address: _____

Work Phone _____ **Work Hours:** _____

Email: _____ **Driver's License #** _____

Marital Status () Married () Single () Divorce () Separated () Widowed () other _____

() Custodial Parent (If married, mark both parents)

Child Information

(1) Child First Name _____ **M.I.** _____ **Last name** _____

Date of birth _____

Child lives with: _____

Gender () Male () Female

List any existing medical conditions, medications and/ or especial attention your child require:

Allergies: _____

Pediatrician's Name _____ **Phone Number:** _____

Hospital _____ **Phone Number:** _____

(2) Child First Name _____ **M.I.** _____ **Last name** _____

Date of birth _____

Child lives with: _____

Gender () Male () Female

List any existing medical conditions, medications and/ or especial attention your child require:

Allergies: _____

Pediatrician's Name _____ **Phone Number:** _____

Hospital _____ **Phone Number:** _____

(3) Child First Name _____ **M.I.** _____ **Last name** _____

Date of birth _____

Child lives with: _____

Gender () Male () Female

List any existing medical conditions, medications and/ or especial attention your child require:

Allergies: _____

Pediatrician's Name _____ **Phone Number:** _____

Hospital _____ **Phone Number:** _____

Emergency Contacts and Authorized Pick-up Person

1. Name _____ Phone # _____
Address: _____
☐ () Able to pick up all the children in the family
☐ () not able to pick up the following Children: _____
2. Name _____ Phone # _____
Address: _____
☐ () Able to pick up all the children in the family
☐ () not able to pick up the following Children: _____
3. Name _____ Phone # _____
Address: _____
☐ () Able to pick up all the children in the family
☐ () not able to pick up the following Children: _____
4. Name _____ Phone # _____
Address: _____
☐ () Able to pick up all the children in the family
☐ () not able to pick up the following Children: _____
5. Name _____ Phone # _____
Address: _____
☐ () Able to pick up all the children in the family
☐ () not able to pick up the following Children: _____

Additional Information and Comments

Is there any other information that would be helpful to pour management and teaching staff?

Parent Signature _____ Date _____

Parent Nutrition Survey

1 Does your child have a health problem (do not include colds or flu)? If yes, what is it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 Is your .child? (If you check any of the below, please circle YES) Small for age <input type="checkbox"/> Too Thin <input type="checkbox"/> Too Heavy <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 Does your child have feeding problems? If yes, what are they?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4 Is your child's appetite a problem? If yes, describe	<input type="checkbox"/> Yes <input type="checkbox"/> No
5 Is your child on a special diet? If yes, what type of diet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Does your child take medicine for a health problem? (Do not include vitamins, iron or fluoride) Name of medicine(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No
7 Does your child have food allergies? If yes, to what foods?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8 Does your child use a feeding tube or other special feeding method? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 Does your child have trouble eating any of these foods (Check all that apply) Milk <input type="checkbox"/> Meats <input type="checkbox"/> Vegetables <input type="checkbox"/> Fruits <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
10 Does your child have any of these problems? (Check all that apply) Sucking <input type="checkbox"/> Swallowing <input type="checkbox"/> Chewing <input type="checkbox"/> Gagging <input type="checkbox"/> Meals lasting longer than 30 min	<input type="checkbox"/> Yes <input type="checkbox"/> No
11 Does your child have any of these problems? (Check all that apply) Loose stools <input type="checkbox"/> Hard stools <input type="checkbox"/> Throwing up <input type="checkbox"/> Spitting up <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
12 Does your child eat clay, paint chips, dirt or any other things that are not food? If yes, what?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13 For infants under 12 months who are bottle fed: Does your child drink less than (3ounces) or (8-ounce) bottles of formula or milk per day?	<input type="checkbox"/> Yes <input type="checkbox"/> No

14 For children over 12 months: (Check if applies and check the YES) Is your child not using a cup? Is your child not finger feeding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16 For children over 18 months: Does your child still take most liquids from a bottle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17 For children over 18 months: Check YES if your child is not using a spoon	<input type="checkbox"/> Yes <input type="checkbox"/> No

Enrollment Agreement

(1) Child's Name _____ Date of birth _____
 (2) Child's Name _____ Date of birth _____
 (3) Child's Name _____ Date of birth _____

The payment fee shall be \$ _____ per week/ month Copayment \$ _____

Care shall be provided normally from _____ a.m. to _____ p.m. on these days: (please circle all that apply)

Monday Tuesday Wednesday Thursdays Friday

Payments shall be due on the first day of the week. Copayments shall be made on the first of the month. Payments shall apply whether your child attends or not. Payments secures your slot in the center.

Parent Signature _____ Date _____

Provider Signature _____ Date _____

Discipline / guidance Policy

I have read, understand, and agree with the discipline policy set by the center.

Parent Signature _____ Date _____

Disaster Preparedness

I have read the center disaster preparedness plan which includes steps for evacuation, relocation and reunification with parents, and individuals plans for children with special needs.

Parent Signature _____ Date _____

Parent Handbook

I have received, read and agree with the polices set forth in the parent handbook.

Parent Signature _____ Date _____

Cellphones

Teachers are not allowed to use cellphones inside the classrooms or during work hours, in order not to leave the children unattended at any time

Parent Signature _____ Date _____

Agreements

This agreement is made by and between Joy Learning Center and _____

Parent/guardian of _____.

The following has been agreed upon between the two parties beginning _____

I have read and agree to full contents of the Parent Handbook. I understand that disregarding these policies can result in termination from my children enrollment.

I understand that I must follow the termination policy as it is written in the parents Handbook. Which I already receive.

I agree to pay the monthly rate on time.

Any added time before Or after those times will be discussed beforehand or will be subject to late pick up fee or early arrival fees.

Late pick up fees after 6:30 p.m. will be **\$10.00 per minute** (parent have to call in case of emergency to avoid late fees.)

This agreement shall be in effect until which time parent/guardian or provider has given termination notice in according to the parent Handbook policy, or negotiation of a new contract.

This agreement and the Parent handbook wholly state the obligations of the provider; there are no other implied obligations. Any amendment to this agreement must be in writing and signed by both parties.

Parent/ Guardian Print Name _____ Signature _____ Date _____

Child Care Provider Signature _____ Date _____

Discipline Policy

We express our disapproval (without attaching). We state our expectations and show your child how to make amends. We give choices, and in extreme situations a child may give a “Time to reflect what you did”: then, “show and tell” teach children right from wrong with calm words and actions. Model behaviors; because at times a child may be having trouble making choices of their own and they just may need a couple of minutes to calm down and think about their choices.

No physical discipline is ever used in our care.

Child's Name _____

Child's Name _____

Child's Name _____

Child's Name _____

Parent/Legal Guardian Print Name _____

Parent /Legal Guardian Signature _____

Date _____

Permission to Photograph

I _____, give permission to photograph my child:

Child's Name _____

Child's Name _____

Child's Name _____

Still Photograph

Type of use	Grant Permission	Decline Permission
Display in my personal scrapbook.		
Give photographs possibly containing you child for learning purposes.		
Display in facility's scrapbook or bulletin boards, show to current and prospective clients.		
Display still photos on child care website.		
Post photo on center's Facebook page.		
Other:		

Videos

Be part of videos for learning purposes		
YouTube or Facebook promotional video		
Other		

*Only first name and possibly last name initial (in the event of two or more children with the same first name) will be display in the center website.

I understand that is my responsibility to update this form in the event that I no longer wish authorize one or more of the above uses.

I agree that this form will remain in effect during the term of my child's enrollment.

Parent/Guardian Print Name _____

Parent/Guardian Signature _____

Date _____

Transportation Agreement

Occasionally we need to take our own children to activities that they are involved in, or we may wish to take your child on a field trip and will need to transport your child by moving vehicle.

All children under 40lbs, or 4 years old be placed in a safety-approved car set which will be provided by a parent legal guardian. All other children will always be required to wear a seat belt. We carry a notebook with copies of all emergency medical information, as well as a picture of each child in our care. In the event of an emergency away from the childcare facility, your child will be cared for and you will be notified as soon as possible.

I _____, give permission for my child to travel in a moving vehicle with Joy Learning Center Staff or with other preauthorized individuals.

Child's Name _____

Child's Name _____

Child's Name _____

Parent/Legal Guardian Signature _____ Date _____



Emergency Medical Authorization

I _____ do hereby give permission to Joy Learning Center child care provider, to secure and authorize such emergency medical care and/or transportation as above-named child might require while under the supervision authorize of said childcare provider. I further authorize said childcare provider to administer emergency care/treatment as required, until medical assistance is available. I also agree to pay all costs and fees contingent of any emergency medical care and/or treatment for said child as secured or authorized under this consent.

Medical Insurance Information

1 Child's Full Name _____ date of birth _____

Name of Company _____

Policy Number _____

Medical Insurance Information

2 Child's Full Name _____ date of birth _____

Name of Company _____

Policy Number _____

Medical Insurance Information

3 Child's Full Name _____ date of birth _____

Name of Company _____

Policy Number _____

Medical Insurance Information

4 Child's Full Name _____ date of birth _____

Name of Company _____

Policy Number _____

Parent/Legal Guardian Signature _____ Date _____