



Registration Form

Center Name Learning Together Childcare Center, LLC. License #169153

Address 3530 Gibson Blvd. SE Albuquerque, NM 87106

Telephone Number (505)255-3131 Ext. 28042

Email: LTOGETHERCC@GMAIL.COM

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 - Child's Information					
Child's first name		Child's middle name		Child's last name	
Birth Date					
Age	Sex	Child's primary language		Parent/guardian/sponsor primary language	
Child's home address			City	State	Zip
Does your child attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No		School name		Grade	School phone
School address			Drop off time	Pick-up time	
Family Information					
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
				Authorize to pick up child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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
				Authorize to pick up child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 at the time of pick-up.] Emergency Contacts: (Please write their names on the order we call them in case we cannot contact you.)					
NOTE: All authorized individuals must be at least 18 years old to sing out a program participant. 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, in writing. Your child will not be released without prior authorization. If there is any changes to these arrangements you must notify Learning Together Childcare Center, LLC immediately.					
Person #1		Relationship to child		Cell phone	Authorize to pick up child? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home address			City	State	Zip
Home email		Employer		Work Phone	
Person #2		Relationship to child		Cell phone	Authorize to pick up child? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home address			City	State	Zip
Home email		Employer		Work Phone	
Person #3		Relationship to child		Cell phone	Authorize to pick up child? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home address			City	State	Zip
Home email		Employer		Work Phone	
MEDICAL INFORMATION- Enrollment Agreement - Child's Medical & Developmental History					
1. Does your child have any special medical conditions? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain _____					
2. Does your child have any chronic illnesses? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain _____					
3. Please list a brief history of your child's serious injuries and hospitalizations. _____					
4. Does your child have diabetes? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please attach care instructions from your physician.					
5. Does your child have asthma? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please attach care instructions from your physician.					
6. Will medication be administered regularly? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please attach care instructions from your physician.					
7. Does your child needs to take any medication on the daily basis? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain (Examples asthma inhalers, Epi-Pen, allergy tablets, etc.) _____					
8. Does your child have any special dietary needs? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain _____					
9. Is your child able to fully participate in all activities? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain _____					
10. Does your child have any physical restrictions? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain _____					
Allergies (please list)					
_____		Reaction: _____		Reaction: _____	
_____		Reaction: _____		Reaction: _____	
Are any of these allergies life-threatening? <input type="checkbox"/> Yes <input type="checkbox"/> No Please attach care instructions from your physician for any life-threatening allergies...					
Child's Medical Care Provider					
Primary physician's name			Phone		
Preferred hospital for emergency care			City	State	
Dentist's name			Phone		

Child's Insurance Provider - Does your child have Health Insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Emergency Medical Authorization & Consent		Initials _____
In case of a medical emergency, the staff will attempt to contact me, those listed in the <i>Child Emergency Contact and Release</i> , and lastly my physician. In case of a medical emergency, I agree that my child may receive first aid and/or CPR. 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.		
Other Agreements Private Employment Acknowledgement and Release		Initials _____
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		Initials _____
Occasionally, photos will be taken of the children at the center for use within the center or on our website. Please indicate that you authorize the use and reproduction of photographs of your child in conjunction with the program. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Water Activities		Initials _____
I give my permission for my child to participate in water play and water related enrichment activities. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Non-School Foods Permission and Release		Initials _____
From time to time throughout the program, we may plan parties and special events that involve food brought in from outside sources. We may conduct gardening and culinary arts activities. Because of growing concern over children's food allergies and overall student safety, we want to make sure we have your permission for your child to participate in these and similar events and activities. Commercially prepared and sealed products may be served at special events. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Events and Multicultural Events		Initials _____
Seasonal parties and special events (Thanksgiving, Christmas, Easter, Halloween, ETC.) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Students and staff member's birthday parties. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other parties and special events of the program. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Program cultural events involving food. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Program gardening and culinary arts activities. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Legal Status Issues (please check all that apply)		Initials _____
Restraining Order <input type="checkbox"/> Yes <input type="checkbox"/> No Powers of Attorney <input type="checkbox"/> Yes <input type="checkbox"/> No Guardianship <input type="checkbox"/> Yes <input type="checkbox"/> No Court Orders <input type="checkbox"/> Yes <input type="checkbox"/> No		
CYFD Custody/Involvement <input type="checkbox"/> Yes <input type="checkbox"/> No If any, please explain: _____		
Handbook Acknowledgement		Initials _____
I understand and agree that it is my responsibility to read and familiarize myself with policies and procedures outlined in the Family Handbook and agree to abide by them. 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. Information contained in the Family Handbook may be subject to change.		
Permission Disclaimer and Liability Release Form		Initials _____
DISCLAIMER		
I understand that Learning Together Childcare Center, LLC program/before/after/summer-program is not responsible for children in route while walking to the before/after-school/summer program. Children must be signed in by a parent/adult in the morning, and for a staff in the afternoon. Only parents, or adults older than 18 years old must signed them out at the assigned area. As a parent/guardian of the child, I assume responsibility for my child before and after programs hours.		
LIABILITY		
I have taken such measures as I have deemed advisable to ascertain that my child's physical condition is suitable for the program (including a doctor's physical, if appropriate). I also confirm that my child is covered by a medical insurance policy and/ or that I will either pay any medical bills arising out of an injury suffered by my child during the program or make a claim from my medical insurance for payment. Neither I, nor my child will seek to hold Learning Together Childcare Center program before/after/summer program, not the following entities: director, coordinator, employees, and volunteers for medical expenses. I hereby release, discharge and hold harmless the agencies and persons listed above from any and all claims, demands, damages, lawsuits, expenses or charges (of) whatsoever kind which may hereafter accrue or result from any injuries whatsoever, from our participation or our child's in transportation in connection with the planned activities and participation in this program.		
Contract Approval		Initials _____
I certify that I have read, understand, and accept all of the terms and conditions described in this Enrollment Agreement and the Family Handbook. Please be advised, that this contract is a written agreement between you and Learning Together Childcare Center, LLC. Failure to comply with the terms of this agreement result in the dismissal of your child from Learning Together Childcare Center, LLC. I will work with Learning Together Childcare Center, LLC Staff to ensure proper behavior of my child. I understand that my child will be dismissed from the program for any severe or persistent behavior problems.		
Student And Parent Behavior Contract - As a Student at Learning Together Childcare Center, LLC is the right to:		
<ol style="list-style-type: none"> 1. Be in a safe environment 2. Have learning opportunities. 3. Have fun. 4. Ask and have answers 5. Express what you think. 6. Interact with teachers and peers. 		
As a Student at Learning Together Childcare Center, it is the responsibility to:		
<ol style="list-style-type: none"> 1. Respect self and peers. 2. Respect adults (Staff, Visitors and Parents). 3. Have an adequate language and do not scream inside the classroom. 4. Keep your hands to yourself 5. Use your magic words (Thanks, Please, Sorry) 6. Take advantage of the learning opportunities that are presented (working on homework during tutoring hours, and participating in group activities.) 7. Help keep the class and school neat. 8. Listen and follow instructions. 9. Walk and stay in line when going to or from any activity. 10. Raise their hand when they have something to say. 11. Work and respect the program equipment. 12. Work and play safety. 13. Stay in their assigned groups all times. 		
Failure to abide by these rules results in the following consequences:		
<ol style="list-style-type: none"> 1. Verbal warning. 2. Time out/loss the recess. 3. Student/Director Conference (Incident report/Call to home). 4. After the second incident report, the student may loss privileges (see movies, field trips, etc.). 5. Parent/Student/Program staff/Director conferences. (Contract to improve behavior). 6. Temporary suspension of a special activity or program. 7. Can apply a permanent suspension depending on the severity of the incident, or recurrence of problem behavior. 		
I understand the program rules and consequences and I agree to follow them. I will work with Learning Together Childcare Center Staff to ensure proper behavior of my child. I understand that my child will be dismissed from the program for any severe or persistent behavior problems.		
Student's Signature _____		Date _____
Primary Parent/Guardian/Sponsor Signature _____		Date _____
Center Staff Signature _____		Date _____