

EnrichTheKids, Inc.

Start today for an enriched tomorrow!

School Child Attends _____ School year _____ Grade _____

Student Name _____ Date of Birth _____ male or female (circle one)

Home Address _____ Mailing Address (if different) _____

Emergency Phone #1 _____ Name _____

Emergency Phone #2 _____ Name _____

Guardian 1 _____ work# _____ home# _____

Address _____ Driver's license # _____

Employer _____ Employment Address _____

Cell Phone _____ E-mail address _____

Guardian 2 _____ work# _____ home# _____

Address _____ Driver's license # _____

Employer _____ Employment Address _____

Cell Phone _____ E-mail address _____

Persons Authorized to Pick Up Child and additional Emergency Contacts Name must have at least 2 (Not guardians)

1. Name _____ Relationship _____ Phone _____

Address _____ Additional Phone # _____

2. Name _____ Relationship _____ Phone _____

Address _____ Additional Phone # _____

3. Name _____ Relationship _____ Phone _____

Address _____ Additional Phone # _____

Name _____ Relationship _____ Phone _____

Address _____ Additional Phone # _____

Medical Information: (Please fill in each blank below)

Does your child have limitations due to physical, medical, behavioral, vision, and/or hearing conditions?

Explain _____

List any allergies _____

List your child's medications _____

List your child's physician's name, address & phone # _____

Preferred hospital? _____

If your child requires administration of medication during program hours, please consult with the Program Director or Site Director prior to attendance.

Start Date: _____

End Date: _____

July 2025

Parents Agreement

Please read carefully

I understand that as the parent/guardian of my minor child: _____ I am responsible for the granting of permission and consent to the following procedures as well as the actions and physical condition of my child while he/she is in the EnrichTheKids, Inc Program. **My initials indicate my agreement to all policies listed below.**

- 1. I allow my child to participate in all program activities and follow the day's schedule. I agree that I will help enforce the rules and regulations of EnrichTheKids, Inc. so that all children can be provided with a safe and happy environment. _____
- 2. If a child brings a weapon to EnrichTheKids, Inc., that child will be expelled. Weapons include handguns, knives, etc. I understand that any physical violence or bullying act will result in dismissal from the program. _____
- 3. In an emergency, I authorize the program staff to contact the people on the enrollment form directly. I authorize the doctor listed or hospital/emergency staff to provide necessary treatment in the event of an emergency. If the parent, guardian, or authorized pick-up person cannot be contacted, the program's employees are authorized to take necessary action for the health and welfare of my child. I agree that I am solely responsible for paying all emergency medical treatment and/or ambulance services costs. _____
- 4. I agree to abide by the sign-in/out procedures in the Parent Handbook. I understand that the program is not responsible for my child en route to the program before he/she is correctly signed in. I will review the procedures with my child, and we understand that children will not be allowed to sign themselves in or out of the program. _____
- 5. All phone numbers, emergency information, and medical information will be filled out and updated. _____
- 6. I authorize my child to watch G/PG movies in the EnrichTheKids, Inc Program. _____
- 7. I understand my child will not be permitted to attend the program if I have not applied for childcare assistance through ECECD.
- 8. Pick up is at 6:00 PM. If pick-up happens after 6:00 PM. I will be charged \$5.00 a minute. After 3 late pick-ups, my child will be disenrolled from the program. _____
- 9. I agree to authorize the program staff to provide and apply sunscreen or insect repellent to my child if it is deemed necessary for the safety and well-being of my child. _____
- 10. I permit the staff of EnrichTheKids, Inc. to administer rescue medications and/ or prescription medications as needed. I understand I am responsible for providing medications and instructions for their use. _____
- 11. I grant EnrichTheKids, Inc. the right to photograph me and my family in connection with EnrichTheKids, Inc. I agree that EnrichTheKids, Inc. may use such photographs of my child with or without their name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content. _____
- 12. My child will wear closed-toe shoes to protect his/her feet and shoes that he/she can run and play in. Some activities we will be doing will get dirty, messy, and wet; children should wear clothes suitable for these activities and bring a bottle for water. _____
- 13. I will not hold Las Cruces Public Schools or EnrichTheKids, Inc. or any program teachers, coordinators, or sponsoring parents responsible for any accident or illness to the above-named student. _____
- 14. I grant permission for the EnrichTheKids, Inc program staff to consult with my child's teacher for the best use of homework time.
- 15. I understand that I must apply for childcare assistance through the New Mexico Early Childhood Education and Care Department before reserving a spot for my child. I will share proof of application and the results of applying before my child can attend.
<https://www.nmececd.org/information-for-parents/>

I, _____, have read the Enrichthekids, Inc. Parents' handbook and understand the provisions of this childcare contract and will follow such provisions. They have been created for each child's safety and fun. Failure to follow these provisions could lead to my child's suspension and or expulsion from Enrichthekids, Inc.

signed: _____ date: _____