

**EnrichTheKids, Inc.**

Start today for an enriched tomorrow!

I \_\_\_\_\_ **Agree to pay: Weekly or Monthly (circle one)**

Signed \_\_\_\_\_

School \_\_\_\_\_ School year \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

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 # \_\_\_\_\_

4. 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? \_\_\_\_\_

Insurance policy and number? \_\_\_\_\_

Attach insurance card and shot record:

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

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 or she is in the EnrichTheKids, Inc Program. **My initials indicate my agreement to all policies listed below.**

1. I understand that no credits or refunds will be given under any circumstances (including dis-enrollment). **The purpose of the payment each month is to secure my child's spot in EnrichTheKids, Inc.** I must choose days for my child to come and pay for those days, whether my child is in attendance or not. The late fee is \$5.00 per day after the third day your payment is late for up to 5 days. Failure to pay will result in dis-enrollment. Legal action will be taken on unpaid accounts after 30 days of non-payment.  
\_\_\_\_\_

2. I give my permission for my child to participate in all program activities and follow the day's schedule. \_\_\_\_\_

3. If a child brings a weapon to EnrichTheKids, Inc., that child will be expelled. Weapons include handguns, knives, etc. I understand that any act of physical violence or bullying will result in dismissal from the program. \_\_\_\_\_

4. In case of emergency, I authorize the program staff to directly contact the people named on the enrollment form. 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 payment of all costs resulting from emergency medical treatment and/or ambulance services. \_\_\_\_\_

5. 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. \_\_\_\_\_

6. 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. \_\_\_\_\_

7. All phone numbers, emergency information, and medical information will be filled out and updated. \_\_\_\_\_

8. I authorize my child to watch G/PG movies in the EnrichTheKids, Inc. Program. \_\_\_\_\_

9. I will apply for childcare with ECECD to cover the cost of my child's after-school care. \_\_\_\_\_

9. I understand my child will only be permitted to attend the program if I have paid for services and do not qualify for childcare assistance. Rates for the school year are \$15 from 2:40 to 6:00 PM. After 6:05, I will be charged \$5.00/minute. No drop-ins are allowed. Other program days will be an additional fee. Prices may vary and will be posted. \_\_\_\_\_

10. 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. \_\_\_\_\_

11. I give permission for EnrichTheKids, Inc. staff to administer rescue medications and/ or prescription medications as needed. I understand it is my responsibility to provide medications and instructions for their use. \_\_\_\_\_

12. I grant EnrichTheKids, Inc, the right to photograph me and my family in connection with Enrich the kids, Inc. I agree that Enrich the Kids, 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. These photos may also be shared with the school's PTO or yearbook staff. \_\_\_\_\_

13. My child will wear closed-toe shoes to protect their feet and shoes they can run and play in. No sandals. Some activities we do will get dirty, messy, and wet; children should wear suitable clothes. \_\_\_\_\_

14. I will not hold Las Cruces District #2 or Enrichthekids, Inc, or any of the program teachers, coordinators, or sponsoring parents, responsible for any accident, or illness to the above-named student. However, every precaution will be taken to protect my child.  
\_\_\_\_\_

I, \_\_\_\_\_, have read the Enrichthekids, Inc. Parents' handbook and understand the provisions of this childcare contract and will follow such provisions. I understand 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.