

123 Child Development Center  
7215 Montgomery Blvd NE Albuquerque NM 87109  
505-289-4110

**Registration Form**

**Parent/Guardian Information**

Registration Date: \_\_\_\_\_

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Custodial Parent (If married, mark both parents)

Email: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Custodial Parent (If married, mark both parents)

Email: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Child Information**

Start Date \_\_\_\_\_

**1<sup>st</sup> Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_ Child's S.S. #: \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require?

\_\_\_\_\_

Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

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**Child Information**

**Start Date** \_\_\_\_\_

**2nd Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_ Child's S.S. #: \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

**Child Information**

**Start Date** \_\_\_\_\_

**3rd Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_ Child's S.S. #: \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

**Child Information**

**Start Date** \_\_\_\_\_

**4th Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_ Child's S.S. #: \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

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**Emergency Contacts & Authorized Pickup Persons:**

**1<sup>st</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

Able to pick up all children in the family

Not able to pick up the following children: \_\_\_\_\_

**2<sup>nd</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

Able to pick up all children in the family

Not able to pick up the following children: \_\_\_\_\_

**3<sup>rd</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

Able to pick up all children in the family

Not able to pick up the following children: \_\_\_\_\_

**4<sup>th</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

Able to pick up all children in the family

Not able to pick up the following children: \_\_\_\_\_

**Additional Comments & Information:**

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

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**Signature:**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank You!**

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**Permission to Photograph.**

I, \_\_\_\_\_, give permission for 123 Child Center-School Program to  
 (Parent or Guardian name)

photograph my child, \_\_\_\_\_, for the following purposes:  
 (Children/Child's name)

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
<b>Still Photographs:</b>		
Display in my personal scrapbook	<input type="checkbox"/>	<input type="checkbox"/>
Give photographs possibly containing your child to current clients	<input type="checkbox"/>	<input type="checkbox"/>
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients	<input type="checkbox"/>	<input type="checkbox"/>
Display still photos on childcare website*	<input type="checkbox"/>	<input type="checkbox"/>
Post photos on child care's Facebook page	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
<b>Videos:</b>		
Give video to current parents	<input type="checkbox"/>	<input type="checkbox"/>
YouTube™ promotional video	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other (please list):</b>		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

\*Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.

I understand that it is my responsibility to update this form in the event that I no longer wish to 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.

Signed:

\_\_\_\_\_  
 Parent or Guardian signature

\_\_\_\_\_  
 Date

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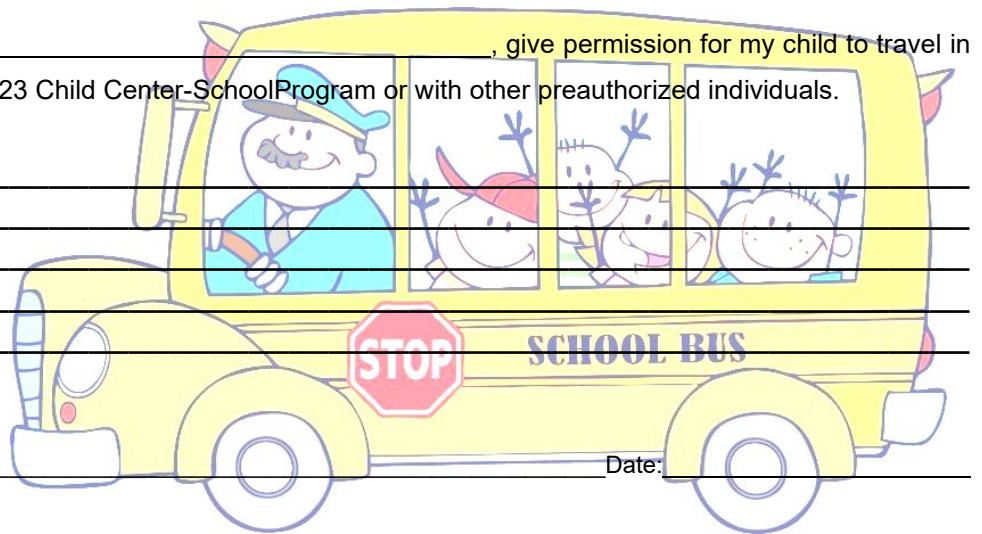
### Transportation Agreement

Parent/Legal Guardian is responsible for transporting your child to and from the childcare facility. The childcare facility 123 Child Center-School Program will transport your child to and from school.

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 40 lbs. or 4 years will be placed in a safety-approved car seat with 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 pictures 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 123 Child Center-School Program or with other preauthorized individuals.

Child's name: \_\_\_\_\_  
Child's name: \_\_\_\_\_  
Child's name: \_\_\_\_\_  
Child's name: \_\_\_\_\_  
Child's name: \_\_\_\_\_



Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



### Emergency Medical Authorization

I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_, do hereby give permission to **123 Child Center-School Program** Childcare Provider, to secure and authorize such emergency medical care and/or transportation as above-named child might require while under the supervision 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.

**I understand that in case of an emergency, 123 Child Center-School Program should call emergencies 911. I give my permission to do so.**

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NOTE: Every effort will be made to notify parents immediately in case of emergency. In the event of an emergency, it will be necessary to have the following information:

Child's Full Name \_\_\_\_\_ DOB \_\_\_\_\_

**Medical Insurance Information**

Name of Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Child's Full Name \_\_\_\_\_ DOB \_\_\_\_\_

**Medical Insurance Information**

Name of Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Child's Full Name \_\_\_\_\_ DOB \_\_\_\_\_

**Medical Insurance Information**

Name of Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Child's Full Name \_\_\_\_\_ DOB \_\_\_\_\_

**Medical Insurance Information**

Name of Company \_\_\_\_\_

Policy Number \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### Discipline Policy

We express our disapproval (without attaching character). We state our expectations and show your child how to make amends. We give choices, and in extreme situations a child may be given 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 Name \_\_\_\_\_

Child Name \_\_\_\_\_

Child Name \_\_\_\_\_

Child Name \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Agreement**

This agreement is made by and between 123 Child Center-School Program 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's Handbook.** I understand that disregarding these policies can result in termination from childcare enrollment.  
I understand that I must follow the termination policy as it is written in the Parent's Handbook.

Parent  
(Initials)  
\_\_\_\_\_

**Which I already received.**

I agree to pay the Monthly Rate on time.  
\_\_\_\_\_  
\_\_\_\_\_

Parent  
(Initials)  
\_\_\_\_\_

Any added time before or after those times will be discussed beforehand or will be subject to late pickup fees or early arrival fees.

Parent  
(Initials)  
\_\_\_\_\_

LATE PICK UP FEES AFTER 7PM= \$1.00 PER MINUTE (PARENTS HAVE TO CALL IN CASE OF EMERGENCY)

**This agreement shall be in effect until which time parent/guardian or provider has given termination notice in accordance 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 AMENDMENTS TO THIS AGREEMENT MUST BE IN WRITING AND SIGNED BY BOTH PARTIES.

\_\_\_\_\_  
Licensed Child Care Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian

\_\_\_\_\_  
Date