

ALBUQUERQUE NURSERY SCHOOL
CHILD CARE APPLICATION AND AGREEMENT

CHILD'S NAME: _____ **Birth Date:** _____ **Sex:** M or F
(LAST) (FIRST) (MIDDLE) (NICKNAME)

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FAMILY INFORMATION:

PARENT/GUARDIAN'S NAME: _____ **Home Phone:** _____
Mobile (Cellular): _____

ADDRESS: _____ **Email address:** _____
(Street) (Apt. #) (City) (State) (Zip Code)

Where Employed: _____ **Work Phone:** _____

OTHER PARENT/GUARDIAN'S NAME: _____ **Home Phone:** _____
Mobile (Cellular): _____

ADDRESS: _____ **Email address:** _____
(Street) (Apt. #) (City) (State) (Zip Code)

Where Employed: _____ **Work Phone:** _____

If either parent/guardian listed above cannot pick up your child, please give the names of any other persons to whom we may release your child(ren):

OTHER INFORMATION:

Does any child listed above have any known allergies or medical conditions? (Allergies such as to dust, drugs, animals, food, etc.; or medical condition requiring special assistance)
Please be specific:

Please give any other information about any child listed above which will be helpful in his/her experience in group living: (Such as play, eating or sleeping habits, special fears, special likes or dislikes)

IN CASE OF EMERGENCY:

Name of Child(ren)'s Doctor: _____ **Office Phone:** _____
Office Address: _____

Name of Child(ren)'s Dentist: _____ **Office Phone:** _____
Office Address: _____

Hospital Preference: _____

If we are unable to contact either parent/guardian, State regulations require that we have the names of two other emergency contacts for your child(ren). Please list two below:

Name: _____ Relationship: _____ **Home Phone:** _____
Mobile (Cellular): _____

Address: _____

Name: _____ Relationship: _____ **Home Phone:** _____
Mobile (Cellular): _____

Address: _____

Please always make sure that we have your current address, home, work and cellular telephone numbers.

The above information is both current and correct.

Parent/Guardian's Signature _____ **Date:** _____

Referred by:

PARENT HANDBOOK AND POSITIVE GUIDANCE:

I have received a copy of the current Parent Handbook for Albuquerque Nursery School, and have separately certified that I have read and understand that publication. I also have received a copy of the current Policy and Procedures for Positive Guidance for children attending Albuquerque Nursery School; and that I have separately certified that I have read and understand that policy and its procedures.

I further understand and agree that, if my child or children are enrolled at Albuquerque Nursery School on a full time basis (including before and after school care) that Albuquerque Nursery School shall reserve such space for my child/children and I am obligated to pay for their reserved spaces at Albuquerque Nursery School whether or not my child/children attend.

IMMUNIZATION RECORD:

I understand that Albuquerque Nursery School is required by the New Mexico Department of Children, Youth and Families to have in its file at all times a complete and up to date record of my child's immunizations. I agree to provide a copy of that immunization record; as well as to keep the required immunizations up to date.

PHOTO USE PERMISSION:

I hereby agree that Albuquerque Nursery School may display photographs of school activities, which may include my child, on the school's bulletin boards or with stories about Albuquerque Nursery School; with no fee or any other compensation to me or to my child required.

FIELD TRIPS:

I understand that Albuquerque Nursery School includes educational and recreational "field trips" and "outings" as ordinary parts of its program. I agree that neither Albuquerque Nursery School nor any of its employees shall be liable to me or to my child for any claims arising from any such "field trips" or "outings". Additionally, I assume full responsibility for the acts of my child during any such "field trips" or "outings", and will indemnify(reimburse or repay for any loss incurred) and hold harmless Albuquerque Nursery School and its employees from any claims of any person arising from my child's acts. "Field trip" or "outing" includes any period of travel time to or from Albuquerque Nursery School.

ILLNESSES:

I understand that Albuquerque Nursery School is NOT a licensed facility for the care of children who are ill. I agree to pick up my child promptly at any time that Albuquerque Nursery School determines that my child is ill. Albuquerque Nursery School will generally determine that my child is ill when my child suffers from a detectable fever, vomiting, diarrhea, or such other symptoms sufficiently present to reasonably warrant such determination in its discretion. I also understand and agree that my obligation will continue to pay tuition for the space reserved for my child, unless the criteria for a reduced amount are fully met as stated in the Parent Handbook.

ADMINISTERING MEDICATIONS:

I understand that Albuquerque Nursery School cannot administer any medications whatsoever, unless I specifically request that Albuquerque Nursery School administer a certain medication in writing on a Daily Medication Request form provided by Albuquerque Nursery School. Further, I understand that Albuquerque Nursery School cannot administer any medications except as may be prescribed by a physician.

EMERGENCY CARE AUTHORIZATION:

I hereby agree that, in the event of acute illness or injury to my child, Albuquerque Nursery School will attempt to contact me for a decision regarding any needed medical care. However, in the event that Albuquerque Nursery School cannot contact me for any reason at the time; I hereby authorize Albuquerque Nursery School to seek any possible medical/surgical care for my child in the best interests of my child as determined by Albuquerque Nursery School. The expense of any medical care, including the cost of emergency transportation, sought by Albuquerque nursery School for my child under this authority shall be my responsibility.

I hereby accept and agree to these provisions within this agreement.

Parent/Guardian

Date: _____

Accepted for Albuquerque Nursery School.

DATE ENROLLED: _____

DATE DISENROLLED: _____