



P.O. Box 849
Crownpoint, NM 87313
Telephone: (505) 786-4122
Fax: (505) 786-5644

Registration Form

Please print legibly

Date: _____

Child Information

Child's Full Name: _____
(Last) (First) (Middle)

Date of Birth: _____ Gender: _____ Census NO.: _____

Family Information

Mother/Guardian Name: _____

Father/Guardian Name: _____

Mailing Address: _____

Physical Address: _____

Mother's Mobile NO. _____ Father's Mobile NO. _____

Email: _____ Email: _____

NTU Student ID #: _____ NTU Student ID #: _____

Employer: _____ Employer: _____

Employer Phone NO.: _____ Employer Phone NO.: _____





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After School Information

School Name: _____

School Start/End Time: _____ Bus NO.: _____ School phone NO.: _____

Contacts

Child(ren) will be released to the custodial parent or legal guardian or persons listed below. If the custodial parent or legal guardian cannot be reached, the person listed below will be contact and are authorized to remove child from Child Care Services- illness, accident and emergency. Person under the age of 18 is not allowed on the contact list.

1st Contact Name: _____ Relationship to Child: _____

Mobile NO.: _____ Work NO.: _____

2nd Contact Name: _____ Relationship to Child: _____

Mobile NO.: _____ Work NO.: _____

3rd Contact Name: _____ Relationship to Child: _____

Mobile NO.: _____ Work NO.: _____

4th Contact Name: _____ Relationship to Child: _____

Mobile NO.: _____ Work NO.: _____





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Medical Information

Every effort will be made to notify you in case of an emergency.

Initial:

_____ I/we understand that in an emergency case, the childcare staff will immediately call emergency and emergency will transport my child to the nearest hospital.

List any allergies or medical condition of child: _____

Parent(s)/Guardian(s) Signature: _____ Date: _____

Consent

Please take a moment and inform us of your preference by initialing the following:

Field Trip Authorization

_____ Yes, I grant NTU Child Care Services for my son/daughter to take on-campus field trips to enrich learning.

_____ No, I do not grant NTU Child Care Services for my son/daughter to take on-campus field trips.

Photo and Video Authorization

_____ Yes, I grant NTU Child Care Services to take pictures and/or videos of my son/daughter for the following: website, social network, newspaper, art projects, classroom decoration, ProCare software, etc.

_____ No, I do not grant NTU Child Care Services to take pictures and/or videos of my son/daughter for the following: website, social network, newspaper, art projects, classroom decoration, ProCare software, etc.



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Acknowledgements

Please read thoroughly and initial the following:

_____ **New/Returning Child Care Families:** I/we understand I/we must attend a mandatory Child Care Services Parent Orientation before child care services are provided. ***NTU Child Care Services Family Handbook will be provided at the scheduled orientation.***

_____ **Immunization:** I/we understand and agree a copy of my child(ren) updated immunization record must be on file with NTU Child Care Services before child care services is/are provided.

_____ **Charges:** I/we understand I/we am/are responsible for all or any child care charges and late fees; and fees are paid in a timely manner.

_____ **Ages and Stages Questionnaire:** I/we understand and agree upon my child(ren) initial enrollment I/we will receive an Ages and Stages Questionnaire to complete on my child(ren) and return to NTU Child Care Services in a timely manner.

_____ **Health Developmental Screening:** I/we give NTU Child Care Services permission to complete health developmental screening provided by the local public nurse to ensure excellent growth and development.

_____ **Referral:** I/we give NTU Child Care Services permission to refer my child(ren) to Growing and Beauty if needed.

_____ **Contribution:** I/we understand and agree I/we am/are required to participate in a minimum of four hours each semester to partake in a variation of child care activities: reading to children, chaperoning, decorating, assisting, etc.





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Update

Summer Session 2019

MO #: _____

Date: _____ Parent/Guardian Signature: _____ Staff Initial: _____

Fall Semester 2019

MO #: _____

Date: _____ Parent/Guardian Signature: _____ Staff Initial: _____

Spring Session 2020

MO #: _____

Date: _____ Parent/Guardian Signature: _____ Staff Initial: _____

