



Mae James, Lead Teacher: (505) 387-375/7466  
 Email: mjames@navajotech.edu

## Enrollment Application

### Child Information

**Date:**

|  |      |         |                       |
|--|------|---------|-----------------------|
| Child's Name: (Last) (First) (Middle) (Nickname) |      |         |                       |
| Physical Address:                                |      |         |                       |
| Date of Birth:                                   | Age: | Gender: | Tribal Enrollment No. |

### Parent(s)/Guardian(s) Information

|  |  |
|--|--|
| First Primary Guardian: (Last) (First) (M)   | Second Primary Guardian: (Last) (First) (M)  |
| Date of Birth Race/Ethnicity                 | Date of Birth Race/Ethnicity                 |
| Tribal Enrollment No. Relationship to Child  | Tribal Enrollment No. Relationship to Child  |
| Mailing Address: (P.O Box) (City) (Zip Code) | Mailing Address: (P.O Box) (City) (Zip Code) |
| Rural Physical Address:                      | Rural Physical Address:                      |
| NTU Physical Address: Apt No.                | NTU Physical Address: Apt No.                |
| Email: Phone No.                             | Email: Phone No.                             |
| NTU Student ID No.                           | NTU Student ID No.                           |
| Employer Name                                | Employer Name                                |
| Work Telephone No.                           | Work Telephone No.                           |

### Family Information

| Sibling Name | Date of Birth | Name of School/Childcare |
|--------------|---------------|--------------------------|
|              |               |                          |
|              |               |                          |
|              |               |                          |
|              |               |                          |

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### Enrollee School Information

|                       |                  |         |
|-----------------------|------------------|---------|
| School Name:          | Grade:           |         |
| School Start Time:    | School End Time: | Bus No. |
| School Telephone No.: |                  |         |

### Medical Information

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

List medical conditions, medications, allergens or special attention your child may require:

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### Initial:

\_\_\_\_\_ I understand that in an emergency, the childcare staff will immediately call emergency and my child may be transported by the medical team.

### 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 to enrich learning.

### Photo and Video Authorization

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

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

### Acknowledgement

\_\_\_\_\_ **New/Returning Child Care Families:** I understand I must attend a mandatory Child Care Services Parent Orientation before child care services are provided.

\_\_\_\_\_ **Immunization:** I understand my child's immunization must be up-to-date and a copy of my child's immunization record must be on file or an official immunization exempt statement must be on file with NTU Child Care Services before child care services begin.

\_\_\_\_\_ **Charges:** I understand I am responsible for all or any child care charges and late fee; and fees must be paid according to the family handbook.

\_\_\_\_\_ **Ages and Stages Questionnaire:** I understand upon my child's initial enrollment, I will receive an Ages and Stages Questionnaire to complete on my child and return to NTU Child Care Services with my child's enrollment application.

\_\_\_\_\_ **Health Developmental Screening:** I understand NTU Child Care Services will inform me of any Health Developmental Screening and only upon my permission will health developmental screening be completed.

\_\_\_\_\_ **Contribution:** I understand and agree to partake in a variation of childcare activities with my son/daughter and ensure my hours are documented on the parent contribution form.

I certify the above information given is true and correct to the best of my knowledge.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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**Parent Authorization/Emergency Contact**

Child will be released to the custodial parent or legal guardian or persons listed below. If the custodial parent(s) of legal guardian(s) cannot be reached, the persons listed below will be contacted 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.

**Child's Name:**

**Age:**

|                         |             |                            |
|-------------------------|-------------|----------------------------|
| First Primary Guardian: | Email:      | Relationship to the Child: |
| Home Telephone NO.:     | Mobile NO.: | Work NO.:                  |

|                          |             |                            |
|--------------------------|-------------|----------------------------|
| Second Primary Guardian: | Email:      | Relationship to the Child: |
| Home Telephone NO.:      | Mobile NO.: | Work NO.:                  |

|                     |                        |
|---------------------|------------------------|
| 1st Contact Name:   | Relationship to Child: |
| Home Telephone NO.: | Mobile NO.:            |
|                     | Work NO.:              |

|                               |                        |
|-------------------------------|------------------------|
| 2 <sup>nd</sup> Contact Name: | Relationship to Child: |
| Home Telephone NO.:           | Mobile NO.:            |
|                               | Work NO.:              |

|                               |                        |
|-------------------------------|------------------------|
| 3 <sup>rd</sup> Contact Name: | Relationship to Child: |
| Home Telephone NO.:           | Mobile NO.:            |
|                               | Work NO.:              |

|                               |                        |
|-------------------------------|------------------------|
| 4 <sup>th</sup> Contact Name: | Relationship to Child: |
| Home Telephone NO.:           | Mobile NO.:            |
|                               | Work NO.:              |

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Draw a map from NTU Child Care Services to child's home.

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