



Enrollment Form

Date of Enrollment: _____

Date of Disenrollment: _____

Please be sure to complete information regarding your child. Family information that is the "same" may be so noted.

Personal, Family, and Other Information:

Child's Name: _____ **Date of Birth:** _____ **Sex:** _____
 Nicknames: _____ Home Telephone: _____
 Street Address: _____ Mailing Address: _____
 City: _____ State: _____ Zip Code: _____ City: _____ State: _____ Zip Code: _____

Mother or Guardian: _____ **Father or Guardian:** _____
 Street Address: _____ Street Address: _____
 City: _____ State: _____ Zip Code: _____ City: _____ State: _____ Zip Code: _____
 Mailing Address: _____ Mailing Address: _____
 City: _____ State: _____ Zip Code: _____ City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Cell/Page #: _____ Home Phone: _____ Cell/Page #: _____
 Place of Employment: _____ Place of Employment: _____
 Occupation: _____ Occupation: _____
 Street Address: _____ Street Address: _____
 City: _____ State: _____ Zip Code: _____ City: _____ State: _____ Zip Code: _____
 Work Hours: _____ Work Phone: _____ Work Hours: _____ Work Phone: _____

Names, Ages and Grade Levels of Brothers and/or Sisters: _____

Schools, Groups, or Private Homes previously attended: _____

Church, if currently attending: _____

I hereby authorize the following person(s) to pick up my child:

Name: _____ Relationship: _____ Name: _____ Relationship: _____
 Address: _____ Address: _____
 Telephone: _____ Alternate #: _____ Telephone: _____ Alternate #: _____
 Name: _____ Relationship: _____ Name: _____ Relationship: _____
 Address: _____ Address: _____
 Telephone: _____ Alternate #: _____ Telephone: _____ Alternate #: _____

The following person(s) may not remove my child from the center:

Name: _____ Documentation: Y / N Name: _____ Documentation: Y / N

Signature: _____ **Telephone:** _____

Medical and Emergency Information:

In case of injury or sudden illness, _____ will be called first. If medical care is necessary, call:

Doctor: _____ Address: _____ Phone: _____
 Healthcare Provider: _____ Address: _____ Phone: _____
 Hospital: _____ Address: _____ Phone: _____
 Insurance Carrier: _____ Policy Number: _____

My child is allergic to these foods or other substances: _____

If an allergic reaction occurs follow these procedures: _____

My child has these physical conditions: (heart trouble, foot problem, hearing impairments, hernia, infection susceptibility, convulsions, etc.): _____

Precautions and procedures to be taken: _____

Additional comments or other special instructions: _____

In the event of a medical emergency, I hereby give my consent for Calico Butterfly Preschool to arrange for emergency medical treatment necessary to preserve the health of my child and to any hospital or doctor to render immediate care and medical treatment, including diagnostic procedures and blood transfusions, by authorized pre-hospital personnel and members of the hospital staff, as may in their professional judgment be necessary or in the best interest of my child's health and safety. I hereby acknowledge that I will be responsible for all reasonable expenses in connection with the care and treatment rendered. **Signature:** _____

If I cannot be contacted in the event of an emergency, I hereby authorize the following person(s) to pick up my child:

Name: _____ Relationship: _____ Name: _____ Relationship: _____
 Address: _____ Address: _____
 Telephone: _____ Alternate #: _____ Telephone: _____ Alternate #: _____
Signature: _____

I acknowledge that all of the information provided on this Enrollment Form is current and accurate. I hereby agree to notify the school in writing if any of the information contained on this Enrollment Form should change during the course of the school year in order that all information may be current and accurate at all times. I will not hold Calico Butterfly Preschool responsible if I fail to keep this information current and accurate. **Signature:** _____

Discipline & Guidance Policy and Acknowledgement: Calico Butterfly Preschool will only use positive guidance techniques that model and encourage age-appropriate behavior and self-discipline. When problems arise, staff members will facilitate opportunities to co-operate, help, negotiate, and communicate to solve the situation. When needed, children will be given a time to "sit out" for a short period (no more than 2 minutes after gaining control) at which time staff will interact with the child to understand the consequences of their behavior and before being redirected or allowed to participate again. Calico Butterfly Preschool will not tolerate any method of discipline that could cause physical, mental, or emotional harm to your child, including corporal punishment. Calico Butterfly Preschool will only communicate with the parents regarding inappropriate behavior problems when they are ongoing or of a serious nature that is either dangerous or uncontrollable. Please note that Calico Butterfly Preschool reserves the right to ask you to remove your child from our program(s) if it is determined that your child does not respond to discipline and continues to be disruptive to the class on a continual basis. I hereby acknowledge that I have read and understand the policies and procedures with regards to discipline.

Signature: _____

Enrollment Agreement: I hereby enroll my child for the following Calico Butterfly Preschool program services as indicated:

1. Infant/Toddler					2. AM Extended Care					3. Preschool					4. PM Extended Care				
M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F
from _____ to _____.					from _____ to _____.					from _____ to _____.					from _____ to _____.				

I understand that I need to make arrangements for my child to be admitted and released from school on time as indicated above. If I am going to be late by more than ten minutes, I agree to notify the school in a timely manner and understand that if my child is picked up after 5:30 p.m. there is a fee of \$10.00 for the first ten minutes and \$2.00 for every minute thereafter, until my child is picked up. If an alternative arrangement for the release of my child needs to be made, I will use the following code word _____ as my telephone verification for authorization. Any other person authorized to pick up my child will be required to show identification.

I agree to pay the \$100.00 registration fee that is non-refundable. I also agree to submit tuition as due based on the price of \$_____ per hour for a total of \$_____ per year. Payment is due the first of each month beginning August 1, 2010, or the month child enrolls. I understand that I will be responsible to pay for any additional services provided by Calico Butterfly Preschool (CBP) other than those stated above at the stated hourly rate of \$_____. There will be a \$20.00 late fee for tuition submitted after the 5-day grace period. If payment is not forthcoming for tuition outstanding in any program(s) by more than two weeks, without previous arrangements made with the Director, CBP will notify you in writing that your child will be disenrolled from all programs, effective the first class day of the upcoming week, unless payment in full is received. CBP reserves the right to make your child's space available to another student and your child will not be accepted for any further child care services until payment is made in full and space is available. Please note that financial assistance applications are available.

I agree to the enrollment of _____ (child) in Calico Butterfly Preschool. We have read and agree to comply with the policies and procedures of Calico Butterfly Preschool as described above and in the Parent's Handbook. We agree to submit tuition as due unless other arrangements have been made with the Director of Calico Butterfly Preschool.

Signature: _____ **Enrollment Date:** _____

The State of New Mexico requires your child to have all age-appropriate vaccinations to attend school. A current immunization record with a physician's signature or a valid exemption document must accompany this Form.

For CBP Only	Review of Immunization Requirements:						
DTP or DtaP: 4-dose series	1 st .	2 nd .	3 rd .	4 th .	5 th :	after age 4	MMR: 1 dose
Polio: 3-dose series	1 st .	2 nd .	3 rd .	4 th dose recommended after age 4		2 nd dose recommended 4-6 years of age	
Hepatitis B: 3-dose series	1 st .	2 nd .	3 rd .	Varicella: 1 dose	Not required with history of chickenpox disease		
Hib: 3-dose series	1 st .	2 nd .	3 rd .	Hepatitis A: 2 dose series recommended after age 2			