



Happy Feet Child Care Enrollment Packet

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505-508-5409



What We Need:

Documents:

- Current shot records
- Enrollment packet filled out in its entirety
- Any divorce/custody/court documents
- Emergency contact sheet filled out in its entirety

For Your Child:

- An extra change of clothes
- A blanket for nap time
- Fitted sheet in toddler size for nap time
- A sippy cup/water bottle (age dependent)
- A family picture; We proudly display your family pictures in our class rooms! We have *Meet My Family* sections in each classroom.



Registration Form:

GENERAL INFORMATION:

Full Name: _____ Date of Birth: _____

Primary Language of Child: _____ Primary Language of Parents: _____

Street: _____ City: _____ State: _____ Zip: _____

Parent/Guardian #1:

Name: _____ Date of Birth: _____

Street: _____ City: _____ State: _____ Zip: _____

SAME AS CHILD

Home: _____ Work: _____ Cell: _____

Parent/Guardian #2:

Name: _____ Date of Birth: _____

Street: _____ City: _____ State: _____ Zip: _____

SAME AS CHILD

Home: _____ Work: _____ Cell: _____

Emergency Contact #1:

Name: _____ Telephone: _____

Relationship to Child: _____

Emergency Contact #2:

Name: _____ Telephone: _____

Relationship to Child: _____



Your Childs Schedule

	DROP-OFF	PICK-UP
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		

It is your responsibility to clock your child in and out each day that your child attends!

To ensure that we have adequate staff to meet all children's needs, please adhere to your schedule. Notify us in advance of any changes you may need to make to your schedule.



Child Care Emergency Contact Information and Consent Form

Child's Name: _____ Birth Date: _____

Address: _____

Parent/Guardian Name: _____

Telephone: Home _____ Work _____ Cell _____

Parent/Guardian Name: _____

Telephone: Home _____ Work _____ Cell _____

Emergency Contacts: (to whom the child may be released if guardian is unavailable)

Name #1: _____ Relationship: _____

Phone Numbers: Home _____ Work _____ Cell _____

Name #2: _____ Relationship: _____ Phone

Numbers: Home _____ Work _____ Cell _____

Children's Preferred Sources of Medical Care:

Physicians Name: _____

Address: _____ Telephone: _____

Dentists Name: _____

Address: _____ Telephone: _____

Hospital Name: _____

Address: _____ Telephone: _____

Ambulance Service: _____ Telephone: _____

Parents are responsible for all emergency charges

Child's Health Insurance

Insurance Plan: _____ ID #: _____

Subscriber's Name: _____ Special

Conditions, Disabilities, Allergies, or Medical Emergency Information:

Parent/Guardian Consent and Agreement

As parent/guardian, I consent to have my child receive first aid by facility staff and, if necessary, be transported to receive emergency care. I will be responsible for all charges not covered by insurance. I consent for the emergency contact person listed above to **ACT ON MY BEHALF** until I am available. I agree to review and update this information whenever a change occurs or every 6 months.

Parent/Guardian Signature

Date



Medication Authorization

I _____ (name of parent/guardian) give permission for Happy Feet Child Care to give my child _____ (name of child) the following medication: _____ for _____ (reason for taking medication)

Dosage Information:

Amount: _____

Frequency: _____

Method of administration: _____

Day(s) to be administered: _____

Side effects may include: _____

Has this medication been prescribed by a doctor? YES NO

If so, what is the doctors name and telephone? _____

Is this over the counter medication? YES NO

Has your child taken this medication before? YES NO

Were there any reactions or side effects? YES NO

If yes, explain: _____

I AUTHORIZE HAPPY FEET CHILD CARE TO ADMINISTER THE ABOVE LISTED MEDICATION TO MY CHILD ACCORDING TO THE INSTRUCTIONS ON THIS FORM. I UNDERSTAND THAT HAPPY FEET CHILD CARE WILL NOT BE RESPONSIBLE FOR ANY REACTIONS OR SIDE EFFECTS THAT THE ABOVE MEDICATION MAY CAUSE TO MY CHILD.

Signature: _____ Date: _____



Sunscreen Permission

I give permission for Happy Feet Child Care to apply sunscreen to my child as needed. I understand that I may provide a specific sunscreen if I choose.

Parent/Guardian Signature: _____

Date: _____



Permission to Photograph

I _____ (name of parent/guardian) give permission for Happy Feet Child Care to photograph _____ (name of child).

I _____ (name of parent/guardian) DO NOT give permission for Happy Feet Child Care to photograph _____ (name of child).

The photos will be displayed in the classroom, or in the lobby. Photos will be taken for children portfolios, and for labeling the childrens cubbies and materials in the classroom. They may also be displayed on our Facebook, Website, or any other advertising material. If you have any objections to this, please state so below.

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.

Signature: _____ Date: _____



Emergency Information Card

Childs Name:	
DOB:	Home Phone:
Address:	
Parent/Guardian Name:	
Work Phone:	
Parent/Guardian Name:	
Work Phone:	
Emergency Contact Name:	
Phone:	
Medical Insurance and Policy #:	
Allergies:	
Medical Conditions:	
Medications:	



About Your Child

What food does your child especially like? _____

Dislike? _____

Favorite games, toys, activities? _____

Is your child potty trained? _____

What word does your child use for toilet? _____

How does your child express anger or frustration? _____

Does your child have any special fears? (Spiders, ants, the dark, etc.) _____

Explain: _____

How do you discipline your child? _____

Does your child take an afternoon nap? _____

Special family situations? (such as custody specifications, etc.) _____

Anticipated adjustment problems? _____

Any diagnosed (or suspected) developmental disorders? _____

Previous child care attended: _____

Any issues while there? _____

Other: _____



Health History

Child Name: _____ DOB: _____

Last physical examination: _____

Illnesses:

Please circle all that apply

Does your child have any problems with... Has your child had any of these illnesses?

Constipation	Asthma
Convulsions	bronchitis
Diarrhea	chicken Pox
Fainting spells	Diabetes
Frequent colds	Heart disease
Frequent ear infections	Hepatitis
Frequent sore throats	Impetigo
Lice	Measles
Ringworm	Mumps
Skin rashes	German Measels
Soiling	Polio
Stomach issues	Scarlet Fever
Urinary issues	Tuberculosis
Worms	Whooping Cough

Other illnesses not listed above: _____

Has your child ever been hospitalized? If so, explain: _____

Has your child had injuries with fractures or loss of consciousness? If so, explain: _____

Latest tests:

VISION: _____ DENTAL: _____ HEARING: _____



Pick-up Authorization:

At the end of the day, or during the day, your child may be picked up or signed out by the following people:

Authorized Pick-up Person #1:

Name: _____ Telephone: _____

Relationship to Child: _____

Authorized Pick-up Person #2:

Name: _____ Telephone: _____

Relationship to Child: _____

Authorized Pick-up Person #3:

Name: _____ Telephone: _____

Relationship to Child: _____



Well Child Checklist

Please circle yes or no for each of the following statements:

- | | | |
|--|-----|----|
| My child has received a well child check: | YES | NO |
| My child has received a dental screening: | YES | NO |
| My child has received a vision screening: | YES | NO |
| My child has received a hearing screening: | YES | NO |

If I have circled NO in any of the above questions, I have been given appropriate resources to get those completed.

Childs name:

Parent/Guardian signature:

Date: _____



New Mexico FOCUS Program

Dear family,

Happy Feet Childcare is becoming more involved in the states FOCUS program. This program involves structuring our teaching and environment to be inclusive of all cultures and to direct our programs to support every family, including their background, and language. In order to do this, we ask that you answer the following questions so that your child can become involved, and so we can structure our programs to meet their individual needs.

If you do not feel comfortable answering any of these questions, please feel free to leave it blank.

How many people live with your child at home?

_____ Parents _____ Siblings _____ Other adults _____ Other children

What is the primary language spoken at home?

What other languages are spoken?

What is your child's first language? _____

What race do you associate your child with? *Circle all that apply*

Black Asian White Native American Hispanic/Latinx

Other:

What holidays and traditions does your family celebrate?



Acknowledgements

I have read, and understand the disaster preparedness plan.

Parent/Guardian Signature: _____ Date: _____

I have read, and understand the parent handbook.

Parent/Guardian Signature: _____ Date: _____



Enrollment Agreement

Child's Name: _____ Birth Date: _____

Enrollment Type:

FULL TIME PART TIME DROP-IN

The contract rate is: \$ _____ per week

Start Date: _____

After School Care:

My child needs a ride from:

WHERRY ELEMENTARY SCHOOL EMERSON ELEMENTARY SCHOOL

WHITTIER ELEMENTARY SCHOOL KIRTLAND ELEMENTARY

SUBSIDY ONLY:

Co-Payment: \$ _____ Number of hours allowed: _____ Per:

I understand that this enrollment agreement is a contract between myself, and Happy Feet Child Care. I am responsible for the written prices within my contract until my child is no longer with Happy Feet Child Care, or I change my contract with the director.

Parent/Guardian Signature: _____ Date:

Director Signature: _____ Date:
