

Mathilde Schaumberg
Director
(505) 455-4042

pojoaque Valley Schools

_____ date enrolled



Before and After School Program

CHILD'S NAME _____ GRADE _____
_____ GRADE _____

DATE OF BIRTH _____ GENDER _____
_____ GENDER _____

HOME ADDRESS _____ HOME # _____

PARENT/GUARDIAN NAME _____ WORK# _____
_____ WORK# _____

EMERGENCY CONTACTS:

PLEASE LIST 2 PERSONS TO BE CALLED IN AN EMERGENCY (OTHER THAN PARENTS)

NAME _____ PHONE# _____

NAME _____ PHONE# _____

LIST PERSONS WHO ARE AUTHORIZED TO PICK UP YOUR CHILD:

NAME _____ PHONE# _____

NAME _____ PHONE# _____

PLEASE LIST ANY ALLERGIES OR MEDICAL CONDITIONS YOUR CHILD MAY HAVE:

PLEASE GIVE US THE NAME AND TELEPHONE NUMBERS OF YOUR CHILD'S PHYSICIAN AND/OR EMERGENCY MEDICAL FACILITY AUTHORIZED IN CASE OF EMERGENCY.

NAME OF PHYSICIAN _____ PHONE # _____

NAME OF FACILITY/HOSPITAL _____ PHONE # _____

PERMISSION TO TRANSPORT/TREATMENT TO HOSPITAL _____ (PLEASE INITIAL)

I have received a copy of the parent handbook _____ (please initial)

PARENT/GUARDIAN SIGNATURE

DATE

*SEE BACK PAGE

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Full Time - \$215.00 (monthly)
A.M. Only - \$80.00 (monthly)
Daily a.m. care \$4.00
P.M. Only - \$135.00 (monthly)
Daily p.m. care \$6.75
Thursday - \$10.00
Full Day/Summer - \$12.00 (non-school days such as Teacher In-Service)
 $\frac{1}{2}$ of full time - \$107.50 (2 weeks per month)
 $\frac{1}{2}$ time a.m. only \$40.00 (2 weeks per month)
 $\frac{1}{2}$ time p.m. only - \$67.50 (2 weeks per month)
***All fees are due in advance.**

The children will be provided with an afternoon snack. Our school cafeteria prepares all food. Any food brought from home must be labeled with the child's name.

Medications will only be administered with written permission and instructions from the parents. (There is a form available). All medications (prescriptions & non prescription) must be in the original container with the child's name & date that it was brought from home.

DISCIPLINE POLICY:

In accordance with New Mexico child Care Licensing Regulations all discipline will be consistent and age appropriate. It will include positive guidance, redirection, and clear limits that encourage the child's ability to become self-disciplined.

We will follow the Pojoaque Valley Schools Student Code of Conduct. (See Student Handbook)

I handle inappropriate behavior in the following manner: _____

The following disciplinary practice will not be used:

Physical punishment of any type, including shaking, biting, hitting, or putting anything in a child's mouth;
Withdrawal of food, rest, bathroom access, or outdoor activities;
Abusive or profane language, including yelling
Any form of public humiliation, including threats of physical punishment;
Unsupervised separation.

I have read the above discipline policy _____ (please initial)

Parent
Signature _____ **Date** _____