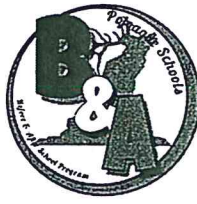


Lorenzo "Larry" Martinez  
Site Director/Program Manager  
(505) 455-2214



\_\_\_\_\_ date enrolled

Before and After School Program

CHILD'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_  
\_\_\_\_\_ GRADE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ GENDER \_\_\_\_\_  
\_\_\_\_\_ GENDER \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ HOME # \_\_\_\_\_  
\_\_\_\_\_ Cell # \_\_\_\_\_

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**

Lorenzo "Larry" Martinez  
Site Director/Program Manager  
(505) 455-2214



\_\_\_\_\_ date enrolled

---

Before and After School Program

Full Time - \$100.00 (monthly)  
A.M. Only/P.M. Only - \$50.00 (monthly)  
**\*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 \_\_\_\_\_