

# **ENROLLMENT PACKET**

Garcia Street Club, Inc. 569 Garcia Street Santa Fe, NM 87505

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Accredited by the National Association for the Education of Young Children License #4752

Enrollment Checklist For Applicant	s
Please note that new children are accepte after all the following requirements have to	ed to GSC on a first-come, first-served basis, and only been received:
\$30 Mat fee	Child Care Food Program Form
\$150 Registration fee	Parent Contract
Policy Checklist	Copy of Immunization Record or Exemption
Registration Information	Medication Authorization Form
Enrollment Form	Health Evaluation Form
Emergency/Medical Contacts	Parent
Local Emergency Contacts	Physician

# **Registration Information**

Child's Name: Date of Birth:	
My child's first day of attendance at GSC will be	9:
I would like to enroll my child in the following P	reschool Program (8:00am – 3:00pm):
*Please circle the days your child will be enrolled	ed*
Toddlers 1-2 years old	
5 days/wk: M – F \$1208	
3 days/wk: M T W Th F \$920	
2 days/wk: M T W Th F \$627	
Preschoolers 3-5 years old	
5 days/wk: M – F \$1078	
3 days/wk: M T W Th F \$831	
2 days/wk: M T W Th F \$567	
Aftercare will <i>not</i> be offered at this time.  All children are required to be at school by 9:00 approval has been given by the main office or t	
I give permission for the following:	ino omina o toaonon
My child may participate in walking field trips.	My child may be photographed at school.
My child may participate in hot weather water play.	My child may be videotaped at school.
My child's photo may be displayed in the school.	
Our family's phone number and email address may	be shared with my child's class.
Signature of Parent(s) or Guardian(s):	
Name:	Date:
Name:	Date:

## **Enrollment Form**

Child's Name:		Date of Birth:	
Parents/Guardians/Legal Gua of a child):	rdian (a person who is	legally responsible for the care and	well-being
1. Parent name:			
Email address:			
Home address:			
		Work:	
Employer's Name and Add	dress:		
2. Parent name:		<del></del>	
Email address:			
Home address:			
Home phone:			工气
Employer's Name and Add	dress:	40	
		Grat 1	
			407
Do you owe tuition to any othe	er childcare or preschoo	ol program or home day care?	
No			
Yes			
If ves. please explain below	w or speak to the Direc	etor immediately as enrollment may	be delayed
pending an explanation an	-		

# **Emergency/Medical Contact Information**

Child's Name:	Date of Birth:
In case of an emergency, I authorize permission for emergency medical treat	ermission for emergency medical transportation and authorize tment.
Yes	
No	
Signature of person giving permission:	
Date:	
Please list the name, address and telep	phone of your child's physician:
Please list any allergies, chronic conditi	ion(s), illness or special needs (including dietary):
Please list 4 persons in the local area (	sons Authorized To Pick Up Your Child other than parents or guardians) who can be contacted in
case of an emergency and are authoriz	ed to pick up your child:
Name:	Relationship:
Phone numbers:	
Name:	Relationship:
Phone numbers:	
Name:	Relationship:
Phone numbers:	
Name:	Relationship:
Phone numbers:	

## **Medication Authorization Form**

This form authorizes Garcia Street Club staff to administer prescription drugs, non-prescription drugs, sunscreen, lotions, vitamins, lip balm, etc. to your child.

Please provide accurate and complete information, as medications will not be administered if there are any questions regarding dosages or when medication should be administered.

Child's Name:	Date:
Classroom:	
J	, hereby authorize Garcia Street Club
(Parent or Guardian)	
to administer medication to my child as indic	ated in the directions listed below.
	inisters medication is not a trained medical professional; Street Club for the administration of medication.
Signature of parent or guardian:	
	C. A.
Directions for Administering Medication	on:
Name of medication:	
Does this medication require refrigeration?	Yes No
Reason medication is necessary:	GN-2 13
Dosage:	
Date(s) medication should be administered:	
Name of staff member administering medica	tion:
Date(s) and time(s) administered:	
	ns require parents and or guardians to initial this ng that medication was administered as indicated.
Parent initials: Date:	

## **Health Evaluation Form**

#### This section to be completed by PARENT or GUARDIAN:

Please provide a recent copy of your child's immunization record.

Child's Name:		
Birth Date: Male Female		
Physician's name:	Phone	::
Past Medical History:		
Has your child ever been seriously ill?Yes No		
If yes, please explain:		<del></del>
Has your child ever had an operation?Yes No		
If yes, please explain:		
Has your child ever had a serious accident?Yes	No	
If yes, please explain:		
My child has had the following illness(es): (please c	ircle all tha	it apply)
Chickenpox		
Measles (Red or German)		C: C:
Pneumonia		
Mumps		
Poliomyelitis Rheumatic Fever		
Scarlet fever		
Whooping Cough		
Diabetes		
Tuberculosis		
Auto-immune disease		
Please explain:		
Health Insurance Coverage:		
This information may be required in non-life-threatening eme	rgencies.	
Name of Carrier:		
Policy Number:		
Name of Insured:		
Parent signature:	Г	Date: 7

# **Physician Form**

Child's Name:	D.O.B	
This section to be completed by	PHYSICIAN:	
I have known this child since:	Date of last exam:	
Please circle any present health	concern(s):	
bee sting allergy	hearing difficulties	
allergies	visual difficulties	
asthma	abnormal bleeding	
diabetes	scoliosis	
congenital anomalies	seizures	
emotional problems	cardiac difficulties	33
urinary difficulties		
	health conditions, allergies, and asthma cond	ditions
other(s):  Please note: All life-threatening require a health care plan prior t	health conditions, allergies, and asthma condocattending school.	ditions
other(s):  Please note: All life-threatening require a health care plan prior t	health conditions, allergies, and asthma condocattending school.	ditions
Please note: All life-threatening require a health care plan prior to Please list ANY current medication(s)	health conditions, allergies, and asthma condo attending school.  and dosages:	ditions
Please note: All life-threatening require a health care plan prior to the Please list ANY current medication(s)  I have examined this child and find him	health conditions, allergies, and asthma condo attending school.  and dosages:	ditions
Please note: All life-threatening require a health care plan prior to the Please list ANY current medication(s)  I have examined this child and find him	health conditions, allergies, and asthma condo attending school.  and dosages:  m/her physically able to participate in:  mited physical activity no physical activity	ditions
Please note: All life-threatening require a health care plan prior to the please list ANY current medication(s)  I have examined this child and find hir all physical activity li	health conditions, allergies, and asthma condo attending school.  and dosages:  m/her physically able to participate in:  mited physical activity no physical activity	ditions
Please note: All life-threatening require a health care plan prior to the please list ANY current medication(s)  I have examined this child and find hir all physical activity li	health conditions, allergies, and asthma condo attending school.  and dosages:  m/her physically able to participate in:  mited physical activity no physical activity	ditions
Please note: All life-threatening require a health care plan prior to the Please list ANY current medication(s)  I have examined this child and find hir all physical activity li  Please explain nature and duration of	health conditions, allergies, and asthma condo attending school.  and dosages:  m/her physically able to participate in:  mited physical activity no physical activity	ditions
Please note: All life-threatening require a health care plan prior to the Please list ANY current medication(s)  I have examined this child and find hir all physical activity li Please explain nature and duration of Physician signature:	health conditions, allergies, and asthma condo attending school.  and dosages:  m/her physically able to participate in: mited physical activity no physical activity any limitation(s):	ditions

## 2020-2021 Parent Contract

I would like to enroll my child in the following Preschool Pro	ogram (8:00am – 3:00pm):
5 days/wk: M – F	
3 days/wk: M T W Th F	
2 days/wk: M T W Th F	
I agree to provide a \$150 non-refundable registration	fee to enroll my child at GSC.
This fee holds my child's spot until his or her start day.	
I agree that if I wish to withdraw my child from the school, I written notification at least 30 days prior to the da advance notice is essential, as the vacancy will need to be without a 30-day notice are responsible for payment of tuiti	te I wish to withdraw my child. This filled. (Parents who withdraw their child
If my child's tuition is subsidized through CYFD, I agree to aftercare fee (if applicable).	pay my monthly co-pay, supply fee, and
I agree to pay my child's tuition by the 1st of each will be considered late, and I will be required to pay a late from consecutive weeks will result in dismissal of the child from made with the Director. Re-enrollment will require the full remay request an alternate plan if my family has unusual circ of Directors will consider such request.	ee of \$65. Tuition that is past due for two the Center, unless prior arrangements are egistration fee of \$150. I understand that I
I agree that my tuition holds a space for my child at GSC. Tregardless of absence, illness, holidays, breaks, v snow days. I understand that it is not possible to state that it is not possible to state the state of the state o	acations, emergency closings, or
I understand that my child may be dismissed for the following	ng reasons:
1. Unpaid tuition exceeding 2 weeks without prior written a	rrangements with the Director.
2. Absence exceeding 2 weeks without payment or prior with	ritten notification to the Director.
3. Other reasons, as outlined in GSC Parent Handbook.	
I have read and agree to all the provisions and ter	ms of the GSC Parent Handbook.
Person(s) responsible for payment (Please print)	
Signature of parent/guardian	Date:
Signature of Director	Date:
SUBJECT OF THE COLUMN AND A STREET OF THE COLUMN ASSESSMENT OF THE COLU	UAIH

## **Policy Checklist**

Please review the following important policies and procedures (found in Parent Handbook and/or Parent Contract) and initial to indicate acceptance.

1.	Arri	val	and	Det	oarture
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	ave read the policies in the Parent Handbook regarding Arrival and Departure and agree to the owing:
13	School hours are 8:00 to 3:00. Children MUST arrive by 9:00 am
13	Children MUST be picked up by 3:00 pm
15	Children must be signed in/out on each day they attend via Brightwheel
23	A late fee of \$5 for the first 5 minutes and \$2.50/minute thereafter will be charged if children are picked up after 3:00
<b>2</b> . l	Meals
l ha	ave read the policies in the Parent Handbook regarding meals and agree to the following:
13	Breakfast is served at 8:30 and ends at 9:00
13	If my child arrives after 9:00 am, I understand that he or she will miss breakfast.
	I understand that GSC provides breakfast and afternoon snack and that I am responsible for providing lunch
13	If my child has any allergies or I prefer for them to have a specific diet, I agree to provide alternative foods
3. <sup>-</sup>	Tuition and Enrollment
	ave read the policies in the Parent Handbook and Parent Contract regarding tuition and agree to following:
P.S.	Tuition is due on or before the first of each month. I agree to pay a late fee of \$65 if tuition is not paid on time
	I will provide the Director with a written 30-day notification if I decide to withdraw my child. If I do not provide a 30-day notice, I will be responsible for paying a full month's tuition, regardless of my payment status
	Tuition holds a spot for each child and is not based on actual attendance.
	There will be no make-up days or switching days due to absence, illness, holidays, breaks, snow days, etc
13	I agree to pay my child's full monthly tuition regardless of school closures, graduation from Pre- K, and start of Kindergarten

**	I understand that GSC reserves the right to dis-enroll a child and have read the disenrollment policy outlined in the Parent Handbook
4. 9	Schedule Changes
l ha	ave read the policy regarding schedule changes in the Parent Contract and agree to the following:
di.	If I need to make a change to my child's schedule, I will request a schedule change in writing.  I understand that every effort will be made to accommodate such a change, but it is not guaranteed
5. 9	Sick Policy
	ave read the policy regarding communicable disease management in the Parent Handbook and ree to the following:
**	I will keep my child home if he/she has a fever of 100 degrees or higher, has diarrhea and/or vomiting, has a rash other than eczema, has yellow or green mucus discharge, or has any of the other symptoms listed in the Parent Handbook
**	I agree to pick up my child promptly if he/she exhibits any of the aforementioned symptoms

🗱 I agree to notify Garcia Street Club if my child contracts a communicable disease.

### **Important Information**

Drop-Off: Parents and guardians are expected to bring their child to the door of the school to be checked in and picked up by their teacher and brought to their classroom. A parent or guardian must sign their child in and out each day. Children are required to arrive by 9:00 a.m. If you are going to be late, kindly notify the office by 9:00 a.m. If you have any concerns about your child's health at drop-off, please notify the teacher of your child's recent symptoms and be available to pick your child up early if she/he is not well enough to participate in daily activities. See handbook for list of symptoms requiring your child to stay home.

**Pick-Up:** Only authorized persons will be allowed to pick up your child. If there is a change in who will pick up your child, please notify the office. All new persons will be required to show identification. If you arrive after 3:00 you are considered late. Please call the office if you will be late, otherwise a late fee will incur.

**Parking:** Due to limited parking in front of the school, please pull as far forward as possible allowing for other vehicles to pull in during busy drop-off and pick-up times.

**Updating Contact Information:** During the school year, your contact numbers may change. It is imperative that you alert the front office of any changes so we can update your child's file.

**Toys from Home:** Children should not bring toys to the school. A familiar "comfort" item such as a special stuffed animal or book for naptime is welcome.

Items Your Child Needs at School: Your child will need a water bottle for drinking, that remains at school and is clearly labeled. Each child must have several changes of clothing (including socks, underwear and shoes) that remain at school. All items must be clearly labeled with your child's name. Children will be spending time outside in the playground daily, except in the most inclement weather. Even if it is cold, we will take the children outside for a few minutes of exercise and fresh air. Please provide your child with a sun hat, rain boots, sweater or jacket, waterproof mittens, snow pants and snow boots as required by the season. Children should also be provided with a small blanket, crib sheet, and small pillow for naptime. These items must be placed in a pillowcase for storage and taken home and laundered weekly.

**Meals:** Breakfast is served between 8:30 a.m. and 9:00 a.m. and an afternoon snack is served at 2:30 p.m. We promote wholesome, nutritious meals and snacks. A weekly breakfast and snack menu is posted on the family resources board and outside near the check in area. Food exceptions are considered for children with allergies and/or personal reasons. If a child exhibits allergies to particular foods on the menu, parents are advised to provide alternate foods that are acceptable for their child. Each child should bring their own lunch including a napkin and utensils. We suggest a pack of blue ice for foods that require refrigeration. Please label your child's lunch box or sack with his/her name.

**Sunscreen/Medication:** Please be sure to apply sunscreen to your child prior to arrival at school. Teachers will apply sunscreen to your child as needed after written permission has been obtained. Any medicine prescribed for your child should never be sent in lunch boxes. All medication should be given directly to your child's teacher and a Medication Authorization Form must be completed before any medication is administered.

**Holidays/Birthdays:** At Garcia Street Club we enjoy celebrating holidays and birthdays in the classroom. Since family traditional celebrations are important as they reflect the heritage of the child, we encourage participation of holidays from all cultures and backgrounds. We would enjoy sharing your traditions with you and your child and wish to include them in our curriculum. Please arrange with your child's teacher to celebrate special holidays or your child's birthday with his/her classmates at school, if you wish.

12

#### 2020-2021 Garcia Street Club Calendar

#### **Important Dates:**

First Day of 2020-21 School Year: Monday, August 17, 2020

Last Day of 2020-21 School Year: Friday, May 28, 2021

**2021 Summer Camp:** Monday, June 14, 2021 – Friday, August 13, 2021

#### Garcia Street Club will be CLOSED on the following dates:

Labor Day (Monday, September 7, 2020)

Indigenous People's Day (Monday, October 12, 2020)

Thanksgiving Break (Wednesday, November 25, – Friday, November 27, 2020)

Winter Break (Monday, December 21, -Friday, January

Martin Luther King Day (Monday, January 18, 2021)

Presidents' Day (Monday, February 15, 2021)

Spring Break (Monday, March 15, 2021 – Friday, Marcl

**Spring Holiday** (Friday, April 2, 2021)

End of School Year Break (Monday, May 24, 2021- N

Independence Day Observed (Monday July 5, 2021)

End of Summer Break (Monday, August 16, 2021 – Fi

#### **In-Service Training**

Every other month of the year beginning in October, for staff in-service trainings on the first Friday of the for the 2020-2021 school year.

#### In-Service Training Dates for 2020--2021

September 4th, 2020

November 6th, 2020

January 8th, 2020

March 5th, 2020

May 7th, 2020

July 2nd, 2020

Snow Closure Policy: GSC follows the weather-relate Santa Fe Public Schools. It is extremely important that we child care available to them in the event of a weather-related statement of the second second

announced on SFPS's website at <a href="www.sfps.info">www.sfps.info</a> as well as local news affiliates. We will also send an email and leave a message on the school's outgoing voicemail message.