



COMMUNITY FOR LEARNING

PROJECT SEAL REGISTRATION PACKET

- Before School Only, After School Only, Before & After School, Summer Program

Childs Name \_\_\_\_\_ Date \_\_\_\_\_

Last First MI Nick Name

Sex: \_\_\_\_ Age: \_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_ School: \_\_\_\_\_

Parent or Legal Guardian's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Employer: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Authorized to pick up? Yes No

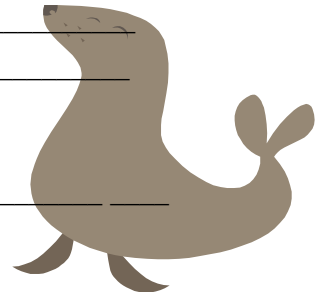
Parent or Legal Guardian's Name: \_\_\_\_\_ Mailing Address (if different): \_\_\_\_\_

Home Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Employer: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Authorized to pick up? Yes No



Child lives with: Both Parents Mother Only Father Only Guardian Other: \_\_\_\_\_

How will your child get home from program? Picked Up

IMPORTANT - Please list two relatives and/or friends who are authorized to act on your behalf

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

I authorize this person to pick up my child from the CFL PROGRAM: Yes No

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

I authorize this person to pick up my child from the CFL PROGRAM: Yes No

MEDICAL INFORMATION

Physician Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Location: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Initial Below: READ CAREFULLY!

I authorize the CFL staff to take my child to the aforementioned physician or facility for medical treatment in the event of an emergency in which neither parent nor legal guardian can be reached.

I assume full financial responsibility for any medical attention or treatment provided.

I authorize CFL to obtain assessment/test data from teachers and/or school administration for my child

I authorize any licensed physician or medical treatment center to treat my child in case of an emergency if the aforementioned physician cannot respond.

I certify that I have received a copy of the parent manual, and agree to abide by the policies.

Office: 505-242-3353 Fax: 505-242-2805 E-mail: info@nmcfl.org



# Student Enrollment Agreement Community For Learning Student Information

Student Name \_\_\_\_\_ School \_\_\_\_\_

Student Start Date \_\_\_\_\_ Student Exit Date \_\_\_\_\_

**REGISTRATION FEE \$25** \_\_\_\_\_

\_\_\_\_ My Child is in the Before School Program on the following days M T W TH F  
Circle days in program

\_\_\_\_ My Child is in the After School Program on the following days M T W TH F  
Circle days in program

\_\_\_\_ My Child is in the Before & After School Program the following days M T W TH F  
Circle days in program

**SELF PAY**

\_\_\_\_ I agree to pay \$15 weekly for my child to attend the **before school** program.

\_\_\_\_ I agree to pay \$35 weekly for my child to attend the **after school** program.

\_\_\_\_ I agree to pay \$50 weekly for my child to attend the **before & after** school program.

**AS NEEDED**

\_\_\_\_ I agree to pay \$ \_\_\_\_\_ for my child to attend on the following days of the  
Before program M T W TH F  
Circle days in program

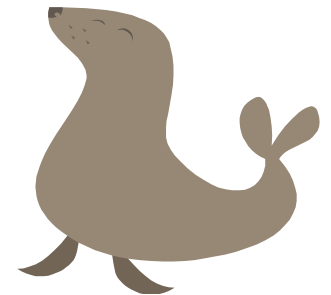
\_\_\_\_ I agree to pay \$ \_\_\_\_\_ for my child to attend on the following days of the  
Afterschool program M T W TH F  
Circle days in program

\* NMCFL does accept a child on a daily drop-in basis. The fee is \$5 per day for the first and second day. For a third day in a week the fee is \$15 (total equals the weekly rate.)

**CYFD CHILD CARE REIMBURSEMENT**

\_\_\_\_ I do not have a monthly co-pay for before/ after school programs

\_\_\_\_ I agree to pay a monthly co-pay of \$ \_\_\_\_\_



\_\_\_\_\_  
Parent's Printed Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Site Supervisors Signature

\_\_\_\_\_  
Date

**AUTHORIZATION FORMS**

**ALL SECTIONS MUST BE FILLED OUT COMPLETELY. IF A SECTION DOES NOT APPLY PLEASE ACKNOWLEDGE WITH "N/A"**

**MEDICAL INFORMATION**

Does your child have a special need/disability that requires accommodations?  YES  NO

If YES, please explain \_\_\_\_\_  
\_\_\_\_\_

Describe any behaviors that might be affected or caused by the above \_\_\_\_\_  
\_\_\_\_\_

What shall we do if behavior becomes an issue? \_\_\_\_\_  
\_\_\_\_\_

Does your child currently take any medication?  YES  NO

If YES, please list \_\_\_\_\_  
\_\_\_\_\_

Does your child have any allergies?  YES  NO \_\_\_\_\_  
\_\_\_\_\_

Does your child have any type of medical, physical, or mental conditions?  YES  NO

If YES, please provide the following information. Use additional sheet of paper if necessary.

Condition: \_\_\_\_\_  
\_\_\_\_\_

Current Treatment: \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL SERVICES**

I agree to the administration of emergency medical treatment to my child by a qualified health practitioner in my absence. I authorize CFL to arrange for such emergency medical treatment until such time as I can be present. I authorize any licensed physician or medical treatment center to treat my child in case of an emergency in which the aforementioned physician cannot respond. I assume full financial responsibility for any medical attention or treatment provided.

**Preferred Doctor:** \_\_\_\_\_

**Preferred Hospital:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**REQUEST FOR ADMINISTRATION OF MEDICATIONS**

\*Name of child: \_\_\_\_\_ DOB \_\_\_\_\_

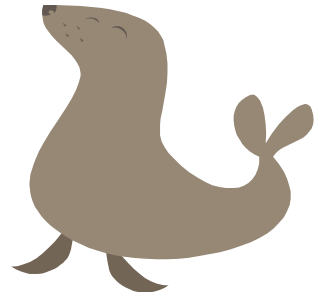
Check type of Medication:     Prescription                       Non-Prescription

\*Name of Medication: \_\_\_\_\_

\*Dosage to be given: \_\_\_\_\_ Medication expiration date: \_\_\_\_\_

\*Time medication to be administered

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_



Dates medication to be administered:

Begin: \_\_\_\_\_ End: \_\_\_\_\_

Is child taking any other medications at this time?     YES             NO

If YES, Name of medications: \_\_\_\_\_

**I request that the Community For Learning Staff administer the above medication as directed in the above instructions.**

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

**\*CHILD'S NAME MUST BE ON ORIGINAL CONTAINER LABEL OF PRESCRIPTION MEDICATION**

**TOPICAL MEDICATIONS**

I understand it is my responsibility to provide the items listed below. I also understand it is my responsibility to inform the CFL staff when I bring the(se) item(s) and to give the(se) item(s) DIRECTLY to the staff to ensure they are kept out of reach of the children. I hereby release CFL from all liability for any complications resulting from the administration of the above medication as described. I give CFL Staff permission to apply as necessary.

**(Please initial by each item you give approval for.)**

- |   |  |
|---|--|
| _____ Sunscreen (outdoor play)                  | _____ Calamine Lotion (insect bites)     |
| _____ Petroleum Jelly (chapped lips & dry skin) | _____ Antibiotic Ointment                |
| _____ Chapstick, Carmex, Etc. (chapped lips)    | _____ Hand and/or body lotion (dry skin) |
| _____ Aloe Vera (sunburned skin)                | _____ other, please explain _____        |

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**AUTHORIZATION FORM FOR EPINEPHRINE AUTO-INJECTOR (EPI-PEN)**

The above named student has had a prior severe allergic reaction and must have the following emergency medication:

- Epi-pen Jr. 0.15 mg                       Epi-pen 0.3 mg

The student has had allergic reactions to the following: **(please be specific)**

Food: \_\_\_\_\_

Insect: \_\_\_\_\_

**CHECK ALL THAT APPLY:**

- My child has been properly trained on the use/administration of the Epi-pen and should self-administer the epinephrine (unless unable to)

**OR**

- Trained CFL staff should administer the epinephrine

**The Epi-pen should be administered under the following “specific” conditions:**

- Immediately post exposure to the allergen

**OR**

- Administer only if the following reactions occur: (please check **all** that apply)

- Shortness of Breath/Wheezing     Hives/Rash     Anxiety  
 Generalized Swelling/Edema     Other \_\_\_\_\_

**Emergency (911) Services will be called if the student uses or is administered the Epi-pen so that proper follow-up treatment can be completed.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date





## **CFL BEFORE/AFTER SCHOOL PERMISSION FORMS**

### **PHOTOGRAPH PERMISSION**

I give permission for photography of my child to be taken while he/she is involved in the CFL Before/After School Program, to be used for public relations purposes for the CFL school programs. I understand every attempt will be made to notify me before any such pictures are printed for publication or display.

**Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **TRIP PERMISSION**

Many times during your child's attendance at the CFL Before/After School Program groups will be taking trips to nearby places of interest. In order for your child to participate in these trips, you must sign the blank permission from below. Your signature enables the instructors to take groups on trips without seeking permission each time. Parents will be notified in advance of all field trips taken by the program. As appropriate, seat belts and restraints will be available for children transported.

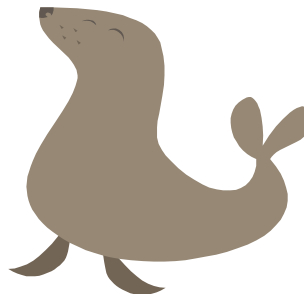
My child has permission to go on all trips sponsored by the CFL Before/After School Program. This permission covers walking, trips taken in vans, buses, and/or private vehicles. In all cases CFL Staff members will not be held liable for any accident incurred.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **SWIMMING PERMISSION**

- I hereby grant my child permission to participate in water play and water related enrichment activities.  
 I **DO NOT** grant my child permission to participate in water play and water related enrichment activities.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## CFL Guidance Policy

CFL programs use positive discipline with firm but fair guidance and behavior management. The program's philosophy of discipline is based on respect for the child's self-esteem, setting reasonable limits, consequences, and encouraging increased self-discipline. Our role in guidance is to teach children how to make good choices and help them develop self-discipline, a sense of fair play, and maturity. We encourage individuality and independence, but each child must be able to interact with the group's limits. Limits will be clear and consistent, and only constructive methods of discipline shall be used to promote good behavior. Corporal punishment, which is a disciplinary action taken with the intention of producing physical pain, will not be used with your child. The staff will work with your child and strive to cooperate with parents to resolve any problems that may arise.

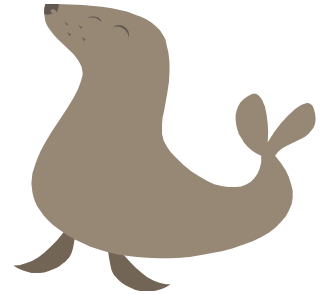
However, if a child's behavior consistently disrupts the flow of the program, physically or emotionally harms others, or otherwise conflicts with the program rules and guidelines, parents will be notified. In cases of severe discipline problems, parents may be called to pick up their child immediately and the child may be suspended at the time and/or eventually asked to dis-enroll from the program.

### **Rules of Conduct for Students –General Program Rules**

Every child is expected to learn and follow the CFL Before/After School Program rules, and is expected to follow the school's rules as well. The staff will explain what is expected of each child to help them understand limits.

### **CFL BEFORE AND AFTER SCHOOL PROGRAM RULES**

1. Follow the instructions of CFL staff the first time given.
2. Respect and care for other people and their possessions.
3. Respect and care for the supplies, the equipment and the facility.
4. Be responsible for your own actions, possessions, and messes.
5. Walk slowly and speak softly in the room.
6. Use playground equipment the way it's meant to be used.
7. Stay in areas that are supervised by CFL staff.
8. Show citizenship by participating in site cleanup activities.
9. Be honest and trustworthy in all you do.
10. Be fair when playing games and using equipment.
11. Have Fun!



### **Consequences for Minor or Single Offenses:**

#### **1. Verbal Warnings:**

We will let the child know specifically what he/she is doing that we want to stop and we will let them know what action we will take if this behavior continues. (Note: When children break rules that they know and understand, they don't get warnings.)

#### **2. Follow Through on Warnings:**

*Staff may utilize one or more of the following:*

**Reparations:** A child who causes another child to be injured may be asked to help administer first aid, etc. A child who vandalizes property or destroys equipment will be asked to restore or replace the item.

**Restitution:** After reparations, a child will be asked to compensate the victim. The victim may be an individual child, the agency or the childcare community. The child will be involved in deciding what action will "make it right," creating a personal solution. A child who insults another child may be asked to think of and say a number of things that are good about that child.

**Receive a Logical Consequence:** A child who is vandalizing will correct the damage and be given community service, such as washing tabletops. A child who throws trash on the ground will have to pick up that trash and extra trash. A child running in a walk slowly area may have to go back to where they started and walk slowly.

**Removal of Privileges:** A child who is abusing equipment will lose his/her privilege to use that equipment that day. Children who are arguing will lose the privilege of playing together that day, etc. A child who is defiant will lose all privileges until he/she complies with the instructions.

**Parent Notification:** Parent will be notified of the problem and be asked to talk to the child on the phone, or pick up the child from program.

I have read thoroughly and agree to the above CFL Guidance Policy specified the CFL Before/After School Program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Office: 505-242-3353 Fax: 505-242-2805 E-mail: [info@nmcfl.org](mailto:info@nmcfl.org)**



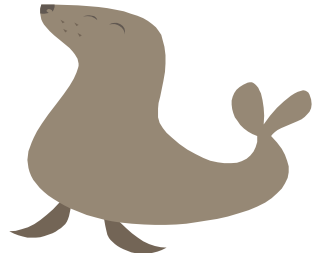
**NON-SCHOOL FOODS PERMISSION AND RELEASE**

From time to time throughout the program, we may plan parties and special events that involve food brought in from outside sources. These items are not being provided by, and are not regulated by, the strict safety guidelines exercised by CFL. As well, we may conduct gardening and culinary arts activities. Because of growing concern over children’s food allergies and overall student safety, we want to make sure we have your permission for your child to participate in these and similar events and activities.

Commercially prepared and sealed products may be served at special events, but parents and relatives often wish to bring items from home. Items prepared by parents and others working at home and in private kitchens not regulated by the Health Department however, may not always meet the same sanitation standards required by commercial food preparers. For that reason, we ask that you approve or deny permission for your child to be served food that is brought in from private and non-regulated kitchens.

Please fill in the information below and sign, indicating your permission.

Student \_\_\_\_\_ Site \_\_\_\_\_



I, the undersigned parent (or legal guardian) of the student named above, give permission for him/her to be served non-commercial food prepared by parents or relatives of classmates and other students in non-regulated kitchens as indicated below. I release CFL and all employees from liability as a result of illness or injury thereunto.

<b>Permission Granted for the Following Events / Activities:</b>	<b><u>Yes</u></b>		<b><u>No</u></b>
Seasonal parties and special events (Thanks-Giving, Christmas, Easter, Halloween, etc.)			
Program members’ birthday parties			
Program cultural events involving food			
Other parties and special events of the program Program gardening and culinary arts activities			

Please list any food allergies or food this student cannot eat:

\_\_\_\_\_

Please list any other restrictions: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date