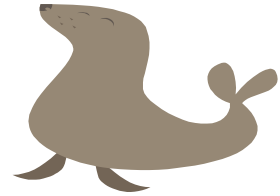




Child's Name: \_\_\_\_\_

School Name: \_\_\_\_\_

## Signature Section



Forms in this section must be signed and returned to CFL. Please check all boxes below, attach forms and CFL Site-Coordinator will sign below acknowledging that all forms are complete and signed.

- Registration Form (Enrollment Form)
- Enrollment Agreement
- Medical Authorization
- Non-School Foods Permission and Release
- Handbook Acknowledgement Form
- Guidance Policy
- Travel Permission Form

**\*Indicate the program you wish to register, please check ALL that apply**

PM care only	PM drop-in
Childcare Subsidy	

Site-Coordinator (Print): \_\_\_\_\_

Site-Coordinator (Signature): \_\_\_\_\_ Date: \_\_\_\_\_



**PROJECT SEAL REGISTRATION FORM**  
One Form Per Child



Child's Name \_\_\_\_\_ / \_\_\_\_\_ Date \_\_\_\_\_  
Last First MI Nick Name

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

State School Id #: \_\_\_\_\_ Child's primary language: \_\_\_\_\_ Ethnicity/Hispanic: Yes No

Race: White African American Asian Native Hawaiian American Indian or Native Alaskan Other race

Is your child in any of the following educational program? Bilingual ESL/LEP Special Education Gifted  
If yes, please describe program: \_\_\_\_\_

**No changes to last year's Registration Form – Signature:** \_\_\_\_\_

**Primary Guardian/Contact Name:** \_\_\_\_\_

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

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

Employer: \_\_\_\_\_ E-mail Address: \_\_\_\_\_ **Authorized to pick up?** Yes No

**Secondary Guardian/Contact 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: \_\_\_\_\_

**IMPORTANT – State law requires: Two relatives/friends who are authorized to act on your behalf in case you cannot be reached.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

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

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

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: \_\_\_\_\_

**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/legal guardian can be reached.

\_\_\_\_\_ 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 assume full financial responsibility for any medical attention or treatment provided.**

\_\_\_\_\_ I authorize CFL to obtain assessment/test/grades/report card data from teachers and/or school administration for my child.

\_\_\_\_\_ I certify that I have received a copy of the parent manual, understand and agree to abide by the policies of Community For Learning as outlined in the Parent Handbook. (Located on CFL website: [www.nmcfl.org](http://www.nmcfl.org))

\_\_\_\_\_ **I give my permission for my child to be photographed** and for these photographs to be used in educational and/or promotional materials produced by Community For Learning. I understand that neither my child's name nor any other identify information will appear with the photographs. Further, I understand that neither I nor my child will receive and monetary compensation for the use of these photographs.

\_\_\_\_\_  
**Parent/Legal Guardian Signature                      Printed Name                      Date                      Starting Date of Enrollment**

# Student Enrollment Agreement

## Student Information

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

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

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

### SELF PAY

\_\_\_\_\_ I agree to pay \$60 weekly for my child to attend the **after- school** program.

### AS NEEDED

\_\_\_\_\_ 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

\* CFL does accept a child on a daily drop-in basis. The fee is \$12.00 per day for the first and second day. For a third day in a week the fee is \$36 (total equals the weekly rate.)

### CYFD CHILD CARE REIMBURSEMENT

\_\_\_\_\_ I do not have a monthly co-pay for the 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:** \_\_\_\_\_

**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 the 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/Legal 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**

**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

# Community For Learning

## STANDING ORDERS

I, \_\_\_\_\_, authorize the following adults listed below to  
(Contracting Parent's Name)

pick up my child/ren.

\_\_\_\_\_  
(Child/ren Name)

**In addition to the parents, the following people are authorized to pick up my child from CFL:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

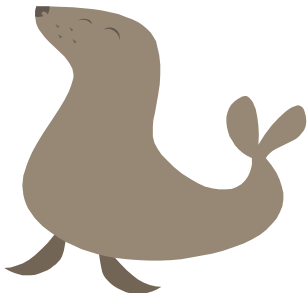
**Legal Status Issues (please check all that apply):**

Restraining Order \_\_\_ Guardianship \_\_\_ Court Orders \_\_\_ CYFD Custody/Involvement \_\_\_

Powers of Attorney \_\_\_

**\*Please provide a copy of written documentation providing the above status.**

**I understand I am giving full responsibility to this/these individual(s) to pick up my child when I have indicated.**



Fall/Spring

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

\_\_\_\_\_  
Date

Summer

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

\_\_\_\_\_  
Date

***\*Please remind the people listed above that they need to always have some form of identification to pick up your child. We will NOT release a child to someone who has not been authorized to pick up or is NOT 18 years of age or older.***

## 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.

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.

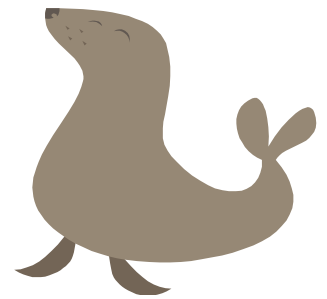
However, if a child's behavior consistently disrupts the flow of the program, physically or emotionally harms others, or otherwise conflicts with the program rules and guidelines, parents will be notified. In cases of severe discipline problems, parents may be called to pick up their child immediately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

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



## Consequences for Minor or Single Offenses:

### 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.)

### 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



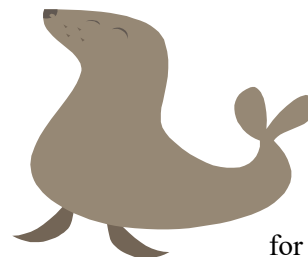
## NON-SCHOOL FOODS PERMISSION AND RELEASE

From time to time throughout the program, CFL 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>	<u>Yes</u>	<u>No</u>
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



COMMUNITY FOR LEARNING

**STUDENT/PARENT HANDBOOK ACKNOWLEDGEMENT FORM**

I, \_\_\_\_\_, parent/guardian of  
*(Print Parent/Guardian's Name)*

\_\_\_\_\_, who attends CFL's Before/Out of  
*(Printed Student's Name)*

School Time at \_\_\_\_\_, acknowledge that I have  
*(Print Name of School/Program Site)*

received a copy of the CFL Student / Parent Handbook. I have read it and I am willing to abide by the policies, procedures, and responsibilities set forth therein.

The CFL Student / Parent Handbook Includes:

- Registration Form (Enrollment Form)
- Overview
- Enrollment and Attendance
- Program Hours and Activities
- Meals
- Behavior Policy
- Communication
- Health and Safety
- Emergency Policy



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

Date: \_\_\_\_\_



COVID-19 RELEASE AND WAIVER OF CLAIMS ASSENDUM  
("Release")

The undersigned, in my capacity as parent or legal guardian, hereby acknowledge the health risks and dangers associated with the transition of the COVID-19 virus, and the other communicable diseases, and recognize that exposure to the COVID-19 virus, or other communicable diseases, could occur while my child is in the care of the Community For Learning (CFL) Project S.E.A.L. Program.

As such, and in consideration for child care services to be provided by CFL, the undersigned, for myself and my minor child(ren) enrolled in the program fully assume all of the risks associated with participation in the program, including the possibility of COVID-19 (or the novel coronavirus) community spread.

I, AS PARENT AND/OR LEGAL GUARDIAN, HAVE READ AND FULLY UNDERSTAND AND ACKNOWLEDGE THE CONTENTS OF THE RELEASE AND AGREE THAT I AM VOLUNTARILY WAVING, RELEASING, INDEMNIFYING AND DISCHARGING CFL AND ITS DIRECTORS, EMPLOYEES, AND VOLUNTEERS FROM ANY AND ALL LIABILITY, DAMAGES, AND EACH AND EVERY ACTION (COLLECTIVELY, "CLAIMS") BY PARTICIPATION IN AND/OR ASSOCIATED WITH THE PROGRAM INCLUDING, BUT NOT LIMITED TO EXPOSURE OR TRANSMISSION OF THE COVID-19 VIRUS.

I represent that I have full authority to sign on behalf of my child(ren) and that my signature binds each other person having authority to make decisions on behalf of the child(ren).

MY SIGNASTURE BELOW IS CONFIRMATION THAT I HAVE READ AND FULLY UNDERSTAND AND ACKNOWLEDGE THE CONTENTS OF THE RELEASE AND AGREE THAT I AM VOLUNTARILY WAIVING, RELEASING, INDEMNIFYING AND DISCHARGING CFL AND ITS DIRECTORS, EMPLOYEES AND VOLUNTEERS FROM THE CLAIMS.

\_\_\_\_\_  
Parent Printed Name

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

\_\_\_\_\_  
Date

Child(ren) Names:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



COMMUNITY FOR LEARNING

### COVID-19 Parental Consent Form

I confirm that I \_\_\_\_\_ am the parent/legal guardian of  
*(Print parent/guardian name)*

\_\_\_\_\_  
Name of Enrolled Child

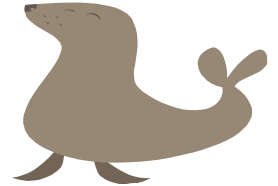
\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Name of Enrolled Child

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Name of Enrolled Child

\_\_\_\_\_  
Date of Birth



I hereby consent to allow [Community For Learning] to share with the New Mexico Department of Health my child’s name, date of birth and the fact that my child attends this facility/program only for the purpose of testing and contact tracing and to limit and control the spread of COVID-19 in our communities.

*(Please initial)* \_\_\_\_\_ Consent \_\_\_\_\_ Decline

I hereby consent to allow DOH to conduct contact tracing *(Please initial)* \_\_\_\_\_ Consent \_\_\_\_\_ Decline

I hereby consent to have my child tested in the next 48 hours\* *(Please initial)* \_\_\_\_\_ Consent \_\_\_\_\_ Decline

*You have the right to decline this authorization, and your child will not be disenrolled from this program. However, due to our Health Emergency Procedures, if your child was a close contact with the positive case they will not be allowed to attend this child care facility or any other child care facility for 14 days from the last date of contact with the positive case.*

I acknowledge that if my child was a close contact to the positive case, my child must be excluded from this facility and any other child care facility for a 14-day quarantine period *(please initial)* \_\_\_\_\_.

Name: *(please print)* \_\_\_\_\_ Relationship to Child(ren) \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Address \_\_\_\_\_

Parent’s/Guardian’s Mobile Phone No. \_\_\_\_\_

\* Please note: Parent/guardian must be present during their child’s test. Information about testing sites and events will be provided.