

El Grito Early Learning Child Care

Ph: 575-538-5459 Fax: 575-538-3607

Child's Information

First Name

Middle Name

Last Name

Nickname

Date of Birth

Gender

Male Female

Language Spoken at Home:

Home Address

City

State

Zip

County

Mailing Address (if different than living)

City

State

Zip

Parents/Guardians Information

Adult 1

First Name

Middle Name

Last Name

Relationship to Child:

Biological Adopted Step Parent

Foster Parent Grandparent Other: _____

Name of Employer

Employers Address

Employers Phone Number

| Phone Numbers | Type (check One) | Opt in for text messages |
|---------------|--|--|
| | <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Email Address:

Adult 2

First Name

Middle Name

Last Name

Relationship to Child:

Biological Adopted Step Parent

Foster Parent Grandparent Other:

Name of Employer

Employers Address

Employers Phone Number

| Phone Numbers | Type (check One) | Opt in for text messages |
|---------------|--|--|
| | <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Medical Information

Does your child have any allergies please list:

Medications: _____

Food: _____

Respiratory: _____

Bee Stings: _____

Are there any allergies that are life threatening? Yes No

If yes please explain: _____

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Does your child have any medical conditions? Yes No

If yes please list: _____

Child's Physician name/Medical Center Name Address Phone Number

In Case of an Emergency:

I authorize the above Physician/Medical Center to be contacted if a parent or guardian cannot be reached (must be signed) _____

I give El Grito Inc. permission to transport my child in a medical emergency and authorize medical treatment (must be signed) _____

I ___ Do ___ Do Not, give permission for my child to be photographed and videoed.

I give El Grito Inc. permission to apply ___ sunscreen ___ insect repellent ___ diaper cream

Is there anything else we need to know about your child? _____

Emergency Contacts

Emergency Contacts who are authorized to pick up your child must be 18 and older (must have two in the local area) Two contacts are required.

Name Relationship to Applicant

Address City State

| | | |
|--|--|--|
| Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work | Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work | Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work |
|--|--|--|

Name Relationship to Applicant

Address City State

| | | |
|--|--|--|
| Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work | Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work | Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work |
|--|--|--|

Name Relationship to Applicant

Address City State

| | | |
|--|--|--|
| Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work | Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work | Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work |
|--|--|--|

Parent/Guardian Signature _____

Date _____

El Grito Early Learning Center Child Care Enrollment Agreement

Child's Name: _____ DOB: _____

The program will be open Monday through Friday 7:45-5:15

The Center will be closed the Friday before and the Monday after Easter, Memorial Day, One week in July for summer break, Labor Day, Wed. – Fri. for Thanksgiving, and Two weeks for Winter Break.

The tuition is \$200.00 per week/\$800.00 per month.

My tuition is _____ per week per month

All tuition is due by the 1st of each month in advance, and will accrue a late fee after the 5th of the month.

The CYFD co-pay is due on the first day of the month in advance.

Late tuition fee: If tuition is not paid by the 5th of each month there is a \$100.00 dollar late fee that must be paid before your child returns to the program.

Late Pick up Fee: A late pick up fee of \$10.00 per 30 minutes per child will be assessed when a child/children is left beyond the center operating hours. The late-fee does not constitute an agreement to provide afterhours services.

Tuition is based on full time tuition only. The program does not accept part-time or drop in children.

Tuition is not prorated for illness, holidays, emergency closings or child absences.

MEDICAL ACKNOWLEDGMENTS:

Medication: I will provide written permission for program staff to administer medication with written instructions from the child's health care provider, as permitted by local child care licensing regulations. I will complete and sign authorization forms. I will provide medication in its original container (with the pharmacist's label for prescriptions.)

Immunizations: I will provide the program with updated immunization information or an exemption for my child.

Illness: If the program staff notifies me that my child is ill, I will pick up my child as soon as possible and no later than 1 hour from being notified. If my child contacts a contagious illness, I understand that my child may return only when he or she is well as described in the parent handbook.

Emergencies: In case of an emergency I understand that center staff will attempt to contact me immediately, if I cannot be reached the program will administer first aid/CPR or Transport my child via ambulance or other emergency medical services to local hospital.

Parent/Guardian signature: _____

Date: _____

Updated July 15, 2021

Need Child Care?

Your Local Providers Are Here to Help

Since the beginning of the public health emergency, New Mexico's child care providers have been open for business.

The state of New Mexico—in partnership with child care providers—have developed some of the clearest, most detailed health and safety regulations in the country. As a result, child care providers have kept COVID cases low.

- Handwashing
- Temperature-taking
- Cleaning and sanitation
- Distancing
- Mask-wearing
- Rapid response and testing if a positive case occurs

Here's what you'll need to apply:

- Current proof of income
- Birth Verification for all applicant household children
- Verification of Educational Activity/School Schedule for adults (if applicable)
- Picture ID for Applicant
- Proof of New Mexico Residency (lease agreement, utility bill, mortgage)
- Contact info for selected child care provider (If you need help selecting a child care provider, please call Child Care Resource and Referral at the number below.)

Visit nmececd.org and click on "Am I Eligible?" or call 800-691-9067.

Email child.care@state.nm.us if you have questions or concerns about child care.



Expanded Eligibility

Beginning Aug. 1, New Mexico will raise Child Care Assistance income eligibility for families from 200 percent of the federal poverty level to 350 percent of the poverty level -- with a phase-out at 400 percent of the poverty level, meaning a modest increase in income won't mean losing access to assistance. These changes will help increase access and quality in the state's child care industry and help remove barriers that could prevent New Mexicans from reentering the workforce as the pandemic subsides and the economy reopens.

| Household Size | Maximum Monthly Household Income |
|----------------|----------------------------------|
| 2 | \$5,080.83 |
| 3 | \$6,405.00 |
| 4 | \$7,729.17 |
| 5 | \$9,053.33 |
| 6 | \$10,377.50 |
| 7 | \$11,701.67 |
| 8 | \$13,025.83 |



NEW MEXICO

Early Childhood

Education & Care Department