

APPLICATION FOR ADMISSION

First Date of Enrollment _____ Last Date of Enrollment _____

Name of Child _____

Date of Birth _____ Age _____ Boy _____ Girl _____

Father's Name _____ Mother's Name _____

Address: _____ Address: _____

Home Phone (____) _____ Home Phone (____) _____

Employer _____ Employer _____

Work Phone (____) _____ Work Phone (____) _____

If a parent is legally unable to see his/her child, we will need a copy of the legal document stating this for our files. All such documentation will be kept confidential.

Other persons authorized to pick up your child from the DayCare Center:

Name & Phone _____

Name & Phone _____

Doctor's Name _____

Preferred Medical Facility _____ Phone (____) _____

SCHEDULE

Full Day (days that your child will be here) _____

Hours _____

Part Time (days that your child will be here) _____

Hours _____

If your child will attend days other than those listed above, please call to make arrangements for unscheduled days.

First Date of Attendance _____

Last Date of Attendance _____

**DAYCARE CENTER
REGISTRATION FORM**

Child's Name _____ Birth Date _____ Age _____ Sex _____

Emergency Contacts (Other than Parents)

Name _____ Phone _____

Name _____ Phone _____

List any medications your child takes _____

Is your child potty trained? _____ Special foods you brought _____

If your child is 2 years or older, do you wish your child to participate in outdoor activities?

BY SIGNING BELOW, I AGREE TO THE FOLLOWING:

That I have read, understand and agree to abide by all of the policies and procedures outlined in the Parent's Handbook including the rate schedule and fee payments indicated here:

6wk and up Full Day = \$70.00 **Please circle appropriate rate**
Half Day =\$ 50.00

Rate: _____ Per: _____ Due: Daily, Weekly, Bi-weekly, Monthly
(Circle one)

A copy of my child's immunization record has been attached to this Registration Form

Parent's Signature

Date

INFANT INFORMATION SHEET
PLEASE FILL OUT COMPLETELY

Infant's Name: _____ Age: _____

Parent(s) Name(s): _____

Number of bottles brought: _____

Did you bring extra formula/Milk? _____

Baby food brought: _____

Does your child have a pacifier? _____

Does your child have a diaper rash? _____

Please describe your child's eating and sleeping schedule: approx. time and how many naps in a day and approx. time and how much your child will eat while at daycare.

How do you put your child to sleep (rocking, special blanket or toy, sleeps the back, side, etc.)? Is there a special way in which they go down for a nap.

Is there any other information we need to know about your child?

DEVELOPMENT AND MEDICAL HISTORY OF CHILD

Child's Name: _____

What is the word that your child uses for:

Urination: _____ Bowel Movement: _____

Is your child right or left handed? _____

Is your family vegetarian? _____

Does your child have any dietary restrictions? _____

Does your child take a nap in the afternoon? _____ What time? _____ How Long? _____

Does your child have any particular fears that you are aware of? _____

Does your child have any special objects/blankets that comfort him/her? _____

How would you describe your child? _____

Has your child ever had DayCare experience? _____ Group play experience? _____

What method of behavior control is used in your home? _____

What is the child's usual reaction? _____

What past illnesses has your child had? And at what age?

Chicken Pox _____

Scarlet Fever _____

Mumps _____

Measles _____

Hepatitis _____

Other _____

Does your child have diabetes, a history of seizures, asthma, severe allergies, etc? _____

What should we look for if your child develops symptoms related to any of the above?

Does your child have frequent colds, ear infections, bronchitis, tonsillitis, stomachaches, etc? _____

Does your child vomit easily? _____ Does your child run a fever frequently?

Has your child ever had any serious accidents? _____

Please give a statement of your evaluation of your child's overall health: _____

Is there anything else you feel that we should know about your child? _____

I hereby state that all of the aforementioned information is true and accurate to the best of my knowledge and that I have not omitted any pertinent information which may be necessary I order for my child to receive proper medical care should it become necessary.

Parent or Guardian's Signature

Date

**ANGEL FIRE RESORT OPERATION, L.L.C.
DAYCARE CENTER
FULL AND COMPLETE RELEASE OF LIABILITY AND INDEMNITY AGREEMENT**

The undersigned being at least 18 years of age, hereby represents that he or she is the parents or guardian of _____ (hereinafter referred to as the "child") and, in exchange for Angel Fire Resort Operations, L.L.C. (hereinafter referred to as AFR) making the services available to me and the child hereby contracts and agrees as follows.

I hereby ASSUME ALL RISKS in connection with my child's participation in DayCare activities including but not limited to personal injury and death, and HEREBY COMPLETELY RELEASE AFR, its representatives, agents affiliates, officers, directors, servants and employees from ALL LIABILITY for any injuries, death or damages and from any claim or legal action by me, any other parent or guardian of the child, the child, anyone on behalf of the child, and by the child's estate, heirs and assigns arising in any way from my child's participation, including any claim based on NEGLIGENCE. Activities may include, but are not limited to: arts and crafts, story time, music, computers, indoor play, outdoor play, field-trips which include transportation, field-trips which involve walking from the facility to another location, and other activities which are part of the DayCare's program, whether regularly scheduled or not.

In addition, the parent/guardian signing below represents to AFR that they have the authority to enter into this contract on behalf of said MINOR and AGREES TO DEFEND AND INDEMNIFY and hold harmless AFR from any and all claims arising from the child's participation in DayCare and this contract brought on behalf of said MINOR or any other parent/guardian thereof, even after the MINOR has attained majority, or from third parties injured by the MINOR, and hold AFR, its representatives, agents, affiliates, officers, directors, servants and employees harmless from any such claim, legal action, harm, injury, damages or loss to person and/or property.

The undersigned further AUTHORIZES anyone working at AFR to call for such medical care for the child or to transport the child to the appropriate clinic or hospital if, in the opinion of anyone working at AFR, medical attention is needed for the child. The undersigned agrees that upon turning the child over to the undersigned or their designees or to any ambulance or other medical transport, medical facility, clinic or hospital, that the responsibility of AFR shall be totally fulfilled and AFR shall not have any further responsibility for the child. The undersigned AGREES TO PAY all costs associated with such medical care and related transportation for the child and INDEMNIFY and hold AFR, its representatives, agents, affiliated, directors, servants and employees harmless from any costs incurred therein, or any claims arising therefrom.

I agree that this contract will apply to each and every occasion the child uses the DayCare facilities and/or equipment during the entire calendar year.

In exchange for, and in consideration of, AFR making these activities and the facility available to the child for participation in DayCare, I CONTRACTUALLY AGREE that any and all disputes between myself and AFR arising from the child's use of this facility or the child's participation in the DayCare and including any claims for personal injury and or death, will be GOVERNED BY THE LAWS OF THE STATE OF NEW MEXICO and the EXCLUSIVE JURISDICTION thereof will be in the state or federal courts of the STATE OF NEW MEXICO.

I have carefully read the foregoing COMPLETE RELEASE OF LIABILITY AND INDEMNITY AGREEMENT and understand its contents, including the jurisdictional agreement. I ACKNOWLEDGE and understand this is a COMPLETE RELEASE OF LIABILITY AND INDEMNITY AGREEMENT, that it includes any and all claims by the child, me or anyone else on the child's behalf for any reason, INCLUDING NEGLIGENCE, and that I am contractually agreeing to these terms FREELY, FULLY AND WITHOUT RESERVATION in exchange for the right to have the child participate in DayCare and associated activities.

If any part of this agreement is deemed unenforceable, the remainder shall be an enforceable contract between the parties. I AM AWARE THAT THIS CONTRACT IS LEGALLY BINDING AND THAT I AM RELEASING LEGAL RIGHTS BY SIGNING IT.

Revised 11/2009

Parent/Guardian: _____ Date: _____
Address: _____ Phone () _____