



Laureen Becenti, Manager: (505) 387-7375
 Mae James, Lead Teacher: (505) 387-7466
 Email: lbcenti@navajotech.edu

Enrollment Application

Child Information

Date:

Child's Name: (Last) (First) (Middle) (Nickname)			
Physical Address:			
Date of Birth:		Age:	Gender:
Tribal Enrollment No.		Phone No.	

Parent(s)/Guardian(s) Information

Mother's Name: (Last) (First) (M)	Father's Name: (Last) (First) (M)
Date of Birth: Tribal Enrollment No.	Date of Birth: Tribal Enrollment No.
Mailing Address: (P.O Box) (City) (Zip Code)	Mailing Address: (P.O Box) (City) (Zip Code)
Rural Physical Address:	Rural Physical Address:
NTU Physical Address: Apt No.	NTU Physical Address: Apt No.
Email:	Email:
NTU Student ID No.	NTU Student ID No.
Business Name	Business Name
Business No.	Business No.
Hours at Work:	Hours at Work:

Family Information

Sibling Name	Date of Birth	Name of School/Childcare

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Enrollee School Information

School Name:		
School Start Time:	School End Time:	Bus No.
School Phone No.:		

Medical Information

Every effort will be made to notify you in case of an emergency.

List any allergies, special diet or medical condition of child: _____

Initial:

_____ I/we understand that in an emergency, the childcare staff will immediately call emergency and emergency, if needed, will transport my child to the nearest hospital.

Consent

Please take a moment and inform us of your preference by initialing the following.

Field Trip Authorization

_____ Yes, I grant NTU Child Care Services for my son/daughter to take on-campus field trips to enrich his/her learning.

_____ No, I do not grant NTU Child Care Services for my son/daughter to take on-campus field trips to enrich his/her learning.

Photo and Video Authorization

_____ Yes, I grant NTU Child Care Services to take pictures and/or videos my son/daughter for the following: website, social network, newspaper, art projects, classroom decoration, ProCare Software, etc.

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_____ No, I grant NTU Child Care Services to take pictures and/or videos my son/daughter for the following: website, social network, newspaper, art projects, classroom decoration, ProCare Software, etc.

Acknowledgement

_____ New/Returning Child Care Families: I/we understand I/we must attend a mandatory Child Care Services Parent Orientation before child care services are provided.

_____ Immunization: I/we understand my child's immunization must be up-to-date and a copy of my child's immunization record must be on file or immunization exempt statement must be on file with NTU Child Care Services before child care services begin.

_____ Charges: I/we understand I/we am/are responsible for all or any child care charges and late fee; and fees must be paid according to the family handbook.

_____ Ages and Stages Questionnaire: I/we understand upon my child's initial enrollment, I/we will receive an Ages and Stages Questionnaire to complete on my child and return to NTU Child Care Services with my child's enrollment application.

_____ Health Developmental Screening: I/we understand NTU Child Care Services will inform me/us of any Health Developmental Screening and only upon my/our permission will health developmental screening be completed.

_____ Referral: With my/our consent, NTU Child Care Services will refer my child to Growing and Beauty if needed.

_____ Contribution: I/we understand and agree to partake in a variation of childcare activities with my son/daughter and ensure my hours are documented on the parent contribution form.

I certify the above information given is true and correct to the best of my knowledge.

Parent Signature

Date

Parent Signature

Date

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Revised 04/24/2020



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Parent Authorization/Emergency Contact

Child will be released to the custodial parent or legal guardian or persons listed below. If the custodial parent(s) of legal guardian(s) cannot be reached, the persons listed below will be contacted and are authorized to remove child from Child Care Services-illness, accident and emergency. Person under the age of 18 is not allowed on the contact list.

Child's Name:		Age:
Mother's Name:		Email:
Home Phone NO.:	Mobile No.:	Work NO.:

Father's Name:		Email:
Home Phone NO.:	Mobile No.:	Work NO.:

1st Contact Name:		Relationship to Child:
Home Phone NO.:	Mobile No.:	Work NO.:

2 nd Contact Name:		Relationship to Child:
Home Phone NO.:	Mobile No.:	Work NO.:

3 rd Contact Name:		Relationship to Child:
Home Phone NO.:	Mobile No.:	Work NO.:

4 th Contact Name:		Relationship to Child:
Home Phone NO.:	Mobile No.:	Work NO.:

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Draw a map from NTU Child Care Services to child's house.

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