



ENROLLMENT PACKET

First Contact Date: _____ Desired Start Date: _____ Toured Date: _____

Copy: Birth certificate _____ Shot records _____ Physical Exam record _____

Date of Enrollment: _____ First Day: _____ Last Day: _____

CHILD INFORMATION

First Name: _____ Last Name: _____

Preferred Name: _____ Gender: M ___ F ___

Date of Birth: _____ Race/Ethnicity: _____

Physical Address: _____

Mailing Address: _____

Please list any allergies: _____

Please list any medical conditions/health concerns: _____

Special dietary requirements: _____

Receiving services from local agency: Y ___ N ___

If Yes, list agency: _____ Services Received: _____

IFSP/IEP in place: Y ___ N ___ Other plan in place: _____

Parent permission for above agency information to be released to Charlotte's Place: Y ___ N ___

PARENT INFORMATION

Family Structure: Nuclear Blended Adoptive Parent Foster Parent Shared Custody

Mother/Legal Guardian

First Name: _____ Last Name: _____

Parent Social Security # _____

Physical Address: _____

Place of Employment: _____

Phone Number: _____ (home/cell) Phone Number: _____ (work)

Email address: _____

Father/Legal Guardian

First Name: _____ Last Name _____

Parent Social Security # _____

Physical Address: _____

Place of Employment: _____

Phone Number: _____ (home/cell) Phone Number: _____ (work)

Email address: _____

Primary custody of child (check all that apply): Mother _____ Father _____ Other _____

Please provide a copy of parenting plan or court order documents if applicable

AUTHORIZED PICK-UP

1. Name: _____ Relationship to child: _____

Phone Number: _____ (home/cell) Phone Number: _____ (work)

2. Name: _____ Relationship to child: _____

Phone Number: _____ (home/cell) Phone Number: _____ (work)

3. Name: _____ Relationship to child: _____

Phone Number: _____ (home/cell) Phone Number: _____ (work)

4. Name: _____ Relationship to child: _____

Phone Number: _____ (home/cell) Phone Number: _____ (work)

5. Name: _____ Relationship to child: _____

Phone Number: _____ (home/cell) Phone Number: _____ (work)

I give the above listed people permission to pick up my child from Charlotte's Place.

Parent Signature: _____ Date: _____

EMERGENCY INFORMATION:

Local Emergency Contact 1:

Name: _____

Relationship to Child: _____ Phone Number: _____

Local Emergency Contact 2:

Name: _____

Relationship to Child: _____ Phone Number: _____

Child's Primary Care Physician (PCP):

Name _____ Phone Number: _____

I give permission for Charlotte's Place to contact my PCP in event of an emergency: Y _____ N _____

I agree to ensure my child attends regularly scheduled well-child visits with PCP and will provide Charlotte's Place Preschool with a copy of updated medical information as available.

Parent Initial _____

Hospital Preference:

_____ Memorial Medical Center
Address: 2450 S Telshor Blvd
Las Cruces, NM 88011
Phone: (575) 522-8641

_____ Mountain View Regional Medical Center
Address: 4311 E. Lohman Ave.
Las Cruces, NM 88011
Phone: (575) 556-7600

I give permission for Charlotte's Place to transport my child in the event of an emergency: Y _____ N _____

I authorize medical personnel to provide medical treatment in the event of an emergency: Y _____ N _____

Parent Signature: _____ Date: _____

TYPE OF ENROLLMENT

Full Time: _____

- \$695 (below age 2) \$595 (above age 2) per month

Part Time: _____ (less than 4 hours per day or 2 days per week)

- \$482.50 (below age 2) \$382.50 (above age 2) per month

Child Care Assistance:

- Full Time: Co-Pay \$ _____
- Part Time: Co-Pay \$ _____

Payment due upon enrollment for first month, then on the 1st of the month or 1st and 15th of the month if paid half amount bi-monthly.

Late fee: \$15+ tax per day late (begins 10 days after due date)

I would like to pay: monthly _____ bi-monthly _____

I would like to pay: credit card _____ (auto debit) check _____ cash _____

Credit/Debit Card:

Name on Card: _____

Card #: _____ Expiration Date: ____/____

Security Code (back of card): _____ Billing Zip Code _____

(Credit card will be charged based on monthly schedule checked above)

_____ I agree to the above terms of enrollment at Charlotte's Place.

Parent Signature: _____ Date _____