



ADDENDUM J
WNMU Early Childhood Programs
Parent Permission Form



Field Trip Permission

As a part of curriculum, children may go on walking field trips in the vicinity of the campus, and may also go on field trips to off campus locations as appropriate. Families will be given prior notification, when possible, as to when a field trip is planned, destination, and time of return, especially when the trip is off campus.

Adequate adult supervision will be provided during all field trips.

I give permission for _____ to participate in field trips as part of the curriculum of the Center. I also give permission for my child to be transported in a WNMU vehicle.

 Signature of Parent or Guardian

 Date

Outdoor Skin Protection

I give permission for the classroom teachers to apply sunscreen and insect repellent (if needed for high risk of insect-borne diseases) to my child, _____. I will provide UVB or UVA sunscreen of SP 15 or higher and insect repellent containing DEET.

 Signature of Parent or Guardian

 Date

Diapering Protection

I give permission for the classroom teachers to apply diaper cream (if needed for diaper rash) to my child, _____. I will provide the diaper cream.

 Signature of Parent or Guardian

 Date

N/A

Lab Site Permission

The WNMU Early Childhood Programs serve as a laboratory site for course work at WNMU. Occasionally, teachers and authorized students may be required to complete portfolios, conduct activities, or otherwise participate in daily activities in the classroom. Staff members and students may also take photographs, video tape, or audio tape children for use in class assignments or other Center purposes.

I give permission for _____ to be photographed, videotaped, and/or audio taped by Western New Mexico University for the purpose of laboratory course work, newspaper releases, Center publicity, and/or other Center purposes.

 Signature of Parent or Guardian

 Date



ADDENDUM H
Western New Mexico University
Early Childhood Programs



INDIVIDUALS PERMITTED TO PICK UP CHILD(REN)

In accordance with state law, we must have on file the names, addresses and telephone numbers of the individuals permitted to drop off and pick-up your child(ren) from our school. If someone arrives to pick-up your child(ren) and we have not been introduced and his or her name is not on file, we **CANNOT** allow your child to leave with the individual.

Please list below the name, address and telephone number of any individual who might arrive to pick-up your child(ren) so we can avoid any embarrassment, inconvenience, or tragedy. Please keep us informed as to who will be picking up your child(ren) each day.

_____ may be delivered or picked up from school by the following adults:
(Name of child)

<i>Name</i>	<i>Address</i>	<i>Phone Number</i>

I understand that if a name does not appear on this list, my child(ren) will NOT be released from the school.

Fall	Signature _____	Date _____
Spring	Signature _____	Date _____
Summer	Signature _____	Date _____

Note: Please remind the people listed above that they will always need some form of identification to pick up your child.



**ADDENDUM D
SHOWER PERMISSION FORM**



The Western New Mexico University Preschool Child Development Center has available a shower in the isolation restroom. The shower is most often used for infants and toddlers when a child has had a severe accident such as vomiting, or diarrhea. It may also be used in other emergency situations. Should a child need to be cleaned in this facility, two adults will always accompany the child during the process. A written incident report will be completed to keep on file at the center, and a copy will be given to the parent. Staff must have this signed permission form in the child's file in order to use this shower.

I give permission for the staff of the Preschool Child Development Center to use the shower facility with _____ in the following circumstances
Child's Name

Signature

Date



ADDENDUM E
Western New Mexico University
Early Childhood Programs
PRE-ENROLLMENT HEALTH
STATEMENT



Statement to Physician:

Name of Child Date of Birth

has applied to enter _____. This school provides daily activities to include vigorous outdoor play and quiet indoor activities. Please provide a report on the above named child using the form below.

Parent or Guardian Signature

Physician's Report:

This report states that the applicant is in good health. It is implied that I have actually examined the child within a reasonable length of time (depending upon the health status of the child). The above named child is under my professional care and to my knowledge is physically and emotionally equipped to participate in the Early Childhood Program listed above.

Exceptions, if any, are:

Allergies (name all):

Animals:

Bee sting:

Drugs:

Food:

Illnesses: (please check)

Chicken Pox _____ Measles _____ Rheumatic Fever _____ Hepatitis A _____
 Hepatitis B _____ Mumps _____ Rubella _____ AIDS _____ Malaria _____
 Other _____

Accidents or Operations:

_____ Date: _____
Physician's Signature



Child and Adult Care Food Program INCOME ELIGIBILITY APPLICATION

Name of Center	Provider ID #:	Phone Number () /
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In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: 1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

Instructions: Complete this form and return to the Center's Office

(Check if applicable for Enrolled Participant)

ENROLLED PARTICIPANT INFORMATION: Case #:

First:	Last:	DOB:	Child Care Centers:	Adult Daycare Centers:
_____	_____	_____	<input type="checkbox"/> Foster Child? <input type="checkbox"/> SNAP <input type="checkbox"/> FDPIR	<input type="checkbox"/> SNAP <input type="checkbox"/> FDPIR <input type="checkbox"/> SSI <input type="checkbox"/> MED
_____	_____	_____	<input type="checkbox"/> Foster Child? <input type="checkbox"/> SNAP <input type="checkbox"/> FDPIR	<input type="checkbox"/> SNAP <input type="checkbox"/> FDPIR <input type="checkbox"/> SSI <input type="checkbox"/> MED
_____	_____	_____	<input type="checkbox"/> Foster Child? <input type="checkbox"/> SNAP <input type="checkbox"/> FDPIR	<input type="checkbox"/> SNAP <input type="checkbox"/> FDPIR <input type="checkbox"/> SSI <input type="checkbox"/> MED
_____	_____	_____	<input type="checkbox"/> Foster Child? <input type="checkbox"/> SNAP <input type="checkbox"/> FDPIR	<input type="checkbox"/> SNAP <input type="checkbox"/> FDPIR <input type="checkbox"/> SSI <input type="checkbox"/> MED

If Enrolled Participant is a Foster Child: Please list the amount of the child's "personal use" monthly income (if no personal income, record "0"): _____

HOUSEHOLD INFORMATION:

List the first and last name of each person living in the household, related or not (such as grandparents, other relatives, or friends who live in the household). Include yourself and all children over the age of 13 living with you. (Please use additional forms if more lines are required).

First: _____	Last: _____	First: _____	Last: _____
_____	_____	_____	_____
_____	_____	_____	_____

Total Number in Household: _____

HOUSEHOLD INCOME: (Please indicate source and amount of current income for all members of your household. Please follow the definition of income specified in the standards for determining free and reduced-price eligibility in your parent letter. If you receive more than one check from any of these sources, please indicate the total monthly amount received.

Wages / Salary: \$ _____ Child Support: \$ _____ Social Security: \$ _____ Pension/Retirement: \$ _____
 Unemployment: \$ _____ Other Income: \$ _____ **Total Income:** \$ _____ Monthly

PENALTIES FOR MISREPRESENTATION: I certify that all the above information is true and correct and that the food stamp or FDPIR number is correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institution officials may verify the information on the statement and the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

 Signature of Adult Family Member Last Four Digits of Social Security Number* Check if no SS# Date

Privacy Act Statement:

This explains how we will use the information you give us. The Richard B. Russell National School Lunch Act requires that, unless the participant's food stamp or FDPIR number is provided, you must include the social security number of the household member signing the statement or an indication that the household member signing the statement does not possess a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that the adult household member signing the statement does not have one, the statement cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of the information on the statement. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or FDPIR office to determine current certification for receipt of SNAP (food stamp) or FDPIR benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to verify the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal action if incorrect information is reported.

FOR SPONSOR'S USE ONLY

Child Day Care Center Adult Day Care Center Approved Free Approved Reduced Paid

_____ Signature of Center Representative	_____ Name of Center Representative	_____ Approving Date	_____ Date Disenrolled
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* Complete Social Security Number is not required for CACFP Participation, only the last four digits are required.

Schedule of Hours at Center

Child's Name _____ Classroom _____

Summer _____ Fall _____ Spring _____ Age _____ DOB _____

Arrival Time		Departure Time
Monday _____	to	_____
Tuesday _____	to	_____
Wednesday _____	to	_____
Thursday _____	to	_____
Friday _____	to	_____

Parent's Signature _____

Date _____



Demographic Information

Please help us by completing the following form. This information is helpful to us in documenting the diversity of the population we serve and in applying for grants that support our programs. This support helps us keep our tuition costs as low as possible. It is never used in making admission decisions.

Race(s) in your family:

Child's mother: [] White [] Native American/Alaska Native
[] Asian [] Black
[] 2 or more races [] Hawaiian/Pacific Islander

Child's father: [] White [] Native American/Alaska Native
[] Asian [] Black
[] 2 or more races [] Hawaiian/Pacific Islander

Child: [] White [] Native American/Alaska Native
[] Asian [] Black
[] 2 or more races [] Hawaiian/Pacific Islander

Ethnicity in your family: Hispanic/Latino?

Child's mother: [] Yes [] No
Child's father: [] Yes [] No
Child: [] Yes [] No

Is yours a single parent household?

[] Yes [] No

Do grandparents live in your household?

[] Yes [] No

What language(s) is/are spoken in your home?

[] English [] Spanish [] Other (specify)

What language does your child prefer to speak?

[] English [] Spanish [] Other (specify)

Child's Name: _____ Semester: _____

- **Registration Fee** (\$25 will be added to your account, infants and toddlers only)
- **Admission Record**
- **Demographic Information**
- **Individuals Permitted to Pick Up**
- **Schedule of Hours**
- **Parent Permission Form** (Field Trip)
- **Shower Permission Form**
- **Orientation Checklist/Guidance Policy** (This will be given out at orientation)
- **Pre-enrollment Health Form** (This form goes to the Doctor for a well-child check)
- **Immunization Record** (Please bring in a copy or we can make a copy at the front office)
- **Copy of Health Insurance Card** (Please bring in a copy or we can make a copy at the front office)
- **Income Eligibility Form**
- **Financial Agreement** (Available at the front office)
- **Student Schedule** (if applicable)
- **CYFD/Appointment Date** _____