



**ECHO Aztec Preschool**  
**Requirements for Admission**

(Phone) 505-334-6135      (Fax) 334-0728      (Hours) 7:00am to 6:00pm

**Required Information for Enrollment:**

- Completed Application. *(All information must be completed)*
- Income Eligibility Application *(All information must be completed)*
- Statistical Data Form *(All information must be completed)*
- Birth Certificate
- Current Shot Record
- \$100.00 per family Annual Supply Fee
- \$8.00 provides the family with 2 keys to the front door. PLEASE USE YOUR KEY!
- One month's paycheck stubs from all the working members of the household. If all check stubs are not provided or if income is found to be fraudulent, then the account will be placed in our highest income bracket or possibly suspended.

**Important Information**

- We have two ***required fundraisers*** per year. There is a buyout option that will be determined at the time of the fundraiser.
- ***Payments are due Monday mornings*** for the week. All payments must be made by ***CHECK or MONEY ORDER ONLY!***
- We grant an ***annual vacation week*** per family, where there is no charge for the week. Please see the front counter for the vacation form.

**What your child will need for school:**

Pillow      Blanket      Change of Clothes      Water Bottle      Stuffed Animal

We accept CYFD assistance for childcare. If you are interested to find out if you qualify for free or low cost child care, please call 327-5316 for further information.

This institution is an equal opportunity provider.

## ECHO Preschool

### Child Enrollment Information

**Welcome to ECHO Preschool!** We are very excited to begin our learning adventures with your child! As important as your child's early education is, above all, safety is first. **Please help us keep your child safe and healthy by escorting your child to the potty to wash up for breakfast and please help them to their class. Our drop off time is from 7am to 9:15am.**

Please have them here by this time so they can have breakfast and attend all field trips. Breakfast is served at 8:30. ☺

**Preschool ages 2-5:** Full Time

**Afterschool ages 5-12:** If your child needs transportation to their elementary school in the mornings, busses begin to arrive at 7:20am. Breakfast is served at 7:00am. On Monday's busses arrive at 1:45pm and Tuesday-Friday at 3:10pm. During the summer we provide full time care.

**Child's Name:** \_\_\_\_\_ **Gender:** M F  
(first) (last) (MI)

**Language spoken at home:** \_\_\_\_\_ **Ethnicity** Caucasian Hispanic  
Native American Black/Other

**Start Date:** \_\_\_\_\_

Which elementary school does your child attend? \_\_\_\_\_

**Age:** \_\_\_\_ **Date of birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Address Mailing:** \_\_\_\_\_  
(city) (state) (zip code)

**Physical Address** (if different) \_\_\_\_\_  
(city) (state) (zip code)

**Parents or Legal Guardians:** *(Whoever is listed in this section can pick up child)*

**Mother's Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

Cell Phone Carrier \_\_\_\_\_ (Verizon, sprint, ect.) For school related messages

Mother's Email Address (required) \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

Employer's Name and Address: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

Cell Phone Carrier \_\_\_\_\_ (Verizon, sprint, ect.) For school related messages

Father's Email Address (required) \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer's Name and Address: \_\_\_\_\_

**ECHO PRESCHOOL**  
**CHILD RELEASE FORM**

Please list at least 2 adults that will be able to pick up your child in the event that the parents or guardians are unable to pick up for the day. Whoever is listed on this form will also be considered an emergency contact and they need to be at least 18 years of age. Please list in order to whom to call in case of emergency. Identification will be required at pick up.



I, \_\_\_\_\_, give my permission to Aztec Pre-School to release my child to:

1. \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

4. \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

5. \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**EMERGENCY CONTACT INFORMATION**

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_ **Medical Conditions:**    Y    N

If yes,  
explain: \_\_\_\_\_

We always contact the listed mother and father from the enrollment form in case of an emergency, however if the parents/ guardians are not available, we need two additional contacts that we have permission to reach in case of an emergency. (Please have them listed on the release form as well.)

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

**Child's Physician:** \_\_\_\_\_ Phone: \_\_\_\_\_

**Child's Dentist:** \_\_\_\_\_ Phone: \_\_\_\_\_

**Insurance:** \_\_\_\_\_

Suggested Name of Hospital:

San Juan Regional Medical Center 801 Maple St, Farmington NM 87401 Phone: 609-2000

Other: \_\_\_\_\_

I, the undersigned parent or guardians, hereby give my consent for emergency medical or dental treatment for my child by any licensed physician or dentist while under the care of the program (ECHO Pre-School) and for transportation of my child to and from the source of emergency treatment. This care may include examinations and any tests, which, in the opinion of the physician or dentist, are deemed necessary or advisable. This does not include the right to perform surgical operations without my further consent, except in the case of an emergency and when, after an effort has been made to locate me, I am found to be unavailable.

I, the parent or guardian, hereby authorize and direct the program to render such emergency treatment to said minor as judged advisable.



The following tuition has been established by this facility for:

Childs Name: \_\_\_\_\_

Weekly Fee

Copay

Weekly Fee Amount: \_\_\_\_\_

I, \_\_\_\_\_, understand the policies of the facility and agree to them.

I also agree to pay the fee as stated above on a weekly or bi-weekly basis.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



### **PERMISSION TO PHOTOGRAPH CHILD**

I give permission for my child \_\_\_\_\_ to be photographed and/or videotaped by the teachers and staff of ECHO Aztec Preschool or local news organizations approved by and accompanied by the Director of the Center for the purpose of advertising, public relations, and family enrichment. The snapshots which may include my child may be published.

Parent's name \_\_\_\_\_

Childs Name \_\_\_\_\_

*Please print*

*Please print*

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

### **PERMISSION TO APPLY SUN BLOCK**

I give permission for ECHO Preschool to apply either sun screen on my child when exposed to sun for extended periods of time. Appropriate occasions would include, but are not limited to field trips and long durations outside. By signing this form I am acknowledging that my child has no allergies to sun block and that it can be applied by all staff members.

Parent's name \_\_\_\_\_

Childs Name \_\_\_\_\_

*Please print*

*Please print*

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**ACKNOWLEDGMENT OF PARENT HANDBOOK**

By signing this form I agree that I have read and understand the rules and regulations of ECHO Aztec Preschool. I have read the Disciplinary Policies set forth within these regulations. I agree to abide by these rules, regulations and policies. Also by signing I give ECHO Aztec Preschool permission to transport my child in school vehicles on school outings.

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Parent's Signature \_\_\_\_\_ Child's Name \_\_\_\_\_

**REQUIRED FUNDRAISERS**

I, \_\_\_\_\_, parent of \_\_\_\_\_, understand that there will be at a minimum of 2 required fundraisers per year to help supplement our low tuition, as well as to help cover the costs of field trips. I understand that if I choose to not participate in the fundraisers, that my account will be charged the buyout fee that will be determined at that time.

Parent's name \_\_\_\_\_ Childs Name \_\_\_\_\_  
*Please print* *Please print*

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**VACATION WEEK NOTICE**

I, \_\_\_\_\_, parent of \_\_\_\_\_, understand that our family will be granted a "one week vacation" time where my child does not attend and therefore there is no charge. I will fill out the vacation week form and submit it to the office in a timely manner. All other absences will be charged accordingly, with the exception of sick absences with a doctor's note or bereavement paperwork.

Parent's name \_\_\_\_\_ Childs Name \_\_\_\_\_

*Please print*

*Please print*

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**2 WEEK NOTICE FOR CHILD DISENROLLMENT**

I, \_\_\_\_\_, parent of \_\_\_\_\_, understand that a two week written notice will need to be given to dis-enroll my child. I understand that these forms are available upon request and that I will need to prepay for the last two weeks at the time of notice.

Parent's name \_\_\_\_\_ Childs Name \_\_\_\_\_

*Please print*

*Please print*

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

*This institution is an equal opportunity provider.*

**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)  
PARTICIPANT ENROLLMENT FORM**

Dear Parent/Guardian,

ECHO Preschool participates in the U.S Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). Please fill out the parent/guardian section of this form, sign it and return it to the above facility/provider. Provide information for each child enrolled.

**Parent/Guardian Please Complete:**

**Enrolled Child's Name:** \_\_\_\_\_ **Date Enrolled:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex (Circle One):** Male Female

**Allergies (Circle One):** Yes No

If yes, please specify: \_\_\_\_\_

**Check Days of Normal Care at Facility:**

Monday

Tuesday

Wednesday

Thursday

Friday



**Check Meals Normally Eaten at Facility:**     Breakfast     Lunch     2:30 Snack

**Please List Normal Times of Arrival and Departure:**

Arrive: \_\_\_\_\_ (Must be between 7:00 am and 9:15 am)

Depart: \_\_\_\_\_

**Parent/ Guardian Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone Number:** (    ) \_\_\_\_\_ **Work Phone Number:** (    ) \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Provider Use Only:**

Signature of Facility Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Date Disenrolled: \_\_\_\_\_

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