



**Initial Below: Read Carefully**

\_\_\_\_\_ I hereby authorize Mighty Movers Learning Center (MMLC) staff to take my child to the stated physician or facility for medical treatment in the event of an emergency in which neither parent nor legal guardian can be reached

\_\_\_\_\_ I hereby assume full financial responsibility for any medical attention or treatment provided

\_\_\_\_\_ I hereby authorize any licensed physician or medical treatment center to treat my child in case of an emergency in which he stated physician cannot respond

\_\_\_\_\_ I hereby authorize MMLC staff to transport my child to any approved field trips

\_\_\_\_\_ I hereby certify that I have received a copy of the family handbook, understand and agree to abide by the policies of MMLC as outlined in family handbook

\_\_\_\_\_ I hereby give my permission for my child to be photographed and videoed and for these materials to be used for educational and/or promotional materials produced by MMLC. I understand that neither my child's name nor any other identifying information will appear with the photograph/video. Further, I understand I nor my child will receive any monetary compensation for the use of these photographs.

**In addition to the parents, the following people are authorized to pick up my child from MMLC:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact #: \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact #: \_\_\_\_\_

Please indicate below the best way for staff to reach you to discuss your child

Preferred parent or guardian: \_\_\_\_\_

Time of Day: \_\_\_\_\_ Best Contact #: \_\_\_\_\_

**Please indicate below how you would like to be involved**

- \_\_\_\_\_ Parent Involvement Committee
- \_\_\_\_\_ Fund Raising
- \_\_\_\_\_ Event Planning
- \_\_\_\_\_ Teaching or presenting something in class
- \_\_\_\_\_ Hosting a field trip to your work place
- \_\_\_\_\_ Other (please describe) \_\_\_\_\_
- \_\_\_\_\_ Soliciting Donations
- \_\_\_\_\_ Substituting

Please include anything else you feel we should know about your child. (Likes/Dislikes, special needs, helpful hints, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature                      Printed Name                      Date                      Start



REQUEST FOR ADMINISTRATION OF MEDICATIONS

Name of Child: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Check type of Medication: Prescription \_\_\_\_\_ Non-Prescription \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dosage to be Given: \_\_\_\_\_ Medication Expiration Date: \_\_\_\_\_

Time Medication is to be Administered:

- 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Dates Medication is to be Administered: Begin: \_\_\_\_\_ End: \_\_\_\_\_

Is Child Taking Any Other Medications currently? Yes \_\_\_\_\_ No \_\_\_\_\_

Medication(s): \_\_\_\_\_

I REQUEST THAT THE STAFF OF MIGHTY MOVERS LEARNING CENTER ADMINISTER THE ABOVE MEDICATION AS DIRECTED IN THE ABOVE INSTRUCTIONS.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE DATE

\*All Prescribed Medication must be brought in original container label

Child's Name: \_\_\_\_\_

Table with 6 columns: Name of Medication, Dosage Given, Date, Time, Administered By, Parent Initial. It contains 6 empty rows for data entry.



## Parent / Provider Agreement Form

Mighty Movers Learning Center will be open Monday-Friday from 7:30 a.m. until 6:00 p.m.

Childcare will not be available on the following holidays:

**Labor Day, Thanksgiving, Day after Thanksgiving, Christmas Eve & Christmas Day,  
New Year's Day, Snow Days (following RISD), Memorial Day, July 4th**

If your child is not picked up by 6:00 p.m. a late fee of \$10/child will be charged.

If your child is not picked up by 6:10 p.m. a late fee of \$2/min/child will be charged.

Child Care Fees are as Follows:

___ Infants (under 12 months)	\$145/Wk.
___ Toddlers (12 months-36 months)	\$130/Wk.
___ Pre-K (3-5-year old's)	\$125/Wk.
___ Kinder-5 <sup>th</sup>	\$25/Day
___ After School (Will do daily only if room)	\$60/Wk.
___ Drop Ins (only if room)	\$5/Hr.

**All fees are due on Monday before services provided unless payment arrangements are made through Tuition Express.**

- Children will be provided a nutritious morning and afternoon snack.
- A sack lunch must be provided for each child.
- Hot lunches are coming soon.
- Medication can only be administered with a signed Medication Form.
- Smoking & Drinking is prohibited on the property by licensing regulations.

**Guidance Policy:**

In accordance with New Mexico Child Care Licensing Regulations all discipline will be consistent and age appropriate. It will include positive guidance, redirection, and clear limits that encourage the child’s ability to become self-disciplined.

As a parent I handle inappropriate behavior in the following manner:

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**The following Disciplinary Practices will not be used:**

- Physical punishment of any type, including spanking, biting, hitting, or putting anything in a child’s mouth
- Withdrawal of food, rest, or bathroom access
- Abusive or profane language, including yelling
- Any form of public or private humiliation, including threats or physical punishment
- Unsupervised separation

By signing this form, I agree to abide by the parent code of conduct and agree to all policies and procedures outlined in the Mighty Movers Learning Center Parent Handbook as well as the information on this agreement form.

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Parent or Guardian Signature

Date



## RESISTRATION FEE

Non-Refundable	\$75/child
Supplies	\$25/child

## FEES:

Infants (Bed Babies& Crawlers)	\$145/wk or Part Tim\$96/3 days if room
Toddlers (1's & 2's)	\$130/wk or Part Time \$90/3 days if room
Pre-K (3's, 4's, 5's)	\$125/wk or Part Time \$84/3days if room
Kinder-5 <sup>th</sup> Grade	\$25/day Must Be at least 3 days M-W or W-F
After School (Will do daily only if room)	\$60/Wk.
Drop-ins (only if room is not full)	\$5/hr

\*Prices include a morning and afternoon snack, but lunch will need to be provided from home

\* Hot lunches coming soon

\*After school hours will vary depending on the current RISD schedule

## DISCOUNTS:

Tithing Members of Church on the Move	10%
Multiple Children (more than 2)	10%

## LATE FEES:

Pick up from 6:01-6:10	\$10/child
Pick up after 6:10	\$2/min/child



## INFANT ROOM INFORMATION

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Usual Nap Times: \_\_\_\_\_ to \_\_\_\_\_ & \_\_\_\_\_ to \_\_\_\_\_

Usual Feeding Times: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Does Baby Eat Food:  Yes  No Time of Day: \_\_\_\_\_, \_\_\_\_\_

When Does Baby Burp:  During Feeding  After Feeding

Does Baby Use Pacifier:  Yes  No

Do You Give Permission to Apply:

Diaper Rash Cream  Sunscreen  Bug Spray

Advice on When Baby is Fussy: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_



## TODDLER ROOM INFORMATION

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Is Child Potty Trained:  Yes  No

Food Allergies:  Yes  No If yes, What allergy? \_\_\_\_\_

Treatment: \_\_\_\_\_

Do You Give Permission to apply:

Diaper Rash Cream  Sunscreen  Bug Spray

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Pre-K ROOM INFORMATION

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Food Allergies:  Yes  No If yes, What allergy? \_\_\_\_\_

Treatment: \_\_\_\_\_

Do You Give Permission to Apply:

Diaper Rash Cream  Sunscreen  Bug Spray

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_