

P.O. Box 4339, San Felipe, NM 87001
Phone: (505) 867-3835
Fax: (505) 867-3383



Child Care Program

Application for Child Care Services
Check List
(For Office Use Only)

Parent/Guardian Name _____ Ph. #: _____

Address: _____

Email Address: _____

Completed & Attached:

- _____ Application
 - _____ Employment Verification Form
 - _____ School/Job Training Verification (class schedule/job training schedule)
 - _____ TANF Participant (worksite agreement/schedule)
 - _____ Court Supervision/Protective Services (Court order/Referral letter from Family Services, other)
 - _____ CIB/Pending Enrollment Letter (each child needing services)
 - _____ Birth Certificate (each child needing services)
 - _____ Up to date Immunization Records (each child needing services)
 - _____ Child Placement Agreement
 - _____ Child's Profile (each child needing services)
 - _____ Permission to Administer Medication Form
 - _____ Permission to Provide Transportation Form
 - _____ Dental Services Consent Form (for ages birth – 3 only, optional)
-

_____ New _____ Approved
_____ Re-certification _____ Not Approved (See comments)

Comments: _____

Child Care Coordinator Signature

Start Date

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Child Care Program
APPLICATION FOR CHILD CARE SERVICES

Parent/Guardian Information: Single Married Divorced Separated

Parent/Guardian Name: _____ **Ph. #:** _____

Address: _____

DOB: _____ **Census #:** _____ **Tribal Affiliation:** _____

Email Address: _____

If Married, Spouse Name: _____ **Ph. #:** _____

Address (if different from above): _____

DOB: _____ **Census #:** _____ **Tribal Affiliation:** _____

Email Address: _____

Reason for Child Care assistance:

_____ Working _____ Education _____ Job Training
_____ TANF Participant _____ Referral (Court Supervision/Protective Services)

Employment Information: _____ **Status:** Full Time: _____ Part Time: _____

Place of Employment: _____

Address: _____

Supervisor's Name: _____ **Ph. #:** _____

Status: Full Time: _____ Part Time: _____

Place of Employment (spouse): _____

Address: _____

Supervisor's Name: _____ **Ph. #:** _____

Please Attach: **Employment Verification Form(s) completed by Employer(s)**

Education Information:

Status: Full Time:____ Part Time:____

Parent/Guardian School Name:_____

Address:_____

Advisor Name:_____ Ph. #:_____

Status: Full Time:____ Part Time:____

School Name (spouse):_____

Address:_____

Advisor Name:_____ Ph. #:_____

Please attach the following: Copy(s) of class schedule signed by advisor, copy(s) of academic calendar for term attending. (provide copy(s) of unofficial transcripts to Child Care Program after each term completed).

Listing of household members:

Name:_____ Relation:_____

Name:_____ Relation:_____

Name:_____ Relation:_____

Name:_____ Relation:_____

Name:_____ Relation:_____

List additional members on the back of this page.

List Children needing child care services: Regular Child Care (2 weeks to age 12), Special needs (2 weeks to age 15) and Protective services (2 weeks to age 13).

Name:_____ DOB:_____

SS#:_____ Census #:_____ Special Needs? Yes/No

Name:_____ DOB:_____

SS#:_____ Census #:_____ Special Needs? Yes/No

Name:_____ DOB:_____

SS#:_____ Census #:_____ Special Needs? Yes/No

Name:_____ DOB:_____

SS#:_____ Census #:_____ Special Needs? Yes/No

Listing of Children needing services continued:

Name: _____ DOB: _____

SS#: _____ Census #: _____ Special Needs? Yes/No

Name: _____ DOB: _____

SS#: _____ Census #: _____ Special Needs? Yes/No

***Special needs: please attach in depth physicians or specialist statement describing special needs diagnosis.**

Certification:

I, certify that the information provided in this application is true and correct to the best of my/our knowledge. I/we are aware that any misrepresentation on this application will result in denial of services. I/we understand that any information obtained in this application is protected under the Federal Confidentiality Regulations and cannot be disclosed to anyone outside of the Pueblo of San Felipe service area without a written consent by applicant(s).

Parent/Guardian Signature Date

Parent/Guardian AGREEMENT

I/we, hereby enter into this Agreement with the Pueblo of San Felipe Child Care Program with the full understanding that my child or children will receive child care services because I am working, in school, in an approved Job-training program at least 20 hours each week. Child Care payment will not be made to the provider rendering child care services, if I am on Paid Time Off, on break from school, or attending personal activities.

Parent/Guardian Signature Date

Parent/Guardian Release of Information

I, hereby allow for the release of information from my employer, school or approved job-training site, to the Pueblo of San Felipe Child Care Program staff for verification purposes only. If at any time, I interfere with the disclosure of information, my services with the POSFCCP will be placed on hold, and I will be responsible to pay my provider for any services provided until situation is resolved.

Parent/Guardian Signature

Date

Photograph and Video Recording Consent Form

I, hereby consent to photographs and video recordings of my child/children during their participation with Child Care. Various activities must be conducted in the child care homes to promote and enhance learning for children, whether it be through play, language activities, arts & crafts, etc., we want our child care providers to capture the activities they do daily and share the photos and video recordings with parents as well as child care program staff. I give consent to the child care provider to share the photographs and video recordings with the Child Care Program staff for the sole purpose of documenting that such activities are taking place when my child/children are in care. I also give consent to the Child Care Program staff to display photographs and video recordings in program reporting to the Pueblo of San Felipe Administration and the Administration for Children and Families (ACF) Funding Agency as needed.

Parent/Guardian Signature

Date



Child's Profile
Child 1

Child's Name: _____

DOB: _____ Gender: MALE FEMALE

Is child in school? YES NO If yes, School Name? _____

School Ph. #: _____ Grade: _____ School Hours: _____

Does child have any food allergies? YES NO

If yes, list food: _____

Does child have an EPI Pen? YES NO

If yes, will you provide an EPI Pen to the child care provider? YES NO

Child's favorite food? _____

Child's least favorite food? _____

Does child take naps? YES NO

If yes, what is their nap schedule? _____

Is child currently on any prescribed medication? YES NO

If yes, list medication(s) and the reason for the medication(s): _____

Is child allergic to any medication? YES NO

If yes, list medication: _____

If prescribed by a Physician, or as needed for fever only, will you allow your child care provider to administer medication to your child? YES NO

If yes, a Permission to Administer Medication form must be completed, and signed by you and your child care provider, and must be on file prior to any administering of medication.



Child's Profile
Child 2

Child's Name: _____

DOB: _____ Gender: MALE FEMALE

Is child in school? YES NO If yes, School Name? _____

School Ph. #: _____ Grade: _____ School Hours: _____

Does child have any food allergies? YES NO

If yes, list food: _____

Does child have an EPI Pen? YES NO

If yes, will you provide an EPI Pen to the child care provider? YES NO

Child's favorite food? _____

Child's least favorite food? _____

Does child take naps? YES NO

If yes, what is their nap schedule? _____

Is child currently on any prescribed medication? YES NO

If yes, list medication(s) and the reason for the medication(s): _____

Is child allergic to any medication? YES NO

If yes, list medication: _____

If prescribed by a Physician, or as needed for fever only, will you allow your child care provider to administer medication to your child? YES NO

If yes, a Permission to Administer Medication form must be completed, and signed by you and your child care provider, and must be on file prior to any administering of medication.



Child's Profile
Child 3

Child's Name: _____

DOB: _____ Gender: MALE FEMALE

Is child in school? YES NO If yes, School Name? _____

School Ph. #: _____ Grade: _____ School Hours: _____

Does child have any food allergies? YES NO

If yes, list food: _____

Does child have an EPI Pen? YES NO

If yes, will you provide an EPI Pen to the child care provider? YES NO

Child's favorite food? _____

Child's least favorite food? _____

Does child take naps? YES NO

If yes, what is their nap schedule? _____

Is child currently on any prescribed medication? YES NO

If yes, list medication(s) and the reason for the medication(s): _____

Is child allergic to any medication YES NO

If yes, list medication: _____

If prescribed by a Physician, or as needed for fever only, will you allow your child care provider to administer medication to your child? YES NO

If yes, a Permission to Administer Medication form must be completed, and signed by you and your child care provider, and must be on file prior to any administering of medication.



Child's Profile
Child 4

Child's Name: _____

DOB: _____ Gender: MALE FEMALE

Is child in school? YES NO If yes, School Name? _____

School Ph. #: _____ Grade: _____ School Hours: _____

Does child have any food allergies? YES NO

If yes, list food: _____

Does child have an EPI Pen? YES NO

If yes, will you provide an EPI Pen to the child care provider? YES NO

Child's favorite food? _____

Child's least favorite food? _____

Does child take naps? YES NO

If yes, what is their nap schedule? _____

Is child currently on any prescribed medication? YES NO

If yes, list medication(s) and the reason for the medication(s): _____

Is child allergic to any medication? YES NO

If yes, list medication: _____

If prescribed by a Physician, or as needed for fever only, will you allow your child care provider to administer medication to your child? YES NO

If yes, a Permission to Administer Medication form must be completed, and signed by you and your child care provider, and must be on file prior to any administering of medication.



Child's Profile
Child 5

Child's Name: _____

DOB: _____ Gender: MALE FEMALE

Is child in school? YES NO If yes, School Name? _____

School Ph. #: _____ Grade: _____ School Hours: _____

Does child have any food allergies? YES NO

If yes, list food: _____

Does child have an EPI Pen? YES NO

If yes, will you provide an EPI Pen to the child care provider? YES NO

Child's favorite food? _____

Child's least favorite food? _____

Does child take naps? YES NO

If yes, what is their nap schedule? _____

Is child currently on any prescribed medication? YES NO

If yes, list medication(s) and the reason for the medication(s): _____

Is child allergic to any medication? YES NO

If yes, list medication: _____

If prescribed by a Physician, or as needed for fever only, will you allow your child care provider to administer medication to your child? YES NO

If yes, a Permission to Administer Medication form must be completed, and signed by you and your child care provider, and must be on file prior to any administering of medication.



Child Care Program

PERMISSION TO ADMINISTER MEDICATION

I, _____ (parent/guardian) give permission to _____, (Child Care Provider), to administer medication to my child/children listed below, if prescribed by physician, or if necessary for fever during child care.

Child's Name: _____ DOB: _____
Child's Name: _____ DOB: _____
Child's Name: _____ DOB: _____
Child's Name: _____ DOB: _____
Child's Name: _____ DOB: _____
Child's Name: _____ DOB: _____

Parent/Guardian Signature

Date

Child Care Provider Signature

Date

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Child Care Program

Child Pick Up Authorization

(**Must be 18+**, only those listed below are allowed to pick up my child/children, from the child care providers home, if I am unable).

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____



Emergency Contact

(**Must be 18+**, when parent/guardian cannot be reached)

Name: _____ Ph. #: _____ Relationship: _____

Name: _____ Ph. #: _____ Relationship: _____

Name: _____ Ph. #: _____ Relationship: _____

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If Medical Care is Needed, Call?

Doctor's Name: _____ Phone #: _____

Address: _____

Hospital Name: _____ Phone #: _____

Do you have Medicaid? YES NO Medicaid ID#: _____

Do you have other Health Insurance? YES NO

If yes, Name of Health Insurance: _____ ID #: _____

Primary Insurance Holder Name: _____

in case of injury or sudden illness, I hereby authorize the above named doctor or hospital to render immediate medical care as may be required at the time for my child's health and safety. I understand that I will be responsible for any expenses for services provided.

Parent/Guardian Signature: _____ **Date:** _____



**Permission to Child Care Provider to
Authorize Medical Treatment**

I, _____, parent/guardian, give permission to, _____, child care provider, to authorize Medical Treatment for my child/children: _____

_____, if needed during emergencies, medical appointments or, dental appointments while in the providers care.

Parent/Guardian Signature: _____ **Date:** _____

Child Care Provider Signature: _____ **Date:** _____



Permission to Provide Transportation

I, _____ parent/guardian give permission to _____, child care provider, to transport my child/children to school, appointments, planned outings, etc. while in child care. I fully understand that it is not recommended for my child care provider to be transporting children, however, it is my decision to give my child care provider the permission to transport my child/children as needed. I will not hold the Pueblo of San Felipe Child Care Program or my Child Care Provider liable for any incidents/accidents that may occur during transport. I will provide proper car seats for my child/children.

Parent/Guardian Signature

Date



Proof of License and Insurance

I, _____, Child Care Provider agree to provide transportation as needed during child care. I, certify that I have a valid NM Driver's License and current Auto Insurance and Registration on my vehicle. I will provide a copy of my driver's license, auto insurance and registration to the Child Care Program. I will participate in a Car Seat Installation Training/Child Passenger Safety or both within 3 months of the date of this form or prior to providing transportation to any children.

Provider Signature

Date

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Child Care Program

EMPLOYMENT VERIFICATION FORM
(MUST BE COMPLETED BY EMPLOYER/SUPERVISOR)

Employee Name: _____

Address: _____

Place of Employment: _____

Job title: _____ Start date: _____

Work Status: Full-Time Part-Time

Total hours per week: _____ List workdays: _____

Starts at: _____ am/pm to: _____ am/pm

Days off: _____

Employer/Supervisor:

Printed Name: _____ Title: _____

Signature: _____ Date: _____

Business Address: _____

Email Address: _____ Phone #: _____

Please return this form to the above employee or:

Email to MFAnsera@sfpueblo.com Or Fax to: (505) 867-3383

Attn: Meredith Ansera, SFCC Program

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EMPLOYMENT VERIFICATION FORM
(MUST BE COMPLETED BY EMPLOYER/SUPERVISOR)

Employee Name: _____

Address: _____

Place of Employment: _____

Job title: _____ Start date: _____

Work Status: Full-Time Part-Time

Total hours per week: _____ List workdays: _____

Starts at: _____ am/pm to: _____ am/pm

Days off: _____

Employer/Supervisor:

Printed Name: _____ Title: _____

Signature: _____ Date: _____

Business Address: _____

Email Address: _____ Phone #: _____

Please return this form to the above employee or:

Email to MFAnsera@sfpueblo.com Or Fax to: (505) 867-3383

Attn: Meredith Ansera, SFCC Program