



**ASHLEY'S GARDEN  
PRESCHOOL**

Where kids learn, laugh and grow

## TODDLERS NURSERY SCHOOL REGISTRATION FORM 2024-2025

Program times are Monday through Friday – 8:00 am to 2:30 pm. **Required:** Parent participation in student activities/projects; parent meetings prior to the start of school; parent-teacher conferences two times a year; and attendance.

An after-hours care program (Kids Club) is available Monday – Friday (7:45 am – 8:00 am and 2:30 pm to 5:30 pm) for those who need extended hours. State subsidies are accepted.

**Children must be between 12 and 36 months old.**

### WAITING LIST

Once capacity has been reached, children will be placed on a waiting list. As a spot opens, children will be chosen based on the enrollment application date.

### ATTENDANCE POLICY

Parents must agree to a 95% attendance rate. Excused absences must have a written doctor's excuse. Three days of unexcused absences = warning. Five days of unexcused absences = 2<sup>nd</sup> warning. Seven days of unexcused absences = dismissal from the program. **Late arrivals/early dismissals count as absences.**

**The following is required for registration:**

- Completed application form.
- Proof of date of birth
- 1 Copy of the Immunization Record and wellness exam signed by a physician.
- Religious or medical exemptions to these requirements must be submitted to school officials in writing by the State of New Mexico Health Department
- Custody papers (if applicable)
- Copy of the (IEPs) if applicable
- Signed permission for screening: ASQ screenings.

**Please initial and date:**

1. I agree with Ashley's Garden's attendance policy, which has a 95% attendance rate and only excused absences. \_\_
2. I give permission for the following screening: ASQ. \_\_\_\_\_



# ASHLEY'S GARDEN PRESCHOOL



Date Received:	Initials	Toddlers 1	Toddler 2
Age Eligible	Birth Certificate	ASQ: 3	ASQ: SE
			START DATE

## Ashley's Garden: Toddlers Nursery School 2024-2025

### PART 1: PERSONAL INFORMATION—Please Print

AGE: Years \_\_\_\_\_ Months \_\_\_\_\_

EMAIL: \_\_\_\_\_

PLEASE PRINT CLEARLY

CHILD'S NAME: \_\_\_\_\_  Male  Female DATE OF BIRTH: \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
STREET/APT # CITY, STATE, ZIP CODE

### NAME(S) OF PARENT(S) OR GUARDIAN(S):

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

Guardian Occupation \_\_\_\_\_ Guardian Occupation \_\_\_\_\_

### EMERGENCY CONTACT:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

### PART 2: PERSONAL HISTORY Please check the items below that apply to your child

- LANGUAGE SPOKEN AT HOME: \_\_\_\_\_ Is your child fluent in English?  YES  NO
- ETHNICITY: Hispanic \_\_\_\_\_ Caucasian \_\_\_\_\_ Asian \_\_\_\_\_ Black \_\_\_\_\_ American Indian \_\_\_\_\_ Middle Eastern \_\_\_\_\_
- REFERRAL:  YES  NO  
REASON(S) FOR REFERRAL \_\_\_\_\_ AGENCY: \_\_\_\_\_
- KINDERGARTEN DISTRICT: \_\_\_\_\_

### PART 3: PRIOR CARE EXPERIENCE--Where your child spent the most time in the last 12 months?

- Home care  Head Start  Pre-Kindergarten  Childcare Center  Family Childcare  
 Preschool special education program  Parents  Other \_\_\_\_\_

**PART 4: HEALTH INFORMATION--Please check the items below that apply to your child**

- Delayed speech/language    Hearing problems    Vision problems    Occupational therapy  
 Concerns about child's development:    Asthma    Attention span    Use of medication

Please list any other therapy child is receiving: \_\_\_\_\_

Please list health problems: \_\_\_\_\_

Please list physical limitations: \_\_\_\_\_

Please list allergies (including food): \_\_\_\_\_

Please list regular medications (prescribed and over the counter): \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Last checkup: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_ Last checkup: \_\_\_\_\_

Optometrist: \_\_\_\_\_ Phone: \_\_\_\_\_ Last exam: \_\_\_\_\_

Health Insurance: \_\_\_\_\_ PHONE: \_\_\_\_\_

MEDICAID: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PART 5: AUTHORIZATION FOR PICK-UP (ID REQUIRED)**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

**The following people CANNOT or DO NOT have permission to pick up:**

NOT AUTHORIZED \_\_\_\_\_ Relationship \_\_\_\_\_

NOT AUTHORIZED \_\_\_\_\_ Relationship \_\_\_\_\_

**TO BE CONSIDERED FOR ENROLLMENT:**

- 1. YOU MUST ANSWER ALL QUESTIONS ON APPLICATION FORM**
- 2. ESPECIALLY IMPORTANT -- INCOME ELIGIBILITY FORM.**

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

**GYM MAGIC, INC.**  
**ASSUMPTION OF RISK, WAIVER OF LIABILITY, MEDICAL**  
**AUTHORIZATION**

As legal guardian of (child's name) \_\_\_\_\_, I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, dancing, tumbling, trampoline, tumble track, cheerleading, swimming, and adult fitness. In addition, swimming, or any activity in or around water can result in brain damage or drowning. I am also aware that participation in the after-school program can involve transportation to and from various field trips/after school programs and as a result my child could be injured or killed in a vehicular accident. Being fully aware of these dangers, I voluntarily consent to the aforementioned person participating in any and all Gym Magic Inc. programs, camps and activities and I ACCEPT ALL RISKS associated with that participation.

In consideration for allowing my child or myself to use these facilities, I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE Gym Magic, Inc., its officers, directors, shareholders, employees or agents from all liability for any and all damages or injuries suffered by my child or myself while under the instruction, supervision, or control of Gym Magic Inc., without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees or agents.

In the event of an accident or emergency I would like my above-mentioned child to be taken to a hospital for medical treatment and I hold Gym Magic Inc. and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses, which may be incurred by my child or myself as a result of any injury sustained while participating at or for Gym Magic Inc.

I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION, and I VOLUNTARILY affix my name in agreement.

Parent, Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Your participation in Gym Magic, Inc. gives Gym Magic permission to a photo, video tape or use a likeness in advertisements or promotions for Gym Magic.

Signed: \_\_\_\_\_ Date \_\_\_\_\_



Child and Adult Care Food Program
LETTER TO HOUSEHOLDS



Name of Facility / Center / Site / Gym Magic/Ashley's Garden or The Village
EPICS # 1532420
Phone Number 575-523-1616

Instructions: This letter must accompany the Income Eligibility Application. Dear

Clear

Parent / Guardian or CACFP Participant:

Participates in the Child and Adult Care Food Program (CACFP) administered by the United States

Name of Sponsor/Facility / Center /

Department of Agriculture. Please help us comply with the requirements of the CACFP by completing, signing, and returning the attached statement as soon as possible. This information is necessary to decide the level of CACFP reimbursement your center is eligible to receive for the meals served to children and/or adult participants in our program. This form will be treated as confidential information. All participants in our program receive their meals free of charge, but the eligibility category determination affects the federal funding we receive. Foster Children: A foster child enrolled in our program, which is the legal responsibility of a welfare agency or court, may be certified as eligible for free meals regardless of the household income. Please refer to the instructions on how to complete the Income Eligibility Application form.

SNAP - Supplemental Nutrition Assistance Program (formerly the Food Stamp Program): If your household is currently receiving benefits under the Supplemental Nutrition Assistance Program (SNAP) or Food Distribution Program on Indian Reservations (FDPIR) and your child is enrolled in a childcare center you need only to list the case number sign and date the form.

If your household is receiving benefits under the Supplemental Nutrition Assistance Program (SNAP), Supplemental Security Income (SSI), Medicaid, or Food Distribution Program on Indian Reservations (FDPIR) and an adult in your home is enrolled in an Adult Daycare Center; then you need only to list their case number sign and date the form. Otherwise, an adult household member must complete the form and disclose the total current household income by source and the names of all household members. The person completing the form must sign, provide a social security number, and date when completed.

The income you report must be last month's total gross household income listed by source for each household member. If last month's income does not accurately reflect your circumstances, you may provide your annual income or use last year's income if no significant changes have occurred. If your household's income is equal to or less than the amounts indicated for your household's size on the chart below, your provider may qualify for maximum reimbursement rates. The Department of Agriculture defines a household as a group of related or unrelated individuals (not residents of a boarding house or an institution) who are living as one economic unit (i.e., sharing living expenses).

INCOME ELIGIBILITY GUIDELINES
(Effective From July,1,2023 To July,1,2024)

Table with 9 columns: Household Size, Year, Month, Every 2 Weeks, Week, Year, Month, Every 2 Weeks, Week. Rows include household sizes 1 through 8 and a row for 'FOR EACH ADDITIONAL FAMILY MEMBER'.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, 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.

Bianet Bustamante

Name of Sponsor / Center Representative

Signature of Sponsor / Center Representative

7/14/23

Date



Child and Adult Care Food Program  
INSTRUCTIONS FOR COMPLETING THE INCOME ELIGIBILITY FORM



Name of Sponsor / Center / Site <b>Gym Magic/Ashley's Garden or The Village</b>	EPICS # <b>1532420</b>	Phone Number <b>575-523-1616</b>
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**PARTICIPANT INFORMATION:**

List all enrolled participants you are applying for who are in care. List

each enrolled participant's date of birth.

If you are applying for a foster child, list only one foster child on each form. A foster child may be eligible for free meals regardless of household income.

**Child Care Centers:** If the participant enrolled is in a Child Care Center and receives benefits through Supplemental Nutrition Assistance (SNAP) (formerly food stamps or Food Distribution Program on Indian Reservation (FDPIR)), please indicate the appropriate case number in the spaces provided and sign the form. Do not use the number on your card. You do not need to complete household and income information.

**Adult Day Care Centers:** If the participant enrolled is in an Adult Daycare Center and receives benefits thru Supplemental Nutrition Assistance (SNAP) formerly, food stamps, Food Distribution Program on Indian Reservation (FDPIR), Supplemental Security Income (SSI) or Medicaid, please indicate the appropriate case number in the spaces provided and sign the form. Do not use the number on your card. You do not need to complete household and income information.

If you do not receive benefits and have no case number for participants enrolled at the center, you must complete all parts of the IEA (Household and Income information).

**HOUSEHOLD AND INCOME INFORMATION**

Not required to be completed if case# is provided above.

List all household members. A household is a group of related or unrelated individuals who are living as one economic unit (i.e., sharing living expenses).

Provide the most current income by source for all household members. This can be based on the most recent information the month prior to completing

the application. Reported income needs to be reported on the same. The income reported on the application must include all income before taxes and

before other deductions.

A foster child is defined as a ward of the court or welfare agency. Only the foster child's "personal use" income is listed.

Personal use income includes:

- Funds that are specified by the welfare agency as being for the personal use of the child. (If no funds are specified, the funds received from the welfare agency are not to be considered as income. Record "0" on personal income.)
- Money received from any source. This includes, but is not limited to, funds received from trust accounts, from the child's family, and earnings from the child's employment other than occasional or part-time jobs.

**SIGNATURE** \_\_\_\_\_

Date **7/14/23**

The adult family member completing the application must sign and date the application.

If the enrolled participant is not a recipient of benefits and has not provided a case number, the adult family member signing the application must provide a social security number.

If you do not have a social security number, check the "box" provided. Otherwise, failure to provide the social security number (if you have one) will make the Income Eligibility Application invalid and will reduce the level of CACFP reimbursement your family's Child Care Center receives for meals served to the children and/or adult participants enrolled for care in their center.



Child and Adult Care Food Program
INCOME ELIGIBILITY APPLICATION



Sponsor / Facility: Gym Magic/Ashley's Garden or The Village
EPICS ID: 1532420

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, 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.

Child Care Centers: To apply for FREE meals - If you are receiving benefits under the Supplemental Nutrition Assistance Program (SNAP) or Food Distribution Program on Indian Reservations (FDPIR) fill in your child's name, date of birth, age, the SNAP Case number or FDPIR case number and sign the form. DO NOT complete other Household Members or income information.

\*\*Adult Day Care: To apply for FREE meals - If the enrolled participant household is the recipient of the Supplemental Nutrition Assistance Program (SNAP) or receives Supplemental Security Income (SSI) or Medicaid (MED), complete name, DOB, age, SNAP, SSI, and/or Medicaid case number and sign the form. DO NOT complete other Household Members or income information.

Enrolled Participant(s) Information (attach additional pages if necessary)
Benefit Information (If applicable, check the type of benefit & provide the required case number)
\*Child Care Centers Only-check a box
\*\*Adult Care Centers Only- check a box

Foster Child (complete if a foster child is enrolling for care)

Check this box if this application includes a foster child. List the amount of the child's "personal use" monthly income.

All Other Household Members List the first and last names of each person living in your household, related or not (such as grandparents, relatives, or friends who live with you). You must include yourself and all children living with you. Attach another sheet of paper if you need to

Table for All Other Household Members with columns for First and Last Name

Total Number in Households:

Household Income (Please indicate the 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.)

Table for Household Income sources: Wages, Salary; Child Support (Alimony); Social Security; Pension or Retirement; Unemployment; Other Income

If necessary, convert multiple income schedules to annual income (Multiply weekly income by 52, biweekly by 26, monthly by 12)

Total Income: \$ Weekly Monthly Annually (Check one)

PENALTIES FOR MISREPRESENTATION: I certify that all the above information is true, the food stamp or FDPIR number is correct, or 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 that 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, Date, Check if no SS#

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.

For Sponsor Use Only
Child Day Care Center, Adult Day Care Center, Approved Fee, Approved Reduced, Paid
Name of Sponsor: Gym Magic
Name of Person Approving Form: Bianet Bustamante