



TODDLERS NURSERY SCHOOL REGISTRATION FORM 2026-2027

Program times are Monday through Friday – 7:30 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 (7:30 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 = 2nd 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.
- Schedule an Interview with the Director

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. _____



Date Received: _____
by: _____

Today's date: _____

0 Application Complete
0 Missing Information
0 Date for Interview

Toddler I ASQ:3
Toddler II ASQ:SE
Age Eligible Birth Certificate
Age Years Months

Ashley's Garden: Toddlers Nursery School 2026-2027

PART 1: PERSONAL INFORMATION Please Print

EMAIL: _____

PLEASE PRINT CLEARLY

Start date: _____

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: _____

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

- Home care Head Start Parents Childcare Center Family Childcare 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** _____

