

# Welcome to CCAMPIS!

Child Care Access Means  
Parents In School

Drop-In/Evening Care Program

277-3365



The Drop-In and Evening Care Program is sponsored through the U.S. Department of Education. The goal of the program is to assist parents with a *low-cost or free child care service*. This program is available to UNM students with the greatest need of child care services as a means to support their staying in school and completing their desired degree program.

The CCAMPIS Program, like the UNM Children's Campus full-day and half-day program, is accredited by the National Association of the Education for Young Children and The Children, Youth and Families Department's Aim High Program. We are also a licensed child care facility with the State of New Mexico. We are pleased to be able to serve you and your children.

## Who May Apply?

- All applicants must be enrolled at UNM or be enrolled in classes completing prerequisites for entrance into a degree program at UNM. **Bachelor and Graduate students are eligible.**
- Applicants are required to fill out a FAFSA and must be Pell eligible. This is verified through notification letters from Financial Aid and a copy of your most recent Income Tax Return. Students who *are not income eligible* will be considered on an individual basis and based on availability.
- All applicants must be *UNM students* and the parent(s)/legal guardian(s) of the child(ren) enrolled.

## How Do I Apply?

- Submit a copy of your current school year Financial Assistance Notification Letter.
- Submit a copy of your most recent Income Tax Return.
- Submit a copy of your UNM class schedule for the current semester.
- Submit a copy of your most recent unofficial transcripts.
- Bring in your child's original birth certificate and current immunization record.
- Submit a completed CCAMPIS Admissions Agreement and Registration Packet.

## Registration Criteria:

- \$10 Registration Fee\* per child, per semester. Nonrefundable.
- Sliding-Scale Payment\* for semester hours or drop-in hours must be paid prior to receiving child care.
- Late Pick-up Fee: \$10/child for every five (5) minutes or portion thereof, starting one (1) minute after your scheduled pick-up time (i.e. If your scheduled pick-up time is 12:30pm, late fees accrue beginning at 12:31pm and every five (5) minutes thereafter.)

\*Payments accepted with LOBO CASH only.

## CCAMPIS SCHEDULE

Maximum Hours per Semester is 20 per Week

Daytime Care:	Monday-Friday	7:30am-5:30pm
Evening Care:	Monday-Thursday	5:30pm-9:45pm

Reserve for Entire Semester! Drop-In Care Requires a 24-Hour Reservation!

# Need Child Care During Class?

**CCAMPIS:  
Child Care Access Means  
Parents in School!**

**This grant-funded  
program provides low-  
cost or free child care for  
parents while they are in  
class and also for study  
time (based on  
availability).**



## Care Options:

**For children 6 weeks-5 years: 7:30 am-10 pm Monday-Thursday  
& 7:30 am-5:30 pm Friday**

**For School-Age children 5 years-12 years: 4 pm-10 pm  
Monday-Thursday**

**Please call (505) 277-3365 for additional information or visit our  
website at [childcare.unm.edu](http://childcare.unm.edu).**

**CCAMPIS Packets are available in our office: 1210 University Blvd. NE  
Albuquerque, NM 87102**

**UNM CHILDREN'S CAMPUS REGISTRATION AND ADMISSIONS AGREEMENT  
CHILD CARE ACCESS MEANS PARENTS IN SCHOOL (CCAMPIS)**

1210 UNIVERSITY NE ALB. NM 87102 PH 277-3365

TODAY'S DATE: \_\_\_\_\_

REQUESTED ADM. DATE: \_\_\_\_\_

CHILD: LAST \_\_\_\_\_ FIRST \_\_\_\_\_ DOB: \_\_\_\_\_ SEX: \_\_\_\_\_

CONTRACTING PERSON: LAST \_\_\_\_\_ FIRST \_\_\_\_\_ BANNER ID#: \_\_\_\_\_

STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

PARTNER: \_\_\_\_\_ BANNER ID#: \_\_\_\_\_ CELL: \_\_\_\_\_ HOME: \_\_\_\_\_

STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARTNER EMPLOYER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

**UNM STUDENT STATUS**

CONTRACT PARENT UNGRAD:  GRAD:  DOC:  RESIDENT:  OTHER (SPECIFY): \_\_\_\_\_

PROGRAM OF STUDY: \_\_\_\_\_ SCHOOL FINANCED BY: \_\_\_\_\_

PARTNER UNGRAD:  GRAD:  DOC:  RESIDENT:  OTHER (SPECIFY): \_\_\_\_\_

PROGRAM OF STUDY: \_\_\_\_\_ SCHOOL FINANCED BY: \_\_\_\_\_

CARE NEEDED DROP IN CARE:  EVENING CARE:  ISD:

HOURS NEEDED PER WEEK (2 HOUR MIN. REQ.) 2:  4:  6:  8:  10:  12:  14:  16:  OTHER (SPECIFY): \_\_\_\_\_

ADDITIONAL 1/2 HOUR:

APPROVAL NEEDED

ETHNIC ORIGIN: \_\_\_\_\_

ROOM ASSIGNED: \_\_\_\_\_

EMERGENCY CONTACTS (OTHER THAN YOURSELF/ PARTNER) AUTHORIZED TO PICK UP CHILD WITH PICTURE ID (2 REQUIRED) --MUST ALSO BE LISTED ON STANDING ORDERS TO PICK UP

NAME:	RELATIONSHIP:	HOME PHONE:	WORK PHONE:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DENTIST: \_\_\_\_\_ PHONE: \_\_\_\_\_ HOSP. PREFERENCE: \_\_\_\_\_

MEDICAL INS: \_\_\_\_\_ INS #: \_\_\_\_\_

ALLERGIES, MED CONDITIONS: \_\_\_\_\_ 1ST LANGUAGE: \_\_\_\_\_

COMMENT: \_\_\_\_\_

**I ACKNOWLEDGE THE PARENT HANDBOOK IS AVAILABLE ON-LINE AND AGREE TO THE RATES, PAYMENT SCHEDULE, AND POLICIES AND PROCEDURES THEREIN**

**IN CASE OF AN EMERGENCY, I AUTHORIZE UNM CHILDREN'S CAMPUS STAFF TO TAKE MY CHILD TO THE ABOVE-NAMED PHYSICIAN OR TO THE NEAREST EMERGENCY HOSPITAL FOR SUCH EMERGENCY TREATMENT AND MEASURES AS ARE DEEMED NECESSARY FOR THE SAFETY AND PROTECTION OF MY CHILD AT MY EXPENSE.**

CONTRACTING PARENT'S SIGNATURE  
(MUST BE A STUDENT)

AUTHORIZED DEPARTMENTAL SIGNATURE

\_\_\_\_\_

\_\_\_\_\_

DATE \_\_\_\_\_

DATE \_\_\_\_\_

**Part A: Household Information**

Total Number of people in household:

Please list ages of all children under 12:

What are your current childcare arrangements:

Childcare financed by:  Self-Paid  ISD  Other (Please specify)

**Part B: Contracting Parent Information**

Affiliation:  Student Specify Below  Staff/Fac Skip to Part C  Other Skip to Part C Ethnicity:

Undergraduate  Graduate  Doctorate  Medical Resident

College Tuition is financed by:  
 Self-Paid  Pell Grant  Financial Need Scholarship  Academic Scholarship  Other

# of Completed Credit Hours:  # of Remaining Credit Hours:

Anticipated Date of Graduation:  Program of Study:

What year did you begin your college career?  Are you currently involved in any Campus Programs? If so, please specify (ie CAPS)

**Part C: Partner Information (If N/A skip to Part D)**

Affiliation:  Student Specify Below  Staff/Fac Skip to Part D  Other Skip to Part D Ethnicity:

Undergraduate  Graduate  Doctorate  Medical Resident

College Tuition is financed by:  
 Self-Paid  Pell Grant  Financial Need Scholarship  Academic Scholarship  Other

# of Completed Credit Hours:  # of Remaining Credit Hours:

Anticipated Date of Graduation:  Program of Study:

What year did you begin your college career?  Are you currently involved in any Campus Programs? If so, please specify (ie CAPS)

**Part D: How did you find out about our drop-in, evening care program?**



# INCOME ELIGIBILITY APPLICATION

Free and Reduced meals in the Child and Adult Care Food Program

\_\_\_\_\_ assures the New Mexico Children, Youth and Families Department, Early Childhood Services, (Center Name) Child and Adult Care Food Program, that all enrolled participants in attendance will be offered the same meals without physical segregation of, or other discriminatory action against, any child or adult participant on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

**INSTRUCTIONS:** Complete this form and return to the Centers office.

**Notation: (SNAP) Supplemental Nutrition Assistance Program (formerly the Food Stamp Program)**

**\*Child Care Centers:** To apply for **FREE** meals - If you are receiving benefits under 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 completes other Household Members or income information.

**\*\*Adult Day Care:** To apply for **FREE** meals - If enrolled participant household is recipient of 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 type of benefit & provide the required case number)	
Name: Last:                      First:	If foster Child Check here	Date of Birth:	Age	*Child Care Centers Only-check a box <input type="checkbox"/> SNAP <input type="checkbox"/> FDPIR	**Adult Care Centers Only- check a box <input type="checkbox"/> SNAP <input type="checkbox"/> FDPIR <input type="checkbox"/> SSI <input type="checkbox"/> MED
		/ /		*Case Number:	**Case Number:
		/ /			
		/ /			
		/ /			

**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 child's "personal use" monthly income \$ \_\_\_\_\_ if there is no income, record "0".

**All Other Household Members** List the first and last name of **each** person living in your household, related or not (such as grandparents, other 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

Name: Last:                      First:	Name: Last:                      First:

**Total Number in Household:** \_\_\_\_\_

**Household Income** (Please indicate 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.)

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 and correct and that the food stamp or FDPIR number is correct or that 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 the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

\_\_\_\_\_  
Signature of Adult Family Member

\* \* \* - \* \* - \_\_\_\_\_  
Social Security Number

If the Adult Household Member signing this form does not have a Social Security Number, Check this box.

\_\_\_\_\_  
Date

**Privacy Act Statement: This explains how we will use the information you give us.** The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or if the 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 child care center or 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 day care center. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

### FOR SPONSOR USE ONLY

**Child Day Care Center:**

**Adult Day Care Center:**       Approved Free       Approved Reduced       Paid

\_\_\_\_\_  
Approving Date                      Date Disenrolled                      Name of Organization                      Name of Person Approving Form

# UNM Children's Campus for Early Care & Education

## Diet Restriction for Meals @ the UNM Children's Campus

➤ **Child's Name:** \_\_\_\_\_ **Classroom/Teacher** \_\_\_\_\_

- **Diet Restriction (A physician's signature is required if the restriction is not a parent preference):**
- None
- Parent preference; please specify \_\_\_\_\_  
(i.e.) lacto-ovo vegetarian, lacto-intolerant, etc. (likes and dislikes are not accommodated)
- Allergy/Medically necessary (physician signature required)

If your child requires a special diet, please include a detailed description of any allergic reaction or adverse consequence of not following the special diet.

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

- **List specific foods to be omitted and suggest substitutions:**

**Omissions**

**Substitutions**

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

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

I give permission for the program to post information regarding my child's allergy/special nutritional needs in food preparation areas, and in my child's classroom as a visual reminder to staff.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

- If any additional information regarding diet or feeding is necessary, please check this box and provide the necessary information on the back of this form.
- I certify that the above named person needs special dietary substitutes prepared as described above because of an allergy, disability or chronic medical condition.

\_\_\_\_\_  
**Physician's Signature**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Date**

# UNM Children's Campus for Early Care & Education Topical Medication Permission Form

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

I give UNMCC staff permission to apply as necessary. (Please check by each item you give approval for.)

- Sunscreen -- for outdoor play
- Petroleum Jelly -- for chapped lips & dry skin
- Diaper cream -- for diaper rash
- Chapstick, Carmex, etc., -- for chapped lips
- Hand and/or body lotion -- for dry skin
- Insect Repellent

I understand it is my responsibility to provide the items listed above. I also understand it is my responsibility to inform the classroom staff when I bring the(se) item(s) and to give the(se) item(s) DIRECTLY to the staff to ensure they are kept out of reach of the children. I hereby release UNMCC from all liability for any complications resulting from the administration of the above medication as described.

**THIS FORM IS FOR TOPICAL MEDICATION ONLY. FOR ADDITIONAL MEDICATIONS THAT ARE NOT LISTED ABOVE, PLEASE REFER TO THE MEDICATION AUTHORIZATION FORM (ACCOMPANIED BY DOCTOR'S AUTHORIZATION).**

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

\_\_\_\_\_  
Date

**UNM CHILDREN'S CAMPUS for EARLY CARE and EDUCATION**  
**CCAMPIS Drop-In and Evening Care Program**

**PHOTOGRAPH PERMISSION**

I give permission for photography of my child \_\_\_\_\_ to be taken while he or she is involved in the program of the UNM Children's Campus for Early Care and Education to be used for public relations purposes for the Children's Campus. I understand that every attempt will be made to notify me before any such pictures are printed for publications or display.

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

\_\_\_\_\_  
Date

**TRIP PERMISSION**

*Many times during your child's attendance at the UNM Children's Campus for Early Care and Education groups will be taking trips to nearby places of interest. In order for your child to be included in these trips, you must sign the blank permission form below. Your signature enables the teachers to take groups on trips without seeking permission each time. Parents will be notified in advance of all field trips taken by the class. As appropriate, seat belts and restraints will be available for children transported. Drop-In and Evening Families: Please note that it is at the discretion of the Administrative Staff to determine whether the your child(ren) are eligible to participate in program field-trips.*

My child \_\_\_\_\_ has permission to go on all trips sponsored by the UNM Children's Campus Early Care and Education. This permission covers walking, trips taken in UNM vans, buses and/or private vehicles, and trips both on and off campus. In all cases UNM and its employees will not be held liable for any accident incurred.

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

\_\_\_\_\_  
Date

**SWIMMING PERMISSION**

*During the year, the UNM Children's Campus for Early Care and Education provides various swimming opportunities for all age groups. The Child Care Licensing Bureau requires that all parents sign an agreement that their children are allowed to have water play in small wading pools, or swim at Johnson Center in the Therapy pool, the shallow end of the Olympic pool, or a pool off-site. Lifeguards will always be available for all swimming field trips.*

My child \_\_\_\_\_ has permission to participate in any swimming or waterplay activity sponsored by the UNM Children's Campus. This permission covers all off-site locations.

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

\_\_\_\_\_  
Date



**UNM Children's Campus of Early Care and Education**

**CCAMPIS**

**Child Care Access Means Parents In School**

**Affiliation Verification**

***EVERY FAMILY MUST SUBMIT A COPY OF THE CONTRACTING PARENT'S CLASS SCHEDULE***

Sponsored through the **US Department of Education**, the goal of the **CCAMPIS Program** is to assist students of UNM with a drop-in and evening child care service. Priority will be given to students receiving financial aid through Federal Pell Grants.

Each family must submit documentation establishing that at least one parent is a student of UNM and at class or an arranged tutoring session, during the scheduled child care for the drop-in and evening care program.

**Schedule**

**Requested Schedule**

Time(s) (add 30 minutes prior to class and 30 minutes after class)

**Approved Schedule**

**For office use ONLY**

**Monday:**

\_\_\_\_\_

\_\_\_\_\_

**Tuesday:**

\_\_\_\_\_

\_\_\_\_\_

**Wednesday:**

\_\_\_\_\_

\_\_\_\_\_

**Thursday:**

\_\_\_\_\_

\_\_\_\_\_

**Friday:**

\_\_\_\_\_

\_\_\_\_\_

**On Call Only:**

Yes or No (circle One)

\_\_\_\_\_

**UNM Children's Campus for Early Care and Education  
Permission for Academic Connections**

One of the goals of the UNM Children's Campus for Early Care and Education is to serve as a location for academic connections for UNM students and faculty and others in the community. The Children's Campus is a place for student observations, projects, and other field experiences. Such activities may include, but are not limited to, practicum assignments, observations and projects, internships, student teaching placements, informal research, practice developmental and/or linguistic testing, mental/physical wellness experiences and the like. The level of involvement may include passive observations, active interactions, facilitating group activities/discussions, and conducting practice tests and other similar kinds of activities. This may include photographing, audio taping, videotaping, collecting samples of children's work and taking dictation of children's words. If any of the research protocols should fall under the jurisdiction of the Institutional Review Board for Human Subjects Research we will take the necessary steps to obtain their approval.

The Children's Campus is committed to providing these opportunities to faculty, students, and beyond while also ensuring your child is in a safe and nurturing environment. Therefore, we will not permit any involvement that we feel will cause emotional distress and/or psychological/physical harm. All individuals involved in these activities must meet the standards and expectations of our program which include completing an application for participation and meeting with the appropriate administrator. The procedures are designed to ensure that your child/children are properly protected and supported during the conduct of any study at the Children's Campus. Also, unless we have received specific separate permission from you, these individuals will not be left alone with any child or group of children at the center. As with other aspects of our program, we will always work to respect your child's choice to participate or not participate.

-----  
I hereby give permission for my child, \_\_\_\_\_, to participate in the academic connections that take place at the Children's Campus as described above. I understand these connections are designed for the purpose of professional training, research and education and that none of the above mentioned methods of data collection will be used for commercial purposes.

\_\_\_\_\_  
Printed name of parent/legal guardian

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

\_\_\_\_\_  
Date

**University of New Mexico**  
UNM Children's Campus for Early Care and Education

**STANDING ORDERS**

**Please Print!!!!!!**

I, \_\_\_\_\_, authorize the following adults listed below to pick up  
(Contracting Parent's Name)

my child \_\_\_\_\_  
(Child's Name)

Name of Authorized Person	Specified Days/Weeks
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If applicable, please include your partner's name in the list above.

I understand I am giving full responsibility to this/these individual(s) to pick up my child when I have indicated.

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

\_\_\_\_\_  
Date

**NOTE:** Please remind the people listed above that they need to always have some form of identification to pick up your child. We will NOT release a child to someone who has not been authorized to pick them up or is NOT eighteen years of age or older.

**Contact Information Form**

**Child's Name:** \_\_\_\_\_ **Classroom:** \_\_\_\_\_

The Primary Contact Number will be used to call you every time we send a SchoolReach call, regardless of the urgency of the message. The Secondary Contact Number will be called at the same time as the Primary Number on calls where the message we are sending is of a more urgent or time sensitive nature to ensure that we get the call to you as soon as possible.

Please consider this information carefully and make an effort to keep us informed as soon as possible if either number changes for any reason.

**Recipient 1: Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_  
Primary Contact Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Secondary Cont Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Recipient 2: Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_  
Primary Contact Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Secondary Cont Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Recipient 3: Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_  
Primary Contact Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Secondary Cont Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Recipient 4: Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_  
Primary Contact Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Secondary Cont Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Email Address: \_\_\_\_\_

*Thank you for your assistance and please be sure to return this form as soon as possible.*



Division of Student Affairs  
 Children's Campus for Early Care & Education

**Early Childhood Health Assessment Record**

To Parent or Guardian: In order to provide the best experience, UNM Children's Campus Staff must understand your child's health needs. This form requests information from you (Part I & Part II) which will be helpful to the health care provider when completing the health evaluation (Part III). New Mexico Child Care Licensing and New Mexico FOCUS criteria requires a health assessment by a physician, or legally qualified practitioner of medicine, as a condition of enrollment into the UNM Children's Campus.

**Part I - To be Completed by Parent/Guardian**

*Please Print*

Child's Name (Last, First, Middle)	Birth Date (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Street, City and ZIP code)		
Parent/Guardian Name (Last, First)	Home Phone:	Cell Phone:
Early Childhood Program (Name, Phone Number, Fax Number) UNM Children's Campus, Phone: 505-277-3365, Fax: 505-277-3182	Race/Ethnicity <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawai'ian <input type="checkbox"/> White <input type="checkbox"/> Other _____	
Primary Health Care Provider:		
Name of Dentist:		
Health Insurance Company/Number or Medicaid/Number:	Preferred Hospital:	

**Part II - To be completed by Parent/Guardian**

Please answer these health history questions about your child before the physical examination.

Please circle Y if "yes" or N if "no." Explain all "yes" answers in the space provided below.

Any Health Concerns	Y	N	Frequent ear infections	Y	N	Asthma treatment	Y	N
Allergies to food, bee stings, insects	Y	N	Any speech issues	Y	N	Seizure	Y	N
Allergies to medication	Y	N	Any problems with teeth	Y	N	Diabetes	Y	N
Any other allergies	Y	N	Has your child had a dental examination in the last year	Y	N	Any heart problems	Y	N
Any daily/ongoing medications	Y	N	Very high or low activity level	Y	N	Emergency room visits	Y	N
Any problems with vision	Y	N	Weight concerns	Y	N	Any major illness or injury	Y	N
Uses contacts or glasses	Y	N	Problems breathing or coughing	Y	N	Any operations/surgeries	Y	N
Any hearing concerns	Y	N	Eating concerns	Y	N	Lead concerns/poisoning	Y	N
Sleeping concerns	Y	N	Toileting concerns	Y	N	Birth to 3 services	Y	N
High blood pressure	Y	N				Preschool Special Education	Y	N
<b>Developmental - Do you have any concerns about your child's:</b>								
Physical Development	Y	N	Ability to communicate needs	Y	N	Social development	Y	N
Movement from one place to another	Y	N	Interaction with others	Y	N	Emotional development	Y	N
Ability to use their hands	Y	N	Behavior	Y	N	Ability to understand	Y	N
			Other				Y	N

Explain all "yes" answers or provide any additional information:

Have you talked with your child's primary health care provider about any of the above concerns?	Y N

Please list any medications your child will need to take during program hours:

*All medications taken in child care programs require a separate Medication Authorization Form signed by an authorized prescriber and parent/guardian.*

I give my consent for my child's health care provider and early childhood provider or health/nurse consultant/coordinator to discuss the information on this form for confidential use in meeting my child's health and educational needs in the early childhood program.

Signature of Parent/Guardian

Date

### Part III - Medical Evaluation

Health Care Provider must complete and sign the medical evaluation.

Please Print

Child's Name (Last, First, Middle)	Birth Date (mm/dd/yyyy)	Date of Exam (mm/dd/yyyy)
------------------------------------	-------------------------	---------------------------

**Physical Exam/Well Child Check** (Note: \*Required Screening/Test to be completed by provider)

*HT _____ in/cm _____ %	*Weight _____ lbs. _____ oz/ _____ %	BMI _____ / _____ %	*HC _____ in/cm _____ % (Birth - 12 months)
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**Screenings**

<p><b>*Vision Screening</b></p> <p><input type="checkbox"/> EPSTD Subjective Screen Completed (Birth to 3 yrs)</p> <p><input type="checkbox"/> EPSTD Annually at 3 yrs (Early and Periodic Screening, Diagnosis and Treatment)</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td>Type:</td> <td style="text-align: center;">Right</td> <td style="text-align: center;">Left</td> </tr> <tr> <td>With glasses</td> <td style="text-align: center;">20/</td> <td style="text-align: center;">20/</td> </tr> <tr> <td>Without glasses</td> <td style="text-align: center;">20/</td> <td style="text-align: center;">20/</td> </tr> </table> <p><b>*Dental Concerns</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><input type="checkbox"/> Referral made to: _____</p> <p>Has this child received dental care in the last 6 months?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	Type:	Right	Left	With glasses	20/	20/	Without glasses	20/	20/	<p><b>*Hearing Screening</b></p> <p><input type="checkbox"/> EPSTD Subjective Screen Completed (Birth to 4 yrs)</p> <p><input type="checkbox"/> EPSTD Annually at 4 yrs (Early and Periodic Screening, Diagnosis and Treatment)</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td>Type:</td> <td style="text-align: center;">Right</td> <td style="text-align: center;">Left</td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/> Pass    <input type="checkbox"/> Pass</td> <td style="text-align: center;"><input type="checkbox"/> Pass    <input type="checkbox"/> Pass</td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/> Fail    <input type="checkbox"/> Fail</td> <td style="text-align: center;"><input type="checkbox"/> Fail    <input type="checkbox"/> Fail</td> </tr> </table> <p><input type="checkbox"/> Unable to assess</p> <p><input type="checkbox"/> Referral made to: _____</p>	Type:	Right	Left		<input type="checkbox"/> Pass <input type="checkbox"/> Pass	<input type="checkbox"/> Pass <input type="checkbox"/> Pass		<input type="checkbox"/> Fail <input type="checkbox"/> Fail	<input type="checkbox"/> Fail <input type="checkbox"/> Fail	<p><b>*Developmental Screening</b></p> <p><input type="checkbox"/> ASQ    <input type="checkbox"/> ASQ:SE    <input type="checkbox"/> M-CHAT    <input type="checkbox"/> PEDS</p> <p><input type="checkbox"/> Other (specify) _____</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: left;">Typically Developing</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">Referred</td> </tr> <tr> <td>Gross Motor</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Fine Motor</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Language/Communication</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Problem Solving</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Social/Emotional</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Typically Developing	Yes	No	Referred	Gross Motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fine Motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Language/Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Social/Emotional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**\*Immunizations**     Up to Date     Delayed Schedule     Approved Conscientious Absterner

**UPDATED IMMUNIZATION FORM OR APPROPRIATE DOCUMENTATION MUST BE ATTACHED**

**\*Chronic Disease Assessment:**

Asthma     No     Yes:     Intermittent     Mild Persistent     Moderate Persistent     Severe Persistent     Exercise Induced

*If yes, please provide a copy of an Asthma Action Plan*

Rescue medication required in child care setting:     No     Yes

Allergies     No     Yes: \_\_\_\_\_

Epi Pen required:     No     Yes

History/Risk of Anaphylaxis:     No     Yes:     Food     Insects     Latex     Medication     Unknown Source     Other \_\_\_\_\_

*If yes, please provide a copy of an Emergency Allergy Plan*

Diabetes     No     Yes:     Type I     Type II

Seizures     No     Yes:    Type \_\_\_\_\_

Other Chronic Condition     No     Yes: \_\_\_\_\_

*Check all that apply:*

This child has the following problems which may adversely affect his or her educational experience:

Vision     Auditory     Speech/Language     Physical     Social/Emotional     Behavior     Other \_\_\_\_\_

This child has a developmental delay/disability that may require intervention at the program.

This child has a special health care need which may require intervention at the program, e.g., special diet, long-term/ongoing/daily/emergency medication, history of contagious disease.

*Specify:* \_\_\_\_\_

This child has the following problems which may adversely affect his or her educational experience:

No     Yes    This child has a medical or emotional illness/disorder that now poses a risk to other children or affects his/her ability to participate safely in the program.

No     Yes    Based on this comprehensive history and physical examination, this child has maintained his/her level of wellness.

No     Yes    This child may fully participate in program.

No     Yes    This child may fully participate in the program with the following restrictions/adaption: (Specify reason and restriction.)

\_\_\_\_\_

I would like to discuss information in this report with the early childhood provider.

Signature of health care provider MD /DO /APRN /PA	Date Signed	Printed/Stamped Provider Name and Phone Number
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(OFFICE USE ONLY)		
Resource/Referral Given By UNM Children's Campus for the following on		
<input type="checkbox"/> Physical Exam/Well Child Check	<input type="checkbox"/> Vision	<input type="checkbox"/> Dental
<input type="checkbox"/> Hearing	<input type="checkbox"/> Developmental Screening	<input type="checkbox"/> Other _____

## UNM Children's Campus Student Parent Needs Intake Form

The University of New Mexico Children's Campus (UNMCC) understands the importance of child care to the recruitment, retention, and graduation of the student families that make up the University of New Mexico. This intake form will allow the UNMCC to assess and determine student parent needs. In order to better align ourselves with the goals of the University as they relate to recruitment, retention, and graduation rates, we will be implementing a tiered student discount based on the number of credit hours a student is enrolled in each semester. All student families with children enrolled in the UNMCC Traditional Program will be eligible to apply for this tiered student discount which is subsidized by UNM Student Fees. All student families may now also be eligible to receive additional child care assistance through the UNMCC CCAMPIS program based on their family income and Pell eligibility for the Spring 2020 semester.

As part of this process, all student families will be required to complete this intake form at the beginning of each semester, provide proof of enrollment, and complete an end of semester form which includes information about progress towards your degree in order to be eligible to receive a student discount and/or CCAMPIS assistance.

Thank you for taking the time to complete this intake form.

### Demographic Information:

1. What is your UNM Banner ID number?
2. Which category below best describes your affiliation with the University of New Mexico? (Check all that apply)
  - Staff
  - Faculty
  - Undergraduate Student
  - Graduate Student
  - Other (Specify)
3. Gender
  - Male
  - Female
4. With which race/ethnicity do you identify?
  - Asian
  - Native Hawaiian/Pacific Islander
  - Black/African-American
  - Hispanic/Latino/a
  - Middle Eastern
  - Native American/Alaskan Native
  - White/Caucasian
  - Multiracial
  - Prefer not to respond
5. Age?
  - 18 – 24
  - 25 – 34
  - 35 – 44
  - 45 – 54
  - 55 – 64
  - 65+

6. Current Relationship Status

- Single and Dependent
- Single and Independent
- Married and Dependent
- Married and Independent
- Domestic Partner
- Other (Specify)

7. Current Status (Check all that apply)

- Working full time
- Working part time
- Student full time
- Student part time
- Temporarily unemployed (but actively seeking work)
- Other (Specify)

8. If you are currently employed, please indicate the number of hours per week you spend working. Please include graduate assistantships.

9. What is your annual household income?

- Less than \$10,000
- \$10,000 to \$19,999
- \$20,000 to \$29,999
- \$30,000 to \$39,999
- \$40,000 to \$49,999
- \$50,000 to \$59,999
- \$60,000 to \$69,999
- \$70,000 to \$79,999
- \$80,000 to \$89,999
- \$90,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 or more

10. Are you currently receiving financial aid to attend school? Select all that apply.

- Pell Grant
- Subsidized Loan
- Unsubsidized Loan
- Perkins Loan
- UNM Scholarship
- Tribal Scholarship
- Other (Specify)

11. Are you currently receiving benefits from the following programs (Check all that apply)?

- Women Infant Children (WIC)
- Child Care Assistance
- Supplemental Nutrition Assistance Program (SNAP)
- Medicaid
- Housing Assistance
- Other (Specify)

12. Where do you currently live?

- UNM Student/Family Housing



- Off Campus - within 5 miles of the University
- Off Campus - more than 5 miles from the University but less than 10 miles
- Off Campus - more than 10 miles
- Other (Specify)

## Academics:

13. Check the highest level of education you have completed.

- High School Diploma or Equivalent
- Associates
- Bachelors
- Masters
- Doctoral
- Other (Specify)

14. Are you the first person in your family to attend college?

- Yes
- No

15. What is your long-term educational goal?

- Undergraduate Degree
- Graduate Degree
- Other (Specify)

16. Do you identify yourself as one of the following?

- Low Income Graduate Student
- Low Income Foreign Student

17. Are you an international student?

- Yes
- No

18. If you are an international student, what is your home country?

19. What is your current enrollment status? (Current student schedule must be attached.)

- 0-3 Credit Hours
- 4-6 Credit Hours
- 7-12 Credit Hours
- 13-17 Credit Hours
- 18 or More Credit Hours

20. What is your Cumulative GPA?

21. What type of Degree Program are you in?

- Certificate
- Bachelors
- Masters
- Doctoral
- Non-Degree
- Teaching Credential
- Other (Specify)

22. Do you anticipate graduating in the 2019-2020 academic year?

- Yes
- No

23. Which college and school/department best describes your affiliation with the University of New Mexico?

- Anderson School of Management
- College of Arts and Sciences
- College of Education
- College of Fine Arts
- College of Nursing
- College of Pharmacy
- School of Architecture and Planning
- School of Engineering
- School of Law
- School of Medicine
- School of Public Administration
- University College
- Health Sciences
- Other College/School (specify)
- Other UNM Department (specify)

24. How many years have you completed to date?

25. How many additional years will it take for you to complete your degree program?

26. Based on your current childcare arrangements, how easy is it for you to:

	1=Extremely Easy	2=Relatively Easy	3=Challenging	4=Extremely Difficult
Complete Homework				
Study				
Read for classes				
Attend classes				
Meet for group projects				
Meet with professors				
Go to the library				
Participate in University Activities (i.e. athletic events, Popejoy Productions, etc.)				
Participate in Student Services and Academic Programs (i.e. CAPS, Women's Resource Center, etc.)				
Utilize Recreational Services				

27. My professors give or have given me excused absences in the event my child is sick?

- Yes
- No

28. My professors understand how being a parent affects my academic performance?

- Yes
- No

29. Would you be interested in participating or receiving supplemental CCAMPIS funding for the Spring 2020 semester?

- Yes
- No

**Child Care (CC):**

30. How many children under the age of eighteen do you have?

31. What are the current ages of your children who require child care?

	Child 1	Child 2	Child 3	Child 4
0 – 11 months				
12 -23 months				
Two years old				
Three years old				
Four years old				
5 – 10 years old				
11 – 13 years old				
14 and over				

32. Indicate all type(s) of child care/children’s programs used for each child.

	Child 1	Child 2	Child 3	Child 4
Spouse/partner				
Relative in your home				
Relative in their home				
Live in nanny				
Live out nanny				
Licensed family home care				
On-campus, full-time center based care				
On-campus, part-time center based care				
Off-campus, full-time center based care				
Off-campus, part-time center based care				
After school program				
Before and after school program				
Evening Care				

33. How do you currently pay for child care? (Check all that apply)

- Self-pay
- Income Support through Children, Youth and Families
- Scholarship
- Other (Specify)

34. Please indicate the importance of the following when choosing childcare.

	Very Important	Important	Somewhat Important	Not Important
Cost/affordability				
Program Quality				
Hours of Availability				

Flexibility in accommodating schedule				
Staff consistency/low turnover				
Staff professionalism/training				
Adult to child ratio				
Located on Campus				

35. What days of the week do your children require child care?

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

36. When do your children require child care? (select all that apply)

- Before 7:00 am
- All or part of 7:00 am – 5:30 pm
- All or part of 5:30 pm – 10:00 pm
- After 10:00 pm and before 7:30 am
- Different hours due to a rotating shift
- Weekends
- Holidays

**Support Services (SS):**

37. What is important to you as a student parent? (Check all that apply)

- Affordable and flexible childcare
- Opportunities to meet other students with children
- Information about Campus and Community resources
- Access to Lactation Centers
- Affordable and Safe Housing
- Acknowledgement of your special needs and support from departments
- Other (Specify)

38. Rank the following based on priority level. Place a (1) next to the one that is of most importance to you and so on.

- Increase child care capacity at the UNM Children’s Campus.
- Increase child care capacity through child care slots at non-UNM child care facilities in various communities.
- Offer direct child care tuition assistance subsidies to qualified families based on income.
- Offer a student parent resource center to support student parents and their families.
- Other (Specify)

39. What services would you be most likely to use at a campus family resource center? (specify all that apply)

- Child care referral
- Healthcare
- Child care subsidies

- SNAP (Supplemental Nutrition Assistance Program)
- Early childhood reference materials
- Toy lending library
- Parenting workshops
- Play groups
- Family events
- On-site tutoring with child care
- Emergency child care
- On-site study space with child care
- On-site gym with child care
- Support accessing community resources
- Other (Specify)

40. What ways do you benefit from access to a campus based child care program? (check all that apply)

- Recruiting/Retention
- Convenience
- Educational Benefits
- Psychological Benefits
- Improved Family Life
- Other (Specify)

41. Are you currently involved in any Student Affairs or Academic Affairs Programs?

- Yes (Specify)
- No

Thank you for taking the time to complete the UNM Student Parent Intake Form.