Mt. Zion National
24-Hour Childcare Center

24-Hours/365-Days

Child Care Packet

New Mexico State Registration Office
3200 Carlisle Boulevard | Suite 222
Open: Monday thru Saturday
7am - 7pm

National Headquarters
P.O. Box 7052 | Albuquerque | Bernalillo County | NM 87194

24-Hours: 888.983.5889
www.khameleoninc.org

Mt. Zion National 24-Hour Childcare Center

About Us

Mission

Mt. Zion National 24-Hour Childcare mission is to provide a wholesome, safe, and productive learning environment for ages 3-weeks to 12-years of age. In addition, we foster the concept of providing services to any Family in any Community at an affordable rate; while meeting the need and schedule 24-Hours/365-Days.

Goal

At the Mt. Zion National 24-Hour Childcare Center we strive to provide an environment that will provide our children with both the academic and spiritual education that will allow them to be successful throughout their lives.

Principle

We believe that it is never too early to train our children in the way of the Lord. Our God wants us to understand His word and our purpose in this world. The sooner children understand that they have a true purpose in life the sooner they can pursue that purpose.

Motto

I can do all things through Christ who strengthens me.
Philippians 4:13 ***KJV***

Mt. Zion 24-Hour Childcare Center

Notifications Policy

Travel

Parents will be notified of any travel that is to take place in or out of City limits before said travel is to take place. Neither Mt. Zion National 24-Hour Childcare Center nor its employees are responsible for any accidents or incidents that occur during these trips unless they are directly caused by negligence on the part of the Mt. Zion National 24-Hour Childcare Center or its employees.

Prescribed Medications

Any medications that are prescribed by a doctor will be administered according to the doctor's instructions, as requested by the parent. Mt. Zion National 24-Hour Childcare Center is not responsible for any adverse effects or reactions that medication may cause.

Over the counter medications

Over the counter medications, such as given for allergies can be administered by Mt. Zion National 24-Hour Childcare Center if written consent is given by the parent and the dosage and time are in compliance with said medication.

Temperatures

For temperatures 98.8 to 100.4 degrees over the counter drugs such as Acetaminophen and Motrin may be given if previously authorized by parents. However, any temperature higher than 100.4 degrees will be reported immediately to parents.

Mt. Zion 24-Hour Childcare Center

Daily Agenda

Student Name: _____ Age: _____ Date: _____

Agenda	Time	Int.	Description
Breakfast			
Potty/Wash Hands/Brush Teeth			
Morning Prayer			
Physical Activity			
Bible Lesson/Activity			
Clean Up			
Technology Time			
English/Reading Lesson/Activity			
Clean Up			
Lunch			
Brush Teeth			
Nap/Down Time			
Foreign Language Lesson/Activity			
Story Time			
Math Lesson/Activity			
Writing Lesson/Activity			
Snack			
Clean Up			
Play			

Additional Comment:

_____

_____

_____

_____

_____

_____

Mt. Zion 24-Hour Childcare Center

Student Information

School: _____

Student Name: _____ **Age:** ____

Address: _____

Language Spoken: _____ **Second Language:** _____

Allergies (Food, Drug, or Environmental):

_____

_____

_____

Medications:

_____

_____

~ Favorites ~

Color: _____ Food: _____ Activity: _____

Parent Name: _____

Address: _____

Home Number: _____ **Cellular:** _____

Work: _____ **Ext:** _____

Mt. Zion 24-Hour Childcare Center

Emergency Card

In Case of an Emergency

Parent Name: _____
Address: _____
Home Number: _____ Cell: _____
Work: _____ Ext: _____

Other Contact: _____
Address: _____
Home Number: _____ Cell: _____
Work: _____ Ext: _____

~ Authorized Pick-Up ~

Name: _____
Address: _____
Drivers License No: _____ State Issued: ____

Name: _____
Address: _____
Drivers License No: _____ State Issued: ____

Name: _____
Address: _____
Drivers License No: _____ State Issued: ____

Mt. Zion 24-Hour Childcare Center

Payment Agreement & Schedule

National Monthly Rate

Check option that may apply:

- o **$300.00** (1 Child)
- o **$400.00** (2 Children)
- o **$450.00** (3 Children)
- o **$475.00** (4 Children)
- o **$500.00** (5 Children)
- o $25.00 **Each Additional Child Total** _____

Standard

I _____ agree to pay the amount of $_____ weekly/bi-weekly/monthly to Mt. Zion National 24-Hour Childcare Center.

Over Night

I _____ agree to pay the amount of $_____ weekly/bi-weekly/monthly to Mt. Zion National 24-Hour Childcare Center.

Weekend

I _____ agree to pay the amount of $_____ weekly/bi-weekly/monthly to Mt. Zion National 24-Hour Childcare Center.

Week: _____ Hours: _____ to _____	Week: _____ Hours: _____ to _____	Week: _____ Hours: _____ to _____	Week: _____ Hours: _____ to _____
o Monday	o Monday	o Monday	o Monday
o Tuesday	o Tuesday	o Tuesday	o Tuesday
o Wednesday	o Wednesday	o Wednesday	o Wednesday
o Thursday	o Thursday	o Thursday	o Thursday
o Friday	o Friday	o Friday	o Friday
o Saturday	o Saturday	o Saturday	o Saturday
o Sunday	o Sunday	o Sunday	o Sunday

_____ _____

Parent/Guardian Signature **Date**

_____ _____

Center Administration Signature **Date**

Mt. Zion 24-Hour Childcare Center

Medical Release

I _____ the parent of _____ give Mt. Zion National 24-Hour Childcare Center consent to permit the administration of medical assistance that is deemed necessary by medical professionals for the well being of my child in the case of an emergency.

_____ _____

Parent/Guardian Signature **Date**

_____ _____

Center Administration Signature **Date**

Mt. Zion 24-Hour Childcare Center

Parent/Child Services Request

Check and Initial all that may apply:

- o **Monthly Care Packages** **$75.00 per month**
  (Provides **Child** with life necessities such as but not limited to i.e. clothes, shoes, diapers, wipes, socks, undergarments, and hygiene items.)
  Initial: _____
- o **Transportation** **$25.00 per month**
  (Provides **Child** with transportation to and from pre-arranged stops made by parent/guardian of child within a 25 mile radius of a Mt. Zion National 24-Hour Childcare Center.)
  Initial: _____
- o **Special Needs Assistance** **$100.00 per month**
  (Provides **Child** with special needs and/or disabilities full-time attention and care by a licensed trained professional 24-Hours/365-Days at Mt. Zion National 24-Hour Childcare Center.)
  Initial: _____
- o **Custody Exchange** **$100.00 per month**
  (Provides **Parents** with a platform to physically exchange responsibilities of a child to each other in a safe, peaceful, and cordial atmosphere. Our services use the mediation level approach; along with social workers and law professionals to provide a fair exchange from one Mt. Zion National 24-Hour Childcare Center to another Mt. Zion National 24-Hour Childcare Center in or out of City, County, or State according to the law and/or mutual agreements.

  Level 1: Case/Social Worker: Communication between parents is Strong.

  Level 2: Mediator: Communication between parents is Poor.

  Level 3: Family Lawyer: Communication between parents warrants a Judge to make a decision.

  Choose Level of Custody Exchange Services: _____

  Initial: _____

- o **Life Skill Classes**
  (Provides **Parents** with opportunities to participate in various classes pertaining to strengthening family, self, and community. Classes include but not limited to i.e. Parenting, Finance, Stress Management, Anger Management, How to Tips and more.)
  Initial: _____

I, _____ have read and understand the information given to me in this Mt. Zion National 24-Hour Childcare Center Parent/Child Services Request Form.

_____ _____
Parent/Guardian Signature **Date**

_____ _____
Center Administration Signature **Date**

Mt. Zion 24-Hour Childcare Center

Agreement of Understanding

I, _____ have read and understand the information given to me in the Mt. Zion National 24-Hour Childcare Center Child Care packet.

_____ _____

Parent/Guardian Signature **Date**

_____ _____

Center Administration Signature **Date**

Mt. Zion 24-Hour Childcare Center

Registration Waiver Agreement

I _____ born ___/___/_____ do hereby affirm that I am unable to pay Registration Fee of $50.00 for _____ (Child) born ___/___/_____ due to financial hardship. I have requested Financial Assistance through the Foundations **of Mt. Zion** (Non-Profit) **Family Resolution Center** in order to cover Initial Registration Fee.

_____ _____

Parent/Guardian Signature **Date**

_____ _____

Center Administration (Print) **Title**

_____ _____

Center Administration (Signature) **Date**

_____ _____

Foundations of Mt. Zion (Print) **Title**

_____ _____

Foundations of Mt. Zion (Signature) **Date**

KHAMELEON INC

Proud Sponsor Of:

FOUNDATIONS of MT. ZION

Jesus Is The Remedy To Success

Family Resolution Center

888.983.5889 | www.foundationsofmtzion.org

USA