

HOLY TRINITY PRESCHOOL - CHILD ENROLLMENT RECORD

Date of Enrollment _____

Child's Full Name _____ Nickname _____

Home Address (including city and zip code)

Primary Email _____

Child's Gender: M F Age of child _____ Date of Birth ____/____/____

Other Family Members Living in Household:

Mother or Guardian's Name: _____

Address if different from child's: _____

Primary Phone _____ Cell Phone _____ Work phone _____

Name/Address of employment (mother/guardian) _____

Mother Email: _____

Father or Guardian's Name _____

Address if different from child's _____

Primary Phone _____ Cell Phone _____ Work Phone _____

Name/Address of employment (father/guardian) _____

Father Email: _____

Special instructions for reaching parent or guardian _____

EMERGENCY CONTACTS

1. Name _____ Contact Phone _____

Address _____ Also authorized to pick up child (YES/NO): _____

Other Phone _____ Relationship to child _____

2. Name _____ Contact Phone _____

Address _____ Also authorized to pick up child (YES/NO): _____

Other Phone _____ Relationship to child _____

Emergency contacts will ONLY be called in case of an emergency when parents cannot be reached. Persons authorized to pick up child will be called if there is an illness or the parents cannot be reached for pick up.

Child's Name _____

HOLY TRINITY PRESCHOOL - CHILD AUTHORIZATION & INSURANCE INFORMATION (1/2 pg)

Persons authorized to pick up your child

(Must show photo ID)

Name _____

Home Phone _____ Work Phone _____

Name _____

Home Phone _____ Work Phone _____

Name _____

Home Phone _____ Work Phone _____

Medical Treatment and Preferences

Name, address and phone number of child's **doctor** _____

Name, address and phone of child's **dentist** _____

Date of last dental appointment: _____

Home Church _____

Hospital of Preference (Please check one)

The Children's Hospital
13123 East 16th Avenue
Aurora, CO 80045
(720) 777-1234

Littleton Adventist Hospital
7700 South Broadway
Littleton, CO 80122-2602
(303) 730-5895

Other _____

Chronic Medical conditions _____

Does your child have a treatment plan for a chronic illness or condition ? _____ If YES, the treatment plan from your child's doctor must be provided on or before the first day the child is in care

Is your child on an IEP/FSP? (Is YES, please provide a copy for our records) _____.

Is your child fully immunized ? _____ Completed immunization records must be provided on or before the first day the child is in care.

Operations or serious injuries (dates) _____

Food Allergies/foods to avoid: _____

Child's Name _____

CHILD AUTHORIZATION, MEDICAL AND INSURANCE INFORMATION CONTINUED (2/2 pg)

HEALTH HISTORY

(Chronic or recurring)

Ear Infections _____
Diabetes _____
Heart disease/defect _____
Convulsion/seizures _____
Asthma _____
Nosebleeds _____
Measles _____
Mumps _____
Chicken Pox _____
Flu or Flu shot _____

ALLERGIES

(Nature of Reaction)

Hay Fever _____
Plant Poisoning _____
Insect stings _____
Penicillin _____
Other drugs _____
Animals _____
Food _____
Other _____

Allergy/Illness that requires meds to be given at school? (must have care plan signed by doctor)

YES NO

Food Allergy/Sensitivity

YES NO

(If YES, please complete mild allergy form)

Physical limitations _____ Describe if yes _____

Dietary limitations _____ Describe if yes _____

Authorization for Emergency Medical Care

I hereby give my permission for Holy Trinity Preschool to call a doctor or emergency medical service and for the doctor, hospital or medical service to provide emergency medical or surgical care for my child.

It is understood that the child care providers will make a conscientious effort to locate the parent/guardians and emergency contacts listed on the registration document before any action will be taken. If it is not possible to locate emergency contacts listed, treatment will not be delayed. I/we will give permission for child care staff to transport to the nearest health care facility and/or accept the expense of emergency transportation, medical or surgical treatment. I grant permission for the staff at Holy Trinity, the director, or acting director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

1. Attempt to contact a parent or guardian
2. Attempt to contact the child's physician.
3. Attempt to contact you through any of the emergency contacts you provide for us.
4. If we cannot contact you or your child's physician we will do any or all of the following: (a) Call our nurse consultant, (b) Call an ambulance, (c) Have the child taken to an emergency hospital in the company of a staff member.
5. Any expenses incurred under number 4, above, will be borne by the child's family.
6. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.
7. Where negligence cannot be proven, this school will not be responsible for accidents that may happen to a child.

Parent/Guardian signatures

_____ Date _____

_____ Date _____

Insurance Information

Group # _____

Member # _____

Insurance Provider: _____ Name of Insured: _____

Child's Name _____

Compliance Agreement 2018-19

Holy Trinity Lutheran Preschool

Parents, please read, initial each statement and sign this agreement for our files. Thank you for your cooperation.

____ I have read and agree to comply with the rules and regulations of Holy Trinity Preschool regarding payments, fees, attendance, health, parking, clothing, and other items specified in the Parent Handbook.

____ I give permission for my child to use all of the play equipment and participate in all of the activities at school.

____ I give permission for my child to leave the school premises under the supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle. Prior notice will be given for driving trips. PLEASE LEAVE A CAR SEAT FOR YOUR CHILD ON DAYS WE WILL BE LEAVING THE SCHOOL.

____ I agree to notify the school at least one month in advance of withdrawal, when possible, should withdrawal be necessary at any point during the preschool year.

____ I understand that the monthly tuition is based on a daily schedule and is due the first day of each month during the preschool year (September through May). The tuition remains the same, regardless of the number of days the child actually attends.

____ I give my permission for Holy Trinity Lutheran Preschool to feature my child's work in the following ways without compensation: photos, videos, quotes, artwork, pictures, pictures and work on the website and private Facebook account (not labeled with names), photos for church events, directory and slides on internal TV channel. *Please strike through any feature you DO NOT give us permission to use.*

____ I give permission for my child to watch G rated films or video clips from the internet as a supplement to the teacher's curriculum.

____ I give permission for my family's names, phone numbers and emails to be included in the printed school directory. *Please strike through any information you DO NOT want featured in the directory.*

____ I authorize and understand that the following entities have access to my child's records and keep all information confidential. Also, if individual screenings or testing is performed, I will be notified before and given results afterward:

- Sub-contracted nurse consultant or other health specialists
- Colorado Department of Human Services
- NAEYC assessors

____ I authorize Holy Trinity Lutheran Preschool to partner with Play Therapy i.n.c. (Integrate, Nurture, Connect) to provide social emotional coaching and consultation. Erin Bennetts, LCSW and Kelly Miller, LCSW will be providing coaching and consultation in order to provide the highest quality of care for our children, families and staff in their social emotional health and well-being. We are also partnered with Karin Wood of Children's Advisory Network to provide developmental screenings in vision, hearing and language, as well as on-going group and individual sessions for speech and language as needed and authorized by parents. The consultation and coaching will include observations in the classroom of both staff and children, professional development for staff, and individualized supports for children and families as needed.

Parent Signature _____ Print parent's name _____

Date _____

Child's Name _____ Parent/Guardian's Name: _____

TOPICAL PREPARATIONS (PREVENTIVE ONLY) PERMISSION FORM

SUNSCREEN

Students need to come to school with sunscreen already applied. By signing my child in each day, I /we acknowledge that I/we have applied sunscreen to all exposed areas of my/our child's skin.

Any child over 12 months of age that is at the center for longer than 2 hours will have sunscreen applied to exposed skin prior to going outside. Sunscreen will be reapplied before going outside if it has been longer than 2 hours since the last application. Sunscreen may be applied by a child over 4 years of age with direct supervision of a staff member. Sunscreen may not be applied if there are open wounds or broken skin unless there is a written order by a prescribing practitioner. A medical provider's note is required if sunscreen will not be used (i.e., skin condition, allergy), and alternate protection from the sun is required (i.e., hat, gloves, long sleeves, etc).

Sunscreen will be applied according to manufacturer's instructions. The center will provide and reapply sunscreen (brand: Equate, Walmart brand), or I will provide an unexpired sunscreen, labeled with my child's first and last name to be kept at the center.

I give permission for Holy Trinity's staff to reapply sunscreen to my child according to the policy, and am aware that children need protection from the sun year-round.

Parent/Guardian Signature: _____ Date: _____

MOISTURIZING LOTION/CREAM/BALM

I give my permission for the staff at Holy Trinity Preschool to assist with applying or apply skin lotion/cream to my child as necessary for visibly dry skin. I understand I must provide the lotion/cream/balm in the original over the counter container labeled with my child's name if I feel it is necessary on a regular basis. It is my responsibility to check the ingredients of this product to ensure my child is not allergic to it. Skin lotion/cream/balm will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian.

- My child may use any skin lotion/cream/balm applied by staff.
- My child may NOT use any other skin lotion/cream/balm than the one he or she brings

Parent/Guardian Signature: _____ Date: _____

DIAPER OINTMENT/CREAM

- N/A – Does not apply to my child

I give my permission for the staff at Holy Trinity Preschool to apply over the counter diaper rash ointment/cream to my child. I understand that I may only provide diaper ointment or cream, free of antibiotic, antifungal or anti-inflammatory components without a written prescription from my doctor. I understand I must provide the ointment/cream in the original over the counter container labeled with my child's name. Ointment/cream will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian.

- Name of product: _____
Special instructions: _____
- My child may NOT use any other diaper ointment/cream than the one he or she brings

Parent/Guardian Signature: _____ Date: _____