

COMPANY NAME

REGISTRATION FORM

PERSONAL INFORMATION

Date: ____/____/____.

FULL NAME _____

GENDER ☐ Male ☐ Female _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

NATIONALITY _____ RELIGION _____

RESIDENCE STATUS ☐ Residence ☐ Non Residence _____

MARITAL STATUS ☐ Single ☐ Married ☐ Widowed _____

NATIONAL ID NO _____ TIN NO _____

CONTACT INFORMATION

ADDRESS: _____

CITY _____ STATE _____

ZIP CODE _____ CONTRY _____

PHONE _____ EMAIL _____

SERVICE INFORMATION

SERVICE NAME _____

PAYMENT DETAIL ☐ Cash ☐ Debit Card ☐ Credit Card _____

COMMENTS _____

Enrollment FORM



FAMILY INFORMATION

Date: ____/____/____.

FULL NAME _____

GENDER

☐

Male

☐

Female

DATE OF BIRTH _____

ALLERGIES: _____

PARENT NAME: _____

PHONE #: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

PARENT NAME: _____

PHONE #: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

PARENT INFORMATION

NAME: _____

OCCUPATION: _____

WORK PHONE #: _____

NAME: _____

OCCUPATION: _____

WORK PHONE #: _____

EMERGENCY INFORMATION

NAME: _____

PHONE #: _____

NAME: _____

RELATIONSHIP: _____

PHONE #: _____

NAME: _____

RELATIONSHIP: _____

PHONE #: _____

Parent Signature

Enrollment FORM



Child's Name: _____ Date: ____/____/____.

HOLY TRINITY PRESCHOOL COMPLIANCE AGREEMENT

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, medications, health, and other items specified in the Parent Handbook.
- _____ I understand weekly tuition is based on a daily schedule and is due by Monday evening each week. The tuition remains the same, regardless of the number of days the child actually attends.
- _____ 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 give permission for my child to use all the play equipment and participate in all of the activities at school.
- _____ I give permission for my child to use a cot or mat for resting or sleeping during rest time.

- _____ 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 Holy Trinity Preschool's or Holy Trinity Lutheran Church's Facebook page (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 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 you in the directory.
- _____ 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. Prior notice will be given if we leave the church property.
- _____ 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. Screen time will not exceed 30 minutes per week unless prior notice is given for a special occasion film or video viewing. Screen time is not offered to children under 2 years old.
- _____ 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

Print Parent name: _____

Parent Signature _____

Enrollment FORM



CHILD'S NAME: _____ Date: ____/____/____.

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.

If my child is in care at Holy Trinity Preschool after 3:00 pm, I will provide a bottle of sunscreen for my child's teacher to apply according to the manufacturer's instructions. The sunscreen must be labeled with my child's first and last name and kept in a locked cabinet at the center. 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., ski condition, allergy), and alternate protection from the sun is required (i.e., gloves, long sleeves, etc.).

I give permission for the Holy Trinity Preschool 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: _____

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 me 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 a broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian 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: _____

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, anti-fungal 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 can only be used as a preventive measure and can 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. Colorado Department of Human Services regulations prohibit the use of home remedies, including homeopathic medications in a childcare center (7.702.52.c.1).

Name of Product: _____

Special Instructions: _____

Parent Signature _____ Date: _____

Enrollment FORM



DOCTOR INFORMATION

Date: ____/____/____.

CHILD'S DOCTOR _____

PHONE #: _____

ADDRESS: _____

CHILD'S DENTIST: _____

PHONE #: _____

ADDRESS: _____

PREFERED HOSPITAL

LITTLETON ADVENTIST HOSPITAL
(303) 730-5895

7700 SOUTH BROADWAY, LITTLETON CO 80122-2602

CHILDREN'S HOSPITAL.
(720) 478-1234

1811 PLAZA DRIVE, HIGHLANDS RANCH, CO 80129

OTHER: _____

ALLERGY INFORMATION

DRUG ALLERGIES: _____

CHRONIC MEDICAL CONDITIONS OR SPECIAL MEDICAL NEEDS: _____

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. UNLESS IT IS LIFE-THREATENING EMERGENCY, IT IS UNDERSTOOD THAT Holy Trinity Preschool WILL MAKE A CONSCIENTIOUS EFFORT TO LOCATE THE PARENT/GUARDIANS OR EMERGENCY CONTACTS PRIOR TO CALLING FOR AN EMERGENCY TRANSPORTATION. IF IT IS NOT POSSIBLE TO LOCATE EMERGENCY CONTACTS LISTED, TREATMENT WILL NOT BE DELAYED. I/WE GIVE PERMISSION FOR Holy Trinity Preschool TO ADMINISTER FIRST AID OR CPR AND CALL AN AMBULANCE 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 Preschool, 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 LIMITED TO, THE FOLLOWING: J. AITEMPTTO CONTACT A PARENT OR GUARDIAN 2. ATTEMPT TO CONTACT THE CHILD'S PHYSICIAN 3. AITEMPTTO CONTACT YOU THROUGH ANY OF THE EMERGENCY CONTACTS YOU PROVIDE US. 4. IF WE CANNOT CONTACT YOU OR YOUR CHILD'S PHYSICIAN, WE WILL DO ALL OF THE FOLLOWING A. CALL OUR NURSE CONSULTANT B. CALL AN AMBULANCE C. HAVE A CHILD TAKEN TO AN EMERGENCY HOSPITAL IN THE COMPANY OF A STAFF MEMBER. 5. ANY EXPENSES INCURRED UNDER NUMBER g. ABOVE WILL BE BORNE BY THE CHILD'S FAMILY. E. THE SCHOOL WILL NOT BE RESPONSIBLE FOR ANYTHING THAT MAY HAPPEN AS A RESULT OF FALSE INFORMATION GIVEN AT THE TIME OF ENROLLMENT. Z. WHERE NEGLIGENCE CANNOT BE PROVEN, THIS SCHOOL WILL NOT BE RESPONSIBLE FOR ACCIDENTS THAT MAY HAPPEN TO A CHILD.

Parent Signature

Holy Trinity
Preschool

Enrollment FORM



Parent Questionnaire

Child Name: _____ Date: ____/____/____.

Welcome to our Preschool! We are excited to get to know you. Please let us know a little about your family and your child so that we can get to know you right away! Be sure to let us know throughout the year if any information changes, or if you think of anything else that might affect your child's learning.

Child's Name: _____ Nickname? _____

Food allergies/sensitivities or foods to avoid:

Any chronic medical conditions that we should be aware of?

If yes, please explain. Attach additional pages if needed.

Has your child had any operations or serious injuries? If yes, please explain.

Who lives in your house? Do you have pets?

Who works/goes to school outside of the house?

Languages, other than English) is spoken in the home?

What is your family's home church?

Is your child potty trained? Explain if necessary.

What are your child's favorite toys and activities?

Parent Signature

Date:

Enrollment FORM



WHAT TO BRING EACH DAY:

- A backpack or bag for carrying art and important papers home each day
- A change of clothes for accidents or messes, including socks and underwear and shoes
- A healthy, nut-free lunch (check labels for items that may also contain nuts or may have been processed in a facility that has nuts). Soy nut and sunflower butter are great peanut alternatives. If you use these, please label the sandwich so that we know what is. Please ensure that your child's food is cut into pieces that your child can easily handle.
- A water bottle filled with water that your child can drink from all day when he/she is thirsty. It will go home daily for cleaning.
- Jacket, mittens, hat, and boots for cold days — we go outside every day!
- Nap or rest time materials — twin or crib sheet, blanket, and someone special to sleep with if your child usually sleeps with something special. If your child brings in a nap sack, we still need a crib or twin sheet to be placed on the mats.
- WHAT NOT TO BRING OR LEAVE IN YOUR CHILD'S BACKPACK:
 - Sunscreen
 - Lip Balm
 - Toys
 - Money
 - Plastic grocery bags

SUPPLIES, FOOD & BIRTHDAYS

- Supplies are provided with assistance from your registration fee. We can always use extra help, though!
- If you are shopping and can help us by providing us with some additional items, we would appreciate it:
 - Paper towels
 - Kleenex
 - Gallon or quart size Ziploc bags (any brand) and non-zip sandwich bags
 - Napkins

Breakfast and snack menus will be posted in the Preschool lobby. Breakfast is served from 7:30–8:00 each morning. We avoid sugary foods in our snacks. You provide your child's daily lunch so that your child is sure to get food that he/she enjoys, but please be sure to pack healthy foods. If you are packing something that is best warm, heating it when you are packing it and then putting it in a thermos container works well. Also, the use of an ice pack helps to keep the food cold. Please ensure that your child's food is easy to chew or cut into pieces that your child can easily handle,

We celebrate birthdays with lots of fanfare, but not a lot of sugar! If you would like to bring in a special treat for your child's birthday, please bring in a store-bought treat that is nut free the children also enjoy bringing home treat bags if you choose not to bring in treats.

GENERAL HEALTH APPRAISAL FORM

PARENT

Please complete, date, and SIGN.

Child's Name: _____ Birthdate: _____

Allergies: ☐ None OR ☐ List food/medication: _____

Diet: ☐ Breastfed ☐ Age appropriate ☐ Special-Describe: _____

Skin Care: ☐ Sunscreen/creams may be applied as requested in writing by parent unless skin is broken or bleeding.

Sleep: Your healthcare provider recommends that all infants less than 1 year of age be placed on their back for sleep.

I, _____, give permission for my child's healthcare provider to share this form and applicable attachments with my child's school, childcare, or camp. Contact information for the person to receive this form:

Name: _____ Fax: _____ Email: _____

Parent/Guardian Signature: _____ Date: _____

HEALTH CARE PROVIDER

Please complete after parent section has been completed.

Date of most recent health appraisal: _____ Age: _____ Weight: _____

Physical Exam: ☐ Normal ☐ Abnormal-describe: _____

Allergies: ☐ None OR ☐ List food/medication: _____ Type of Reaction _____

Current Medications: ☐ None OR ☐ List: _____

A separate medication authorization form ([link](#)) is required for medications given in school, childcare, or camp.

Current Diet: ☐ Breastfed ☐ Age appropriate ☐ Special-describe: _____

A separate diet statement ([link](#)) is required for food provided at school, childcare, or camp.

Health Concerns: ☐ Severe Allergies ☐ Asthma ☐ Seizures ☐ Diabetes ☐ Hospitalizations ☐ Behavior Concerns

☐ Developmental Delays ☐ Vision ☐ Hearing ☐ Oral Health ☐ Under/Overweight ☐ Other: _____

Explain above concerns (if necessary, include instructions to care providers): _____

Immunizations: ☐ See attached immunization record or official exemption form ☐ Next vaccine due date: _____

HEALTH CARE PROVIDER

Please complete if appropriate. This information is required by Early Head Start and Head Start Programs per the State EPSDT Schedule.

Height: _____ B/P: _____ Head Circumference (up to 12 months): _____ HCT/HGB: _____

Lead Level: ☐ Not at risk OR ☐ Lead level: _____ TB: ☐ Not at risk OR Test Result: ☐ Normal ☐ Abnormal

Screens Performed: ☐ Vision: ☐ Normal ☐ Abnormal ☐ Hearing: ☐ Normal ☐ Abnormal

☐ Oral Health: ☐ Normal ☐ Abnormal Developmental Screen: ☐ ASQ ☐ PEDS ☐ Other: _____

Developmental Concerns: _____ Recommended Follow-up: _____

PROVIDER SIGNATURE

Next Well Visit: ☐ Per AAP Guidelines* or ☐ Age: _____

This child is healthy and may participate in all routine activities in school, childcare, or camp. Any concerns or exceptions are identified on this form.

Signature of Healthcare Provider (certifying form reviewed)

Date

*The AAP recommends Well Child Visits at 2, 4, 6, 9, 12, 15, 18, 24, and 30 months, and annually after 3 years.

OFFICE STAMP

Or write Name, Address, Phone Number, Email

The form was created by the American Academy of Pediatrics, Colorado Chapter and Healthy Child Care Colorado to satisfy childcare and Head Start requirements in Colorado. While accepted by most schools, childcare programs and camps, this is not an official government form. Updated 01/2021.