2012-2013 Registration Form

Registration March 16th, 2012 Time: _____ Pre-Registration #: _____
Child's Name _____ Parents' Names _____

Welcome to Community Preschool (CPS)! We require the completion of several forms for each child enrolled. Below is a list of items that must be completed and turned in at spring registration in order to register your child. **Your child may not attend school until all forms are on file**.

FORMS LISTED BELOW ARE REQUIRED TO BE REGISTERED FOR 2012-2013 SCHOOL YEAR

Page 1	**Student Registration Record**
Page 2	**Emergency Form with Medical Consent with (2) photos attached**
Page 3	**Allergy Form**
Page 4	**Membership Pledge and Liability Release**
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Page 7	**Student Health Record**
Page 8	**Colorado Department of Public Health Certificate of Immunization**

Families may pre-register on our website starting February 21st at 8am MST through March 2nd at 8pm MST. **If you have questions regarding the spring registration process, contact a class coordinator or visit our website at** www.communitypreschool.org.

Classes Available for the 2012-13 School Year

Two's Class	**Three's Class**	**Four/Five's Class**
Class Day/Time:	***Class Day(s)/Time:***	***Class Day(s)/Time:***
F 9 AM	MW 9 AM	MWF 9 AM
(Mrs. Abbott)	(Mrs. Abbott)	(Mrs. Miller)
	TR 8:45 AM	MWF 8:45 AM
	(Mr. Martinez)	(Mrs. Martinez)
	TR 9 AM	TR 8:45 AM
	(Mrs. Abbott)	(Mrs. Miller)
		MTR 12:45 PM
		(Mrs. Martinez)

Office Use Only:
Child's Name: Class Registered:

(4) Start / Finish Table. All tabs below have been initialed. Registration is complete. Initials _____ Date/Time _____

(1) Treasurer Table Initials _____	(2) Class Coordinator Table Initials _____	(3) Committee Jobs Table Initials _____
$50.00 non-refundable registration fee and $20.00 class supply fee are due here. Make checks payable to Community Preschool. Only one registration fee per family per year. Thank you!	All forms listed above have been collected.	A committee job has been signed up. Only one job per child per year.

Student's Registration Record

Student's Birth Date:_____ Age by 10/01/12:_____

Child's Name_____ **Sex**: M / F **Nickname**_____
Address_____ City_____ Zip Code_____
Home Telephone_____ Cell Phone_____
Other children in family (list name, age, sex of each)
_____

Mother's Name_____ **Father's Name**_____
Occupation_____ Occupation_____
Employer_____ Employer_____
Employer's Address_____ Employer's Address_____
_____ _____
Employer Tel._____ Employer Tel._____

Persons, other than parents, with permission to pick up child. Please include address, phone & relationship:
1._____
_____
2._____
_____

Has your child had experience in preschool, daycare, or playgroups away from home? _____
List all allergies AND/OR intolerances and severity (<u>If the child has allergies, please also fill out the allergy form</u>):
_____
_____
Please give any information about your child which would be helpful in his/her experience at preschool (play, activities, feelings, likes, dislikes, fears, etc.)_____
_____
_____
Do you have special interests, talents, or hobbies you'd like to share at preschool?
_____
Would you be interested in serving a term on our parent-run Board of Directors? _____
Do you have suggestions for field trips, programs, or classroom-sharing ideas?
_____
_____
Are you willing to drive on field trips?_____ Number of seats that can accommodate car seats?_____
May we use your first name and last initial AND phone # on the web site (for documents such as parent- help schedules and committee job listing)? Yes _____ No _____
(Phone numbers WILL be listed on parent-help sheets.)
May we publish your name in the CPS directory? Yes_____ No_____
Phone numbers will be listed on parent-help sheets.
May we use your child's picture without his/her name:
In photos on Facebook and the CPS website? Yes____ No____
In posters to advertise CPS at the preschool fair or on school wall? Yes_____ No_____
E-mail address:_____

Emergency Information

Glue One Photo Here
&
Bring One Photo For
The Snack Board
(please write child's name on back)

Child's Name_____
Birthday_____Weight_____lbs. Blood Type_____
Parents' Name _____
Home Phone Number ( ) _____
Cell Phone Number ( ) _____
Emergency Contact Name _____
Emergency Contact Number ( ) _____
Home Address _____
City _____State _____ Zip code _____
Preferred Hospital _____
Physician _____
Insurance Provider _____Group # _____
Child's ID # _____

Medical Conditions, Medications: YES or NO (if Yes, please describe) _____
_____
Allergies or Intolerances and Severity of:_____
_____

*Parent's Authorization to Release Student for Treatment*_____ *Date*_____
(please sign)

Medical Consent

I hereby give my consent to Community Preschool to seek emergency medical attention for my child.

In the event of an emergency, Community Preschool and its representatives will activate the emergency medical system (call 911), and then make reasonable efforts to contact a parent or guardian at the numbers listed below.

*Parent's signature*_____*Date*_____

*Parent's home phone*_____

Parent's pager or cell phone _____

COMMUNITY PRESCHOOL

ALLERGY INFORMATION SHEET

If your child does not have allergies, please just write NKA, No Known Allergies

Child's Name:_____ DOB:___/___/____
Class:_____

Parents:_____

Known Food Allergies:_____
_____

Known Animal Allergies:_____
_____

Known Drug Allergies: _____
_____

List Any Other Known Allergies: (e.g. plants, weeds, etc.)
_____
_____

Allergy Symptoms:_____
_____
_____

Treatment Needed:_____
_____

Membership Pledge and Liability Release

A. **Tuition:** The tuition rate for the 2012-13 school year will be $8.75 per class day. First-quarter tuition is due to the treasurer in full by August 1, 2012. If there are extraneous circumstances that will cause your tuition to be late please call the Treasurer before this date. If this is not received, your child will be dropped from enrollment and the membership canceled. Tuition for the remaining quarters is due the first week of each quarter. If tuition is not paid by the due date, a $5.00 late fee will be assessed. If tuition is 30 days past the due date, a fine of $30.00 will be incurred. If payment is not received, the child will be dropped for that quarter and the membership canceled. You are liable for any unpaid balance due to the preschool.

B. **Committee:** Since we are a cooperative preschool, a member of each family serves on a committee during the year. There is one committee assignment **for each child enrolled** in preschool. There is a $40.00 fine if you do not complete your assignment.

C. **Parent-Helping:** It is State Law that there are the correct teacher/student ratios in each classroom. Therefore, a parent-helper from each family assists the teacher up to as many as four days (or more) during each quarter, depending on the number of class days in the quarter and number of students in each classroom. Sign-up sheets are posted before the start of each quarter. You will have approximately 2 weeks to sign up. Those who do not sign up will be assigned helper dates. It is the responsibility of the parent-helper to find a substitute if he/she cannot work on his/her assigned day. If no one is able to cover your work time, the class may be canceled for the day, according to State Law. If you do not show up or come late on your assigned day, you can be fined up to $40.00. Your child will not be able to come to school until the fine is paid.

D. **Class Cancellation:** The Preschool reserves the right to cancel classes due to low enrollment.

E. **Meeting and Notices:** Parents of children enrolled in the preschool automatically become members of the corporation, which runs the school. Information regarding the annual board elections, spring registration, fall business, and other important business will be conducted through the children's cubbies. An orientation/business meeting of the corporation is held the first week of the school year. Attendance at this meeting is required.

F. **No-Nut Policy: Community Preschool is a NUT-FREE SCHOOL**. If you bring a snack with nuts in it, the teacher will replace it with a snack from the preschool and the parent-helper will be required to replace the snack or pay $5.00 to the preschool.

For more detailed information, please see the CPS Parent Handbook.

Certificate of Membership – Membership Pledge

I,_____, on this _____ day of _____, 20_____,
do hereby affirm and agree to support the By-Laws and the Rules and Policies (including, but not limited to, the Code of Conduct) made by the Board of Executive Trustees of Community Preschool, Inc. (CPS). I also agree to abide by the rules of contract made with the preschool building owner and to cooperate with the school staff to further the goals and operations of this establishment.

Liability Release

With children as our business, CPS is careful to do everything possible to ensure your child's safety. In recognition that no situation can be made 100% safe, we ask that you sign the following release:
Community Preschool, Inc will not be held liable for personal injuries suffered by the child.

Parent's Signature_____Date_____

Community Preschool
Code of Conduct

We all have the right to be safe and feel safe in our school community. With this right comes the responsibility to be law-abiding citizens and to be accountable for actions that put at risk the safety of others or oneself.
The Community Preschool Code of Conduct sets clear standards of behavior. These standards of behavior apply not only to parents, but to all individuals involved in our school community – parents or guardians, volunteers, teachers and board members – whether they are on school property or at school-sponsored events or activities.

- All members of the school community are to be treated with respect and dignity. We will respect all members of our community regardless of race, creed, or sexual orientation.
- All adult members have the responsibility to act as models of good behavior for our children. Foul language is not appropriate.
- It is our responsibility to show respect for school property and the property of others.
- Inappropriate behavior, harassment, or abuse of any kind toward a student, parent or teacher will result in possible police intervention and/or expulsion from the school. This includes but is not limited to harassment or intimidation by words, gestures, body language, or any type of menacing behavior, as well as explicit conversation or behavior. The police department may be called in to investigate incidents in accordance with the protocol developed by the board of directors. If you suspect inappropriate behavior, it should be reported to the CPS board immediately.
- No weapons are allowed on school property or at school functions.
- Alcohol and illegal drugs are not allowed on school property or at school-sponsored events.
- Privacy and confidentiality are important to us. Concerns and comments should be addressed with the teachers, then if necessary with a member of the executive board. Gossip and public criticism are unacceptable. Please refrain from discussing your concerns with other parents in the hallways at school.
- School cubbies are for communication between the school and parents only. They are not to be used for business promotion.
- CPS promotes a non-violent response to resolving conflicts. Spanking or otherwise physically punishing a child while in the classroom (even your own child) is not appropriate.

This Code of Conduct **MUST** be signed by any and all adults that will be involved in your child's preschool experience including parents, grandparents, and care givers. Thank You.

_____	_____	_____
Signature	Printed Name	Date
_____	_____	_____
Signature	Printed Name	Date
_____	_____	_____
Signature	Printed Name	Date
_____	_____	_____
Signature	Printed Name	Date

Child's Name: _____ Child's Class: _____

Field Trip Permission Slip

I hereby give permission for my child, _____, to go on field trips away from the preschool premises, whether on foot or by vehicle. I consent to transportation of the above-named child.

Authorized Signature _____*Date*_____

Car Insurance Confirmation

Community Preschool, Inc. requires that all field-trip drivers have adequate motor vehicle insurance, car seat(s) and/or seat belt(s) for each child in the vehicle.

The following information is required.

My insurance company is_____. My policy # is _____

Child's Class _____ *Parent's Signature*_____*Date*_____

Child's Name: _____ Child's Class: _____

Student's Health Record

All students must have a health examination for the 2012-2013 school year. A Physician's signature is required.

Child's Name _____ Sex _____ Date of Birth_____

Doctor _____ Phone _____
Address_____

Dentist _____ Phone _____
Address _____

Check illnesses child has had:
Chickenpox_____ Strep Throat _____ Seizures _____ Measles _____
Mumps _____ Rheumatic Fever _____ Rubella _____ Scarlet Fever _____ Other _____

Food allergies _____ Diet restrictions _____
Drug reactions/allergies _____
(If child has ANY allergies, please fill out Allergy Form)
Contact with tuberculosis? Yes ____ No ____
If yes, was a TB test given? Date _____ Result _____
If the result was positive, were chest X-rays done? Date _____ Result _____
Does the child have any physical or emotional illness or condition that might affect his/her participation at Preschool? Yes ___ No ___
If yes, Please explain: _____
_____
Physical findings (include, if tested, vision and hearing):_____
_____
Comments and recommendations to preschool personnel:_____
_____

Date: _____ **Physician's Signature**:_____

COLORADO LAW REQUIRES THIS FORM BE COMPLETE AND PROVIDED TO THE SCHOOL

Name _____ **Date of Birth** _____

Parent/Guardian _____

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT—CERTIFICATE OF IMMUNIZATION

Vaccine		Enter complete date each immunization was given					
Hep B	Hepatitis B						
DTaP/Tdap	Diphtheria, Tetanus, Pertussis						
DT/Td	Tetanus, Diphtheria						
Hib	*Haemophilus influenzae* type b						
IPV/OPV	Polio						
PCV	Pneumococcal Conjugate						
MMR	Measles, Mumps, Rubella						
Varicella	Chickenpox			Healthcare Provider Documentation Date _____		Lab Verification Date _____	
Vaccines recorded below this line are recommended. Recording of dates are optional.							
HPV	Human Papillomavirus						
Rota	Rotavirus						
MCV4/MPSV4	Meningococcal						
Hep A	Hepatitis A						
TIV/LAIV	Influenza						
Other							

To the best of my knowledge, the person named above has received the above immunizations.

DO NOT SIGN UNLESS ALL IMMUNIZATION REQUIREMENTS ARE MET

Signed _____ Title _____ Date _____
(Physician, nurse, or school health authority)

Name _____ **Date of Birth** _____

STATEMENT OF EXEMPTION TO IMMUNIZATION LAW (DECLARACIÓN RESPECTO A LAS EXENCIONES DE LA LEY DE VACUNACIÓN)

IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS MAY BE SUBJECT TO EXCLUSION FROM SCHOOL AND TO QUARANTINE.
SI SE PRESENTA UN BROTE DE LA ENFERMEDAD, ES POSIBLE QUE A LAS PERSONAS EXENTAS SE LES PONGA EN CUARENTENA O SE LES EXCLUYA DE LA ESCUELA.

MEDICAL EXEMPTION: The physical condition of the above named person is such that immunization would endanger life or health or is medically contraindicated due to other medical conditions.
EXENCIÓN POR RAZONES MÉDICAS: El estado de salud de la persona arriba citada es tal que la vacunación significa un riesgo para su salud o incluso su vida; o bien, las vacunas están contraindicadas debido a otros problemas de salud.

***Medical exemption** to the following vaccine(s):*
***La exención por razones médicas** aplica a la(s) siguiente(s) vacuna(s):*

Signed (Firma) _____ Date (Fecha) _____ _____
Physician (Médico)

RELIGIOUS EXEMPTION: Parent or guardian of the above named person or the person himself/herself is an adherent to a religious belief opposed to immunizations.
EXENCIÓN POR MOTIVOS RELIGIOSOS: El padre o tutor de la persona arriba citada, o la persona misma, pertenece a una religión que se opone a la inmunización.

***Religious exemption** to the following vaccine(s):*
***Exención por motivos religiosos** de la(s) siguiente(s) vacuna(s):*

Signed (Firma) _____ Date (Fecha) _____ _____
Parent, guardian, emancipated student/consenting minor
(Padre, tutor, estudiante emancipado o consentimiento del menor)

PERSONAL EXEMPTION: Parent or guardian of the above named person or the person himself/herself is an adherent to a personal belief opposed to immunizations.
EXENCIÓN POR CREENCIAS PERSONALES: Las creencias personales del padre o tutor de la persona arriba citada, o la persona misma, se oponen a la inmunización.

***Personal exemption** to the following vaccine(s):*
***Exención por creencias personales** de la(s) siguiente(s) vacuna(s):*

Signed (Firma) _____ Date (Fecha) _____ _____
Parent, guardian, emancipated student/consenting minor
(Padre, tutor, estudiante emancipado o consentimiento del menor)

CDPHE-IMM CI RC Rev. 5/09

Table 1. MINIMUM NUMBER OF DOSES REQUIRED FOR CERTIFICATE OF IMMUNIZATION

Vaccine [a]	Level of School/Age of Student											
	Child Care 2 to 3 mos	Child Care 4 to 5 mos	Child Care 6 to 7 mos	Child Care 8 to 11 mos	Child Care 12 to 14 mos	Child Care 15 to 17 mos	Child Care 18 to 23 mos	Preschool 2 to 4 yrs	K Entry 4 to 6 yrs	Grades K to 5 5 to 10 yrs	Grades 6 to 12 11 to 18 yrs	College
Pertussis/Tetanus/ Diphtheria	1	2	3	3	3	4	4	4	5/4 [b]	5/4 [b c]	6 [c d]	
Polio [e]	1	2	3	3	3	3	3	3	4/3 [f]	4/3 [f]	4/3 [f]	
Measles/Mumps/ Rubella [g]					1	1	1	1	2 [h]	2 [h]	2 [h]	2 [h i]
Haemophilus influenzae type b (Hib) [j]	1	2	2	3/2	3/2	3/2/1	3/2/1	3/2/1				
Pneumococcal Conjugate [k]	1	2	3/2	3/2	4/3/2	4/3/2	4/3/2					
Hepatitis B [l]	1	2	2	2	3	3	3	3	3	3	3	
Varicella [m]					1	1	1	1	2 [n]	2/1 [n]	2/1 [n o]	
Meningococcal												[p]

a: Vaccine doses administered ≤ 4 days before the minimum interval or age are to be counted as valid.

b: Five doses of pertussis, tetanus, and diphtheria vaccines are required at school entry in Colorado unless the 4th dose was given at ≥ 48 months (i.e., on or after the 4th birthday) in which case only 4 doses are required.

c: For students ≥ 7 years who have not had the required number of pertussis doses, no new or additional doses are required. Any student ≥ 7 years at school entry in Colorado who has not completed a primary series of 3 appropriately spaced doses of tetanus and diphtheria vaccine may be certified after the 3rd dose of tetanus and diphtheria vaccine (or tetanus, diphtheria, and pertussis vaccine if 10 or 11 years) if it is given > 6 months after the 2nd dose.

d: The student must meet the minimum prior requirement for the 4th or 5th doses of diphtheria, tetanus, and pertussis vaccine and have 1 tetanus, diphtheria, and pertussis vaccine dose.

e: For polio, in lieu of immunization, written evidence of a laboratory test showing immunity is acceptable.

f: Four doses of polio vaccine are required at school entry in Colorado unless the 3rd dose was given ≥ 48 months (i.e., on or after the 4th birthday) in which case only 3 doses are required. Four valid doses are a complete series regardless of age at completion.

g: For measles, mumps, and rubella, in lieu of immunization, written evidence of a laboratory test showing immunity is acceptable for the specific disease tested. The 1st dose of measles, mumps, and rubella vaccine must have been administered at ≥ 12 months of age (i.e., on or after the 1st birthday) to be acceptable.

h: The 2nd dose of measles vaccine or measles, mumps, and rubella vaccine must have been administered at least 28 calendar days after the 1st dose.

i: Measles, mumps, and rubella vaccine is not required for college students born before January 1, 1957.

j: The number of Hib vaccine doses required depends on the student's current age and the age when the vaccine was administered. If any dose was given ≥ 15 months, the Hib vaccine requirement is met. For students who began the series < 12 months, 3 doses are required of which at least 1 dose must have been administered at ≥ 12 months (i.e., on or after the 1st birthday). If the 1st dose was given at 12 to 14 months, 2 doses are required. If the current age is ≥ 5 years, no new or additional doses are required.

k: The number of pneumococcal conjugate vaccine doses depends on the student's current age and the age when the 1st dose was administered. If the 1st dose was administered at: (i) ≤ 6 months, 3 doses are required at 6 to 14 months and 4 doses are required at 15 to 23 months with 1 dose administered on or after the 1st birthday; (ii) 7 to 11 months, 2 doses are required at 6 to 14 months and 3 doses are required at 15 to 23 months with 1 dose on or after the 1st birthday; (iii) 12 to 23 months, 2 doses are required. If the current age is ≥ 2 years, no new or additional doses are required.

l: For hepatitis B, in lieu of immunization, written evidence of a laboratory test showing immunity is acceptable. The second dose should be administered at least 4 weeks after the first dose, and the third dose should be administered at least 16 weeks after the first dose and at least 8 weeks after the second dose. The final dose is to be administered at 24 weeks of age (6 months of age) and is not to be administered prior to that age.

m: For varicella, written evidence of a laboratory test showing immunity or a documented disease history from a health care provider is acceptable. The 1st dose of varicella vaccine must have been administered at ≥ 12 months of age (i.e., on or after the 1st birthday) to be acceptable.

n: If the second dose of varicella vaccine was administered to a child <13 years, the minimum interval between dose 1 and dose 2 is 3 months, however, if the second dose is administered at least 28 days following the first dose, the second dose does not need to be repeated. For a child who is ≥13 years, the second dose of varicella vaccine must have been administered at least 28 calendar days after the 1st dose. See Table 2 for the school years/grade levels that the 1st and 2nd doses of varicella will be required.

o: If the 1st dose of varicella vaccine was administered at ≥ 13 years, 2 doses are required, separated by a minimum of 4 to 8 weeks.

p: Information concerning meningococcal disease and the meningococcal vaccine shall be provided to each new student or if the student is under 18 years, to the student's parent or guardian. If the student does not obtain a vaccine, a signature must be obtained from the student or if the student is under 18 years, the student's parent or guardian indicating that the information was reviewed.

Table 2. TIMETABLE FOR IMPLEMENTATION OF REQUIREMENTS FOR SELECTED IMMUNIZATIONS FOR GRADES K TO 12

Refer to Table 1 for the minimum number of doses required for a particular grade level. Table 2 shows the year of implementation for a requirement from Table 1 and is restricted to varicella vaccine dose 1 (Var1) and dose 2 (Var2) and tetanus, diphtheria, and pertussis vaccine (Tdap). Requirements and effective dates for other vaccines are listed in Table 1. In this table, after a vaccine is required for grades K to 12, it is no longer shown, but the requirements listed in Table 1 continue to apply.

School Year	Grade Level												
	K	1	2	3	4	5	6	7	8	9	10	11	12
2007–08	Var2	Var1	Var1	Var1	Var1	Var1	Tdap Var1	Var1			Tdap		
2008–09	Var2	Var2	Var1	Var1	Var1	Var1	Tdap Var1	Tdap Var1	Var1		Tdap	Tdap	
2009–10	Var2	Var2	Var2	Var1	Var1	Var1	Tdap Var1	Tdap Var1	Tdap Var1	Var1	Tdap	Tdap	Tdap
2010–11	Var2	Var2	Var2	Var2	Var1	Var1	Tdap Var1	Tdap Var1	Tdap Var1	Tdap Var1	Tdap Var1	Tdap	Tdap
2011–12	Var2	Var2	Var2	Var2	Var2	Var1	Var1	Var1	Var1	Var1	Var1	Var1	
2012–13 (Var1 required for grades K to 12)	Var2	Var2	Var2	Var2	Var2	Var2	Var1	Var1	Var1	Var1	Var1	Var1	Var1
2013–14	Var2	Var2	Var2	Var2	Var2	Var2	Var2						
2014–15	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2					
2015–16	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2				
2016–17	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2			
2017–18	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2		
2018–19	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	
2019–20 (Var2 required for grades K to 12)	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2