

# 2018–2019 Registration Form

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

Parents' Names \_\_\_\_\_

Welcome to Community Preschool! We require the completion of all forms for each child enrolled. Below is a list of pages that must be completed and turned in at Spring Registration to register your child. If you are enrolling during the school year, we need 48 hours to process this packet before your child can attend class. **Your child may not attend school until all forms are on file.**

These forms are fillable PDF forms, and you can complete them electronically using Adobe Acrobat Reader: <https://get.adobe.com/reader/>. Please do not use digital signatures.

## Forms Required for the 2018–2019 School Year

- Page 1 Student Registration Record
- Page 2 Emergency Information (with Medical Consent and **2 Photos**)
- Page 3 Field Trip Information
- Page 4 Membership Pledge and Liability Release
- Page 5 Code of Conduct

**Pages 6, 7, and 8 are due at Fall Open House before the beginning of the school year. The medical forms must be completed by your doctor's office after June 1, 2018.**

- (Page 6 Student Health Record)
- (Page 7–8 Colorado Department of Public Health and Environment—Certificate of Immunization)

If you have questions about the registration process, contact your class coordinator or visit our website at [www.communitypreschool.org](http://www.communitypreschool.org).

## Classes for the 2018–2019 School Year

<u>2.5s Class</u>	<u>3s Classes</u>	<u>4/5s Classes</u>
<b>Class Day/Time:</b> <input type="radio"/> Fri 9:00–11:00 a.m. (Miss Jill)	<b>Class Days/Time:</b> <input type="radio"/> Mon/Wed 9:00–11:30 a.m. (Miss Jill)  <input type="radio"/> Tue/Thu 9:00–11:30 a.m. (Miss Jill)  <input type="radio"/> Tue/Thu 8:45–11:15 a.m. (Mrs. Martinez)	<b>Class Days/Time:</b> <input type="radio"/> Mon/Wed/Fri 8:45–11:15 a.m. (Mrs. Martinez)  <input type="radio"/> Mon/Tue/Thu PM 12:45–3:15 p.m. (Mrs. Martinez and Co-Teacher)  <input type="radio"/> Pre-K Mon/Tue/Wed/Thu 9:00 a.m.–12:00 p.m. (Ms. Jodie)

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## Office Use Only

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

Class Registered \_\_\_\_\_

### (1) Treasurer Table

Initials \_\_\_\_\_  
\$70.00 non-refundable registration fee is due here. Make checks payable to Community Preschool. Only one registration fee per family per year.

### (2) Class Coordinator Table

Initials \_\_\_\_\_  
All required forms listed above have been collected: Pages 1–5.

### (3) Community Jobs Table

Initials \_\_\_\_\_  
Signed up for one community job per child for the year.

### (4) Start/Finish Table

Initials \_\_\_\_\_ Date/Time \_\_\_\_\_ All tabs have been initialed. Registration is complete.

# Student Registration Record

Student's Birthdate \_\_\_\_\_ Age by 10/01/18 \_\_\_\_\_ 2.5 Class: Age by 1st Day of School (9/4/18) \_\_\_\_\_

**Child's Name** \_\_\_\_\_ **Sex**  Male /  Female **Nickname** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Second Email \_\_\_\_\_

Other children in family (list name, age, and gender of each)  
\_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Father's Name** \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Business or Cell Phone \_\_\_\_\_ Business or Cell Phone \_\_\_\_\_

Has your child had experience in preschool, daycare, or playgroups away from home? \_\_\_\_\_  
\_\_\_\_\_

Please share any information about your child that 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? \_\_\_\_\_  
\_\_\_\_\_

May we use your child's picture, without his/her name, in photos on Facebook, our website, and/or on posters to advertise at the preschool fair or on preschool wall?  Yes /  No

(Phone number and emails will be posted on parent-help sheets that are distributed in the classrooms, emailed, and available on a secure portal through our website.)

How did you hear about Community Preschool? \_\_\_\_\_

# Emergency Information

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

Birthday \_\_\_\_\_ Weight (lb) \_\_\_\_\_

Parents' Names \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Mother's Employer** \_\_\_\_\_

Employer Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Father's Employer** \_\_\_\_\_

Employer Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Medical Conditions  No /  Yes If Yes, please describe: \_\_\_\_\_

Allergies  No /  Yes If Yes, please describe to what, severity, and treatment needed: \_\_\_\_\_

Medications  No /  Yes (Please see your teacher for a medication form if needed.)

## Release from School

Adults other than parents authorized to pick up your child from school.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

## Emergency Information

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

## Sunscreen Policy

Your child must wear sunscreen during outdoor play. It is your responsibility to apply it before class.

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

## 2 Photos Required (2" x 3" recommended)

Place one copy of your child's photo here and bring one copy for your child's snack board.

Please write your child's name on the back of both photos.

## Field Trip Information

Community Preschool does not provide transportation for field trips. Community Preschool assumes no risk associated with the transport of any student to and from field trips. If you are unable to provide transportation for your child, then you have the option of arranging for them to ride with another parent or teacher. Due to state guidelines, we must have a valid driver's license and current insurance for anyone driving on field trips. All drivers must have adequate car seat(s) and/or seat belt(s) for every child in the vehicle.

### Field Trip Permission Slip

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

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

### Insurance and Driver's License Verification

#### Driver 1

Name \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Car Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_

Driver's Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Driver 2

Name \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Car Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_

Driver's Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Driver 3

Name \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Car Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_

Driver's Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Driver 4

Name \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Car Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_

Driver's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

## Membership Pledge and Liability Release

**A. Tuition:** The tuition rate for the 2018–2019 school year is \$4.00 per hour of class. However, the tuition rate for Mrs. Martinez’s afternoon 4s class (Mon/Tue/Thu PM 12:45–3:15 p.m.) will be \$4.75. This class will have a co-teacher, and require only one parent-helper.

First-quarter tuition is due to the treasurer in full by July 1, 2018. 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 cancelled. Tuition for the remaining quarters is due one month prior to the first day of the quarter. If tuition is not paid by the due date, a \$5 late fee will be assessed. If it is 10 days late, a \$10 late fee will be assessed. If tuition is 30 days past the due date, a fine of \$30 will be incurred. If payment is not received, the child will be dropped for that quarter and the membership cancelled. You will still be liable for any unpaid balance due to the preschool.

**B. Community Job:** Since we are a cooperative preschool, each family is responsible for completing a community job during the year. There is one job assignment for each child enrolled in preschool. There is a \$40 fine if your community job is not completed on time. For every additional month the task is not completed, a \$30 fine will be added.

**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 two 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 parent-help day, the class may be cancelled for the day, according to State Law. If you do not show up or come late on your assigned day, you will be fined up to \$40. 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, the website, and email. An orientation/business meeting of the corporation is held during 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 \$8.00 to the preschool.

For more detailed information, please see the Community Preschool Parent Handbook on [CommunityPreschool.org](http://CommunityPreschool.org).

### 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, Community Preschool 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.

Date \_\_\_\_\_

Parent’s Signature \_\_\_\_\_

Child’s Name \_\_\_\_\_

# 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 Community Preschool board immediately.
- No weapons are allowed on school property or at school functions.
- Alcohol, tobacco, and 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.
- Communication between families, the board, and teachers should be honest and truthful.
- School cubbies are for communication between the school and parents only. They are not to be used for business promotion.
- Class contact lists are for Community Preschool-related communications with the parents of students in your child’s class. They are not to be copied for other personal or business uses.
- Community Preschool 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.
- Adults are not to use the children’s restrooms. If your own child needs help for any reason, notify a teacher before entering the restroom to assist them. Adults are to use the adult restrooms located through the eastern double-doors in the gym, to the left, opposite the nursery room entrance.

This Code of Conduct **MUST** be signed by any and all adults who will be involved in your child’s preschool experience including parents, grandparents, and caregivers. Thank you.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Child’s Name \_\_\_\_\_

# Student's Health Record

All students must have a health examination for the 2018–2019 school year. **A physician's signature is required.**

Child's Name \_\_\_\_\_ Sex Male  / Female  Birthdate \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Known Allergies \_\_\_\_\_

Current Medications \_\_\_\_\_

Any Required Special Diet \_\_\_\_\_

Any Chronic Health Conditions \_\_\_\_\_

Please describe other health concerns/problems that we should know about while your child is in our care.

**Current Immunization Form must also be completed and on file before the first day of school.**

## Health Care Provider (Please complete this section.)

Physical Exam:  Normal /  Abnormal

Significant Health Concerns:  Seizures /  Asthma /  Diabetes /  Allergies /  Heart or Respiratory Conditions

Physical Disabilities /  Other: \_\_\_\_\_

Any other concerns \_\_\_\_\_

Information and instructions on any health issues \_\_\_\_\_

Next scheduled exam date \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Medical Consent

I hereby give my consent to Community Preschool to seek emergency medical attention for my child. I understand that I accept any expenses incurred.

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

Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Parent's Home Phone \_\_\_\_\_

Parent's Cell Phone \_\_\_\_\_

## Parent's Authorization to Release Student for Treatment

Signature \_\_\_\_\_ Date \_\_\_\_\_

# COLORADO CERTIFICATE OF IMMUNIZATION

[www.coloradoimmunizations.com](http://www.coloradoimmunizations.com)



**COLORADO**  
Department of Public Health & Environment

This form is to be completed by a health care provider (physician (MD, DO), advanced practice nurse (APN) or delegated physician's assistant (PA)) or school health authority. School required immunizations follow the ACIP schedule. Note: Final doses of DTaP, IPV, MMR and Varicella are required prior to kindergarten entry. Tdap is required at 6<sup>th</sup> grade entry.

Student Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Parent/guardian: \_\_\_\_\_

## Required vaccines

Immunization date(s) MM/DD/YY

Titer date\*  
MM/DD/YY

Hep B Hepatitis B							
DTaP Diphtheria, Tetanus, Pertussis (pediatric)							
Tdap Tetanus, Diphtheria, Pertussis							
Td Tetanus, Diphtheria							
Hib <i>Haemophilus influenzae</i> type b							
IPV/OPV Polio							
PCV Pneumococcal Conjugate							
MMR Measles, Mumps, Rubella							
Measles							
Mumps							
Rubella							
Varicella Chickenpox							

Varicella - date of disease		Varicella - positive screen date	
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\*A positive laboratory titer report must be provided to the school to document immunity.

## Recommended vaccines

Immunization date(s) MM/DD/YY

HPV Human Papillomavirus							
Rota Rotavirus							
MCV4/MPSV4 Meningococcal							
Men B Meningococcal							
Hep A Hepatitis A							
Flu Influenza							
Other							

Health care provider signature or stamp: \_\_\_\_\_

Date: \_\_\_\_\_

Student is current on required immunizations for age (circle one):    Yes    No

OR

Immunization record transcribed/reviewed by school health authority:

School health authority signature or stamp: \_\_\_\_\_

Date: \_\_\_\_\_

**(Optional)** I authorize my/my student's school to share my/my student's immunization records with state/local public health agencies and the Colorado Immunization Information System, the state's secure, confidential immunization registry.

Parent/Guardian/Student (emancipated or over 18 yrs old) signature: \_\_\_\_\_ Date: \_\_\_\_\_