

# 2020–2021 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 2020–2021 School Year

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

**Pages 6, and 7 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, 2020.**

- (Page 6 Student Health Record)
- (Page 7 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 2020–2021 School Year

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

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### Office Use Only

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

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

#### (1) Treasurer Table

Initials \_\_\_\_\_  
\$75.00 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.

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# Student Registration Record

Student's Birthdate \_\_\_\_\_ Age by 10/01/20 \_\_\_\_\_ 2.5 Class: Age by 1st Day of School (9/11/20) \_\_\_\_\_

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

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

Parent 1 - Name \_\_\_\_\_ Parent 2 - Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

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

Home or Cell Phone \_\_\_\_\_ Home or Cell Phone \_\_\_\_\_

Parent 1 - Email \_\_\_\_\_ Parent 2 - Email \_\_\_\_\_

Additional Email (Optional) \_\_\_\_\_

Name & Relationship to Child \_\_\_\_\_

\*\* Additional Email - for family members who parent help, drop off or pick up frequently to receive our emails

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

\_\_\_\_\_

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? \_\_\_\_\_

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

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

# Emergency Information

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

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

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

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

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

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

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

Parent 1 - Employer \_\_\_\_\_

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

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

Parent 2 - 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 (Check One)

McKee Medical Center – 2000 N. Boise Avenue, Loveland CO 80538 (970) 820-4640

Medical Center of the Rockies – 2500 Rocky Mountain Avenue, Loveland CO 80538 (970) 624-2500

Poudre Valley Hospital – 1024 S. Lemay Avenue, Fort Collins CO 80524 (970) 495-7000

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

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

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

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

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 everyone 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 2020–2021 school year is \$4.50 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.) is \$5.00. This class has a co-teacher and requires only one parent-helper.

First-quarter tuition is due to the treasurer in full by August 3, 2020. 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 five days (**or more**) during each quarter, depending on the number of class days in the quarter and number of students in each classroom. Parents will receive an email from SignUpGenius to select help days 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 on your assigned day, you will be fined up to \$40 and 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, inclement weather or for safety reasons.

**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 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 first, then the Director and 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 \_\_\_\_\_

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

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

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

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

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

Child’s Name \_\_\_\_\_