

HERITAGE PARK PRESCHOOL

Preschool Record Forms

(Please complete and return to hold your spot for the Fall)



APPLICATION



Heritage Park Preschool
27285 Brandon Circle
Steamboat Springs, CO 80487

TO PARENTS AND GUARDIANS:

The following information is needed for school records. Please put N/A (not applicable) in spaces that do not apply.

Student's Full Name _____ Age _____
Last First Middle

M _____ F _____ Date of Birth _____ Birthplace _____

Physical Address _____

Mailing Address _____

Status of Parents: Married _____ Divorced _____ Separated _____ Remarried _____ Single Parent _____

Name of Father or Guardian _____ Home/Cell Phone _____

Employment _____ Work Phone _____

Name of Mother or Guardian _____ Home/Cell Phone _____

Employment _____ Work Phone _____

Name of last preschool or childcare attended _____

Other children under 18 years of age living with the family

Heritage Park Preschool

970-879-7811 • Fax 970-879-5511 • 27285 Brandon Circle • Steamboat Springs, CO 80487



HERITAGE PARK PRESCHOOL REGISTRATION



Please list your child/children who will be attending Heritage Park Preschool.

Child's Name _____ Age _____

Child's Name _____ Age _____

Registration Fee: \$75.00 per child - _____ X \$75.00 = \$ _____
of Children

Activity Fee: \$60.00 annual for bus trips, special treats, and special activities...
 = \$ _____

Days Attending (2 day minimum): Monday _____ Tuesday _____ Wednesday _____

~Please specify half or full days~

Thursday _____ Friday _____

Signature _____ Date _____

Parent's Name (Please Print) _____

Mailing Address _____

Phone Number (H/C) _____ (W) _____

Would you like to receive information, reminders, and newsletters from the preschool via email? If yes
 please add your email here: _____

How did you hear about Heritage Park Preschool? (please circle one): Advertisement Church
 Child Development Center Family/Friend (name of family/friend) _____ Other _____

Return with attached check to: Heritage Park Preschool
 27285 Brandon Circle
 Steamboat Springs, CO 80487



HERITAGE PARK PRESCHOOL

Family Information



Hello. We would like to collect some information from each of our families so that we may serve the children in our care better. Would you please take some time to fill out this questionnaire for us?

Child's Name: _____

Mom, Dad, and siblings names: _____

1. What is your child's favorite toy to play with at home? _____

2. What is your child's favorite T.V. show? _____

3. What is your child's favorite movie? _____

4. What is your child's favorite book? _____

5. What is your child's favorite food? _____

6. Who is your child's favorite person to play with? _____

7. What activities does your child participate in outside of preschool? _____

8. What activities would you like us to participate in at preschool? _____

9. Do you have any craft ideas that you would like to come in and do with your child's class? _____

10. Would you be interested in coming in and sharing your career or a special project with the kids? _____

Comments: _____

HERITAGE PARK PRESCHOOL
Personal Information



Child's Name _____

Who lives with child? (Parents, siblings, pets, etc.) _____

Does any immediate family live in a separate residence? If so, who?

Do you have medical insurance? Please circle one: Yes No (if no, would you like us to give a list of resources available to you?) _____

Has child ever received services from other professionals (e.g. BOCES, Horizons, Physical, Occupational, or Speech Therapists)? Resources are available please see Director.

Please give any information concerning your child, which will help their experience at Heritage Park Preschool

Play Habits _____

Eating Habits _____

Sleeping Patterns _____

Fears _____

Likes _____

Other _____

What are your goals for your child while they are enrolled at Heritage Park Preschool? (please use back side of this page..)



HERITAGE PARK PRESCHOOL

Emergency Form

Child's Full Name _____
Last First Middle

Birthdate _____ Child's sex: M _____ F _____

Mailing Address _____

Physical Address _____

Mother/Guardian _____

Home/Cell Phone _____ Work Phone _____

Employment Address _____

Father/Guardian _____

Home/Cell Phone _____ Work Phone _____

Employment Address _____

List emergency names, addresses, and telephone numbers:

1. _____

2. _____

List names, addresses, and telephone numbers of persons who may pick up your child:

1. _____

2. _____

Child's Physician and address: _____

Phone: _____

Child's Dentist and address: _____

Phone: _____

Allergies: _____

Parent's Signature: _____ Date: _____

HERITAGE PARK PRESCHOOL

Pick-up Permission



I hereby give permission for my child _____
to leave the preschool with the following persons named below. It is the
responsibility of the parents to notify the preschool, in writing, of any changes.

NAME

RELATIONSHIP

_____	_____
_____	_____
_____	_____
_____	_____

Name of person or persons who MAY NOT pick up my child and why:

If there is a separation or divorce custody problem which we should be aware of,
please explain: _____

Signature of Parent or Guardian

Date



GENERAL HEALTH APPRAISAL (2-8 Years) FOR ENROLLMENT IN CHILD CARE
 (Completed by the Health Care Professional)

Child's Name _____ Birthdate _____

Health History & Medical Information pertinent to routine childcare & emergencies:

_____ None
 _____ Describe:

Special diet _____

Allergies _____ Type of Reaction _____

Current medications _____

Describe any recurrent health problem (such as asthma, seizures, ear infections, diabetes, etc.) illness, hospitalization or concerns with development? _____ None

Comments: [include instructions to the child care provider(s)]

Date of most recent examination of child (within the last 12 months): _____

Weight _____ Height _____

Vision _____ Hearing _____ Dental Screening _____

Immunizations given or attach immunization record: _____

Health Provider Name _____ Date _____

Health Provider Signature _____

Address _____ Phone _____

I, _____ give consent for my child's health care provider & child care
 (Name of parent/legal guardian)

provider to discuss my child's health concerns.

 Parent or Legal Guardian Signature

 Date



Health Assessment Form

Child's Name _____ Date of Birth _____

Mailing Address _____

Physical Address _____

Mother's Name _____ Home/Cell Phone _____

Work Phone _____

Father's Name _____ Home/Cell Phone _____

Work Phone _____

Living with: Both Parents _____ Mother _____ Father _____ Other _____

Person(s) to call if parents can't be reached: _____ Phone _____

_____ Phone _____

*In case of severe accident or serious illness, if the parents or others listed above cannot be contacted, I give my permission for school personnel to take my child to the Yampa Valley Medical Center emergency room.

Signature of Parent or Guardian _____ Date _____

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

Please complete the following health information concerning your child.

General Health History

Pregnancy and Birth

1. Were there any complications, problems, or worries about the pregnancy, labor, or delivery? _____

If yes, explain: _____

2. Was child born: On time _____ Early _____ Late _____ Birth Weight _____

Developmental

1. Was child's early development (sitting, crawling, walking) generally:

Early _____ Average _____ Late _____

2. Was child's early language development: Early _____ Average _____ Late _____

Past injuries, accidents, or hospitalizations (describe and give dates of any accidents/injuries requiring a physicians care, and or all operations and hospitalizations):

Check if your child has had any of the following (please comment below as to dates of occurrence, treatment, and if additional follow-up is necessary):

___ asthma

___ unhappy/depressed

___ ear problems

___ allergies

___ too active

___ eye problems

___ frequent stomachaches

___ sinus problems

___ severe nosebleeds

___ skin problems

___ accident prone

___ frequent coughs

___ teeth/gum problems

___ bed or daytime wetting

___ frequent colds

___ loss of consciousness

___ urinary problems

___ bruises or bleeds easily

___ sleep problems

___ speech problems

___ tonsillitis

___ behavior problems

___ learning problems

___ strep infections

___ convulsions/seizures

___ muscle/joint problems

___ physical limitation/restrictions

anemia

other

COLORADO LAW REQUIRES THIS FORM BE COMPLETED 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,				
DT/Td	Tetanus, Diphtheria				
Hib	Haemophilus				
IPV/OPV	Polio				
PCV7	Pneumococcal Conjugate				
MMR	Measles, Mumps, Rubella				
Varicella	Chickenpox			<small>Healthcare provider documentation date</small>	<small>LAP Verification Date</small>

Vaccines recorded below this line are recommended.

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

In the event of an outbreak, exempted persons will be subject to exclusion from school and quarantine.

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.

Medical exemption to the following vaccine(s).

Signed _____ Date _____
(Physician)

RELIGIOUS EXEMPTION: Parents or guardian of the above named person or the person himself/herself is an adherent to a religious belief opposed to immunizations.

Religious exemption to the following vaccine(s).

Signed _____ Date _____
(Parent, guardian, emancipated student/consenting minor)

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.

Personal exemption to the following vaccine(s).

Signed _____ Date _____
(Parent, guardian, emancipated student/consenting minor)

CDPHE-DCEED-IMM CI

ALLERGIES FORM

My child, _____, has the following allergies:
(Please print Child's Name)

GENERAL:

FOOD:

Parent Signature

Date



HERITAGE PARK PRESCHOOL

Field Trip Release Form

Student's Name _____

Address _____

Father's Name _____ Phone # _____

Mother's Name _____ Phone # _____

Person to notify in emergency, if parents can't be reached _____

Phone # _____

Doctor to notify in emergency _____

Phone # _____

I, the parent/guardian for _____

Do agree that the student and I will abide by the rules of Heritage Park Preschool. Recognizing the possibility of physical injury associated with participation in any school activities and sports, I hereby release, discharge and/or otherwise indemnify Heritage Park Preschool, it's affiliated programs and sponsors, their employees and associated personnel against any claim by or on behalf of the student as a result of the student's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize.

Name (parent/guardian) _____

(Please Print)

Signature _____ Date _____

CONSENT FOR MEDICAL TREATMENT

As the parent or legal guardian of the above-named child, I hereby give consent for the emergency medical care prescribed by duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of dependent.

Signature of Parent or Guardian _____ Date: _____

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HERITAGE PARK PRESCHOOL

Sunscreen Permission Form

Date: _____

Name of Child: _____

Name of Sunscreen and the SPF Number: _____

Your child's childcare provider will assist with applying sunscreen to bare surfaces, including the face, tops of ears and bare shoulders, arms, legs, and feet 15-30 minutes before outdoor activities. Sunscreen 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. It is the parent's responsibility to provide sunscreen with a minimum SPF of 15.

Special instructions

In the event that my child's sunscreen is not readily available, my child may use the Sunscreen provided by the school _____
(Name of sunscreen and SPF)

I do not want my child to use any other sunscreen other than the one he/she brings.

Parent/Guardian Signature



HERITAGE PARK PRESCHOOL

Insect Repellent Permission Form

Date: _____

Name of Child: _____

Name of Insect Repellent: _____

Your child's childcare provider will apply insect repellent more to clothing than skin in order to limit the amount of DEET that is absorbed through the skin. We will only apply insect repellent for children (Family Care) that contains 10% or less DEET. Insect repellent will not be applied near the eyes, mouth, open cuts, or if a skin reaction has been observed. Any reaction observed by staff will be reported promptly to the parent/guardian. We will only apply insect repellent on days when we are visiting an area with a heightened amount of insects. 10% DEET provides about 2 hours of protection. It is the parent's responsibility to provide insect repellent for children (Family Care) with less than 10% DEET when requested by the preschool.

Special Instructions

- In the event that my child's insect repellent is not readily available, my child may use the insect repellent provided by the school [insect repellent for children (Family Care) with 10% or less DEET].
- I do not want my child to use any other insect repellent other than the one he or she brings.
- I do not want my child to use any type of insect repellent while at school.

Parent/Guardian Signature

As a parent or guardian I grant permission for my child, named below to be photographed or HPP's website, facebook, newspaper articles, special media events and/ or as a part of classroom events, which may be used for the purposes of promoting Heritage Park Preschool and sharing information with current families.

Please circle: YES NO

Name of child: _____

Parent/ Guardian: _____

Date: _____

HPP reserves the right to remove a child from enrollment if it deems it necessary for any reason including but not limited to the safety of the child or the other children in the center and or failure to adhere to the above mentioned policies of the preschool.

I have read and understand the policies of Heritage Park Preschool and agree to support those policies.

Parent's signature

Date

REPORTING OF LICENSING COMPLAINT

A complaint must be filed with the Colorado Department of Human Services, Division of Child Care.

Mailing Address: Colorado Department of Human Services
Division of Child Care
1575 Sherman Street, 1st Floor
Denver, CO 80203
303-866-5958 or 1-800-799-5876

Please include in the report: Heritage Park Preschool
27285 Brandon Circle
Steamboat Springs, CO 80487
(970) 879-7811

REPORTING CHILD ABUSE

This report can be filed through the above department of Human Services.

The local Department of Human Services for Routt County can be reached at 879-1540.