

South Table Mountain PRESCHOOL

PRE-REGISTRATION FOR FALL ENROLLMENT

I hereby apply for enrollment of my child to South Table Mountain Preschool for the coming school year.

Child's **Full** Name: _____

Address: _____ City _____ Zip _____

Birth date: _____ Age: ____ Sex: M ____ F ____

Mother's Name: _____

Father's Name: _____

Home #: _____ Work #: _____ Cell #: _____

Email Address: _____

Preferred Schedule:

Days: (M, W, F) _____ (T, TH) _____ (M – F) _____ (other) _____

Program: Preschool _____ Pre-K _____

Time: (AM) _____ (Lunch Bunch) _____ (Full Day) _____

Today's Date _____ School Year _____

Parent Signature _____

The \$125.00 registration fee is due at the time of registration and is non-refundable.

This fee insures your child's space in our preschool for the upcoming year. There will be an additional \$100 supply fee due no later than the first day of school.

Please do not write below this line

Director Signature _____

Registration Fee (\$125.00) received on: _____ Check # _____

Enrollment Record

Enrollment Information (Please print)

Child's Full Name (Last Name First)		Age	Birth date	Sex
Father's Name		Home Address		
Place of Employment		Work #	Street	City State Zip Home Phone
Mother's Name		Home Address		
Place of Employment		Work #	Street	City State Zip Home Phone
Person / persons to contact in emergency if parents are unavailable		Home Address		
		Street City State Zip Home Phone		

Program in which child is enrolled	Time	Number of Days each week	Beginning Date
Emergency Medical Care			
Doctor	Address		Phone
Dentist	Address		Phone
Hospital	Address		Phone

I hereby authorize South Table Mountain Preschool (STMP) to the above named physician of facility for medical treatment in event of an emergency in which neither parent can be reached.

Parent's / Guardian Signature _____ Date _____

I hereby authorize any licensed physician or medical treatment center to treat my child in case of an emergency in which the above named physician cannot respond.

Parents / Guardian Signature _____ Date _____

Preschool Director's Signature _____ Date _____

General Health Appraisal Form

Parent: *Please complete*

Child's Name: _____ Birthdate: _____

Allergies: None Describe: _____
Type of Reaction: _____

Diet: Breast Fed Formula: _____ Age Appropriate
 Special Diet: _____

Preventive creams/ointments/sunscreen may be applied as requested in writing by parent, unless skin is broken or bleeding.

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

I, _____ give consent for my child's health provider, school or camp personnel to discuss my child's health concerns. My child's health provider may fax this form (and applicable attachments) to my child's childcare provider, school, or camp. FAX Number: _____

Parent or Legal Guardian Signature: _____ Date: _____
Authorization expires 365 days after this date

Health Care Provider: *Please complete after parent section has been completed*

Date of Last Exam: _____ Recent Weight: _____ **HCT: _____ **B/P: _____ **Lead Level: _____

Physical Exam: Normal Abnormal (see explanation of significant health concerns): _____

Significant Health Concerns: None Reactive Airways Disease Seizures Diabetes Developmental Delays
 Vision Hearing Hospitalizations Severe Allergies Other (dental, nutrition, behavior, etc.) _____

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

Current Medications/Special Diet: None Describe: _____

(Separate medication authorization form required for medications given in Child Care)

Fever reducer or pain reliever (mark only one product: max. 3 consecutive days without additional medical authorization)

Acetaminophen (Tylenol®) may be given for pain or fever over 102° every 4 hours as needed:
Dose _____ See attached Dosage Schedule from our office

OR
 Ibuprofen (Motrin®, Advil®) may be given for pain or fever over 102° every 6 hours as needed:
Dose _____ See attached Dosage Schedule from our office

Immunizations: Up-to-date See attached immunization record Administered today: _____

Signature:

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

This child is healthy and may participate in all routine activities, sports, camps, and child care. Any concerns or exceptions are identified on this form.

Signature of Health Care Provider (certifying form was reviewed) _____ Date _____

Office Stamp: Office Name, Address, Phone Number

Please help us get to know your child by filling out the information below.

Name: _____

Health or Medical concerns:

Eating Habits:

Favorite activities at home:

Strengths:

Weaknesses:

Friends:

Family:

Pets:

Chores:

Fears:

What soothes your child?

Additional information:

Please fill out the two permission slips below. The Field Trip Permission Slip participation will be to walk to South Ridge Park on various days. South Table Mountain Preschool will make you, as parents, aware of this ahead of time, but in this completed form will allow your child to participate in a walk to the park and have the permission slip already on file.

The permission slip for using pictures of your child assures you that your child's photograph will only be used by South Table Mountain Preschool and Faith Lutheran Church in various outreach programs. South Table Mountain Preschool and Faith Lutheran Church will NOT use your child's name or distribute pictures to anyone or any other organization. This is to ensure the privacy of your child and family.



South Table Mountain Preschool Field Trip Permission Slip

Permission is hereby given for _____
to participate in _____
on _____.

Return form by: _____.

Parent Signature: _____

Date: _____.

Print Name: _____

Home Telephone: _____ Work Telephone: _____

South Table Mountain Preschool

Use of Child's Pictures

Permission is hereby given for South Table Mountain Preschool and Faith Lutheran Church to use pictures of

_____ (Child's Name) for outreach programs. I understand that in allowing pictures of my child to be used South Table Mountain Preschool/Faith Lutheran Church will NOT use my child's name nor distribute pictures of my child to any other organization or person, except for usage in the materials that South Table Mountain Preschool/Faith Lutheran Church is using for outreach (advertising) programs.

_____ Parent Signature

_____ Date

Preventative Topical Medications: Parent Authorization Form

Topical preparations (such as petroleum jelly, lip balm, diaper ointments, bug repellent, sunscreen, etc.) may be administered at school/childcare with written parental authorization for normal preventative treatments.

**If the topical preparations are to be applied to broken skin or an open wound, then a written authorization from a prescribing health care provider is required.*

Child's Name: _____

Name of topical preparation(s): Various Sunscreen Brands with a minimum of
SPF of 30 or above

Times to be applied: _____

Part of the body & method to apply: _____

Condition to be prevented: _____

By signing this form, I give the staff members of South Table Mountain Preschool permission to apply the topical preparation(s) listed above for my child while at school/childcare.

(Parent/Guardian signature)

(Date)



South Table Mountain Preschool

Policy and Procedure Acknowledgement

By signature of this form, I, _____
acknowledge:

- 1) I have read and understand the policies and procedures set forth in the Parent Handbook.
- 2) I agree to observe these policies and procedures.

Parent Signature _____

Date _____

Director Signature _____

South Table Mountain PRESCHOOL

Potty Training Policy

South Table Mountain Preschool is a faith-based preschool. We are licensed by the State of Colorado to serve children from the ages of 2-1/2 to 7 years. In accepting younger children (under the age of 3), it's important for parents to understand the need for all children to be potty trained. Your adherence to this policy helps ensure a positive first school experience for your child and the other children in their class. You must agree to the following for your child to be accepted at South Table Mountain Preschool.

Your potty trained child ...

- Will tell the teacher he/she needs to go the bathroom.
- Is able to go to the bathroom (either urinating or a bowel movement) on his/her own. This includes being able to remove clothing, sitting on the toilet, wiping himself/herself (without using an enormous amount of toilet paper), putting clothing back on, flushing the toilet, and washing and drying his/her hands.
- Is aware of the need to use the toilet without reminders from the teachers (although, teachers do make requests of children at various times of the day, for example, before or after meals, and before going out to the playground, etc.).
- Will not be in diapers or pull-ups **at all**. He/she must be in regular underwear.

Our school does not have the staffing to potty train our students. If a teacher is spending their time with potty training, then they are not able to work with your child and the other children in our routine daily activities. This is neither fair to your child or to the other children.

Our staff is aware that accidents happen. That is why we ask you to keep a change of clothing at school. However, if your child has accidents every day they are in school, we do not consider your child to be potty trained.

If your child is ill and has diarrhea, they should be kept home until they have been episode-free for 24 hours (see Parent Handbook under Health and Nutrition - "Illnesses").

I (we) have read and understand the policy of South Table Mountain Preschool on potty training and will comply with those requirements.

Signature(s)

Date

Printed name(s)