

# Student Enrollment Record

# Lake Dillon Preschool and Early Learning Center

Today's Date			Start Date		
Child's Full Name			Date of Birth		
Parent/Guardian Name			Relationship to Child		
Physical Address			Mailing Address		
City	State	Zip	Home Email		
Employer			Work Email		
Home Phone		Cell Phone	Work Phone		
Social Security Number			Driver's License Number		

Parent/Guardian Name			Relationship to Child		
Physical Address			Mailing Address		
City	State	Zip	Home Email		
Employer			Work Email		
Home Phone		Cell Phone	Work Phone		
Social Security Number			Driver's License Number		

If we need to contact you during school hours, please indicate the primary parent/guardian and phone number you would like us to call with the number one.

### Local Emergency Contact and Release Information (other than Parents/Guardians)

Name	Relationship	Authorized to Pick Up	yes <input type="checkbox"/>	no <input type="checkbox"/>
Address		Phone Number		
Name	Relationship	Authorized to Pick Up	yes <input type="checkbox"/>	no <input type="checkbox"/>
Address		Phone Number		
Name	Relationship	Authorized to Pick Up	yes <input type="checkbox"/>	no <input type="checkbox"/>
Address		Phone Number		

Emergency contacts are persons who can assume responsibility for the child in the event of an emergency if parents or guardians cannot be reached immediately. Persons designated as emergency contacts need to provide identification at the time of pick up and must have an age appropriate care seat for the child.

Persons not authorized to pick up child.

Name	Name
Name	Name

Please turn form over and complete.

**Medical Contacts**

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Child's Physician

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Address Phone Number

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Child's Dentist

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Address Phone Number

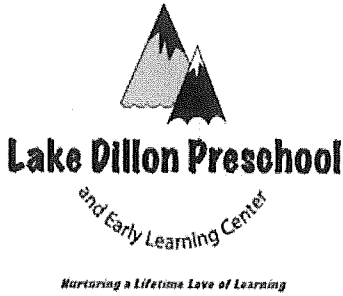
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Hospital of Choice

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Address Phone Number

If you do not have a dentist or hospital of choice, please state "any in an emergency."



**Tuition Agreement**

**Child's name:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_  
(Please Print)

**Parent/Guardian:** \_\_\_\_\_  
(Please Print)

- All tuition is paid in advance of service.
- A tuition bill will be placed in your family folder around the 25th of each month.
- Payment is due by the 1st of each month or the next business day.
- An additional late fee of \$5.00 per day/per child will be assessed to your account for each day after the 5th of the month until payment is received.
- Once tuition is late by two weeks or unless other arrangements have been made, services will be terminated without further notice. At that time, you will need to pay your current bill and any late fees before you can bring your child back to Lake Dillon Preschool.
- Any tuition and late fees not paid after 30 days will be sent to collections. Any unpaid sums under this agreement will bear interest at the rate of 1.5% per month until paid.
- Tuition will not be reimbursed for holidays, staff training days (two time per year), sick days or vacation days. We do offer free switch days for our 2 staff training day if it is your child's regularly scheduled day.
- Switch days may be used for days your child misses school. An additional \$20 will be charged for each switch day used on the next billing cycle and may be scheduled based on space availability. You have a 30 day window to schedule a switch day from the date of the absence.
- Preferred method of payment is cash or a check made out to LDP. If you wish to have a credit or debit card charge each month, you will need to complete a credit card/debit card authorization form.
- If LDP is closed for an emergency such as a snow closure, the switch fee will be waived and a switch day can be scheduled based on space availability.
- Because Lake Dillon Preschool is a non-profit facility, your tuition dollars are critical to our ability to keep our school open. We recognize that occasionally an emergency arises that may affect a family's ability to pay on time. Please contact our office staff to make payment arrangements as soon as possible.

By signing below, I acknowledge I have read, understand and accept all of the terms and conditions of this tuition agreement. *I understand that I am responsible for all costs of collection including attorney fees, collection fees and court costs.*

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
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)

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: Or write Name, Address, Phone Number

In order for Lake Dillon Preschool and Early Learning Center to legally give medication to your child, one of these forms must be completely filled out by the physician and by you. One of these forms needs to be filled out for each medication given. Please feel free to make copies of this form or get new copies from the directors.

### Physician's Authorization

Name of Child \_\_\_\_\_ DOB \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Route \_\_\_\_\_

Time to be given \_\_\_\_\_ Purpose \_\_\_\_\_

Special instructions/ parameters  
\_\_\_\_\_  
\_\_\_\_\_

Possible side effects \_\_\_\_\_

Date \_\_\_\_\_

Signature of Person with Prescriptive Authority

\* \* \* \* \*

I hereby give my permission for \_\_\_\_\_ to take the above prescription or over-the-counter medication in the childcare setting. I understand that it is my responsibility to furnish this medication.

Date \_\_\_\_\_

Signature of Parent or Guardian

\*Note...The prescription medication is to be brought to the childcare setting in its original pharmacy container labeled by the pharmacy or person with prescriptive authority along with a copy of the medication authorization order.

\*\*Note...Over-the-counter medication must be in the original labeled bottle or container.

## AUTHORIZATION FORM

I/WE \_\_\_\_\_, HEREBY GIVE MY/OUR PERMISSION TO LAKE DILLON PRESCHOOL AND EARLY LEARNING CENTER TO SEEK MEDICAL CARE FOR MY/OUR CHILD \_\_\_\_\_ SHOULD AN EMERGENCY ARISE. IT IS UNDERSTOOD THAT EVERY EFFORT WILL BE MADE TO CONTACT ME/US BEFORE EMERGENCY ACTION IS TAKEN, BUT IF IT IS NOT POSSIBLE TO CONTACT ME/US, THE EXPENSE OF EMERGENCY MEDICAL TREATMENT OR CARE WILL BE ACCEPTED BY ME/US.

I/WE UNDERSTAND THAT IF MY/OUR CHILD REQUIRES TRANSPORTATION TO ANY MEDICAL FACILITY LAKE DILLON PRESCHOOL AND EARLY LEARNING CENTER HAS PERMISSION TO CALL 911 AND SEND MY/OUR CHILD BY AMBULANCE OR FLIGHT FOR LIFE AND I/WE WILL COVER THE COST OF THIS EXPENSE.

LAKE DILLON PRESCHOOL AND EARLY LEARNING CENTER SHALL HAVE NO LIABILITY WHATSOEVER FOR ANY ACTS OR OMISSIONS RESULTING IN INJURY TO MY/OUR CHILD WHILE BEING TRANSPORTED OR WHILE ON ANY FIELD TRIP EXCURSIONS.

AS PARENTS, I/WE ACKNOWLEDGE CERTAIN RISKS IN ANY PROPERLY SUPERVISED CARE. BEING FULLY AWARE OF THIS, I/WE AND MY/OUR CHILD SHALL PARTICIPATE AT HIS/HER OWN RISK AND SHALL HOLD LAKE DILLON PRESCHOOL AND EARLY LEARNING CENTER, EMPLOYEES AND OWNERS HARMLESS FROM ANY AND ALL LOSS, CLAIM, INJURY, DAMAGE, OR COST OF LIABILITY RESULTING FROM SUCH CARE. I/WE FURTHER UNDERSTAND THAT LAKE DILLON PRESCHOOL AND EARLY LEARNING CENTER CANNOT BE HELD RESPONSIBLE FOR MY/OUR CHILD'S PERSONAL BELONGINGS BROUGHT FROM HOME.

I/WE ALSO UNDERSTAND THAT LAKE DILLON PRESCHOOL AND EARLY LEARNING CENTER WILL NOT ASSUME RESPONSIBILITY FOR MY/OUR CHILD IF THEY HAVE NOT BEEN SIGNED IN WHEN THEY ARRIVE. I/WE FURTHER UNDERSTAND THAT ONCE MY/OUR CHILD HAS BEEN SIGNED OUT THEY ARE NO LONGER LAKE DILLON PRESCHOOL AND EARLY LEARNING CENTER RESPONSIBILITY.

PERMISSION IS GIVEN TO USE MY CHILD'S PICTURE FOR PUBLICITY PURPOSES, FOR PROMOTION, FEATURE NEWSPAPER ARTICLES, OR TELEVISION SPOTS.

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT SIGNATURE

## POLICIES FORM

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

### DISCIPLINE/DISRUPTIVE BEHAVIOR

We will make every effort to work with the parents of children having behavioral difficulties in our care. We are here to serve and protect all of our children. Children displaying chronic disruptive behavior which have been determined to be upsetting to the physical or emotional well-being of another child or staff member will be required to go through the following actions.

\*Initial Consultation-The Teacher and Director will require the parent(s) of any child who attends Lake Dillon Preschool and Early Learning Center to meet for a conference (by phone if parents are not available in person). The problem will be defined on paper. Goals will be established and the parent will be involved in working out approaches to solve the problem.

\*Second Consultation-If the initial plan for helping the child fails, the parent will again be required to meet with the Teacher and the Director. Another attempt will be made to identify the problem using an outside source/professional opinion, the group will discuss new approaches to the problem, and determine consequences if progress is not made.

\*Suspension-When the previous attempts have been followed by teachers and parents and still no progress has been made towards solving the problem, the child will be suspended from the program indefinitely. Suspension decisions will be made jointly with the Teacher(s), Directors, and The Board of Directors.

\*Immediate Suspension-We reserve the right of the Director, Assistant Director to immediately suspend a child at any time if he/she exhibits a behavior which is harmful to him/herself or others. A parent may be called from work or home at anytime the child exhibits uncontrollable behavior that cannot be modified by the staff. The parent may be asked to take the child home immediately.

**Put a check on the line if your child has permission to do the following,  
WHEN S/HE IS OLD ENOUGH IF S/HE IS STILL IN OUR PROGRAM**

My child has permission to be walked around Dillon OR be pushed in a stroller/ wagon provided by Lake Dillon Preschool and Early Learning Center \_\_\_\_\_

My child can wear any kind of sunscreen\_\_\_\_\_ (AFTER S/HE IS 6 MONTHS OLD)

My child has permission to sleep on a mat at naptime\_\_\_\_\_ (AFTER S/HE IS 12 MONTHS OLD)

My child has permission to play at the parks in Dillon- Lake Park and Dillon Park \_\_\_\_\_  
(AFTER S/HE IS 2 YEARS OLD)

My child has permission to ride the Summit Stage/public transportation to go to activities around the county-i.e. Keystone, Rainbow Park in Silverthorne, Silverthorne Library, The Silverthorne Recreation Center, etc \_\_\_\_\_  
(AFTER S/HE IS 3 YEARS OLD)

\*For big day trips, Lake Dillon Preschool will provide special permission slips and advanced notice.

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

**STATEMENT OF MEDICAL AUTHORIZATION**

**2014**

I/WE \_\_\_\_\_, HEREBY GIVE MY/OUR PERMISSION TO LAKE DILLON  
PRESCHOOL AND EARLY LEARNING CENTER TO CALL A DOCTOR FOR MEDICAL OR SURGICAL  
CARE FOR MY CHILD \_\_\_\_\_ SHOULD AN EMERGENCY ARISE. IT IS UNDERSTOOD THAT  
CONSCIENTIOUS EFFORT WILL BE MADE TO LOCATE US. WE WILL ACCEPT THE EXPENSE FOR AN  
EMERGENCY.

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

CHILD'S NAME \_\_\_\_\_



**PERSONAL HISTORY**

HAS CHILD HAD PREVIOUS GROUP OR PRESCHOOL EXPERIENCE?  YES  NO  
IF YES, WHEN AND WHERE? \_\_\_\_\_

DOES CHILD HAVE ANY ALLERGIES?.....  YES  NO,WHAT? \_\_\_\_\_

ARE THERE ANY MEDICAL PROBLEMS?.....  YES  NO, WHAT? \_\_\_\_\_

DOES CHILD HAVE ANY BOWEL OR BLADDER IRREGULARITIES?  YES  NO,  
WHAT? \_\_\_\_\_

ARE THERE ANY SPECIAL FOOD OR EATING INSTRUCTIONS?  YES  NO,  
WHAT? \_\_\_\_\_

ARE THERE ANY SLEEPING OR NAPPING INSTRUCTIONS?  YES  NO,  
WHAT? \_\_\_\_\_

ANY ADDITIONAL INFORMATION SUCH AS DISCIPLINE, COMMUNICATION, COMFORTING,  
ETC.? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

On occasion, pictures may be taken by LDP staff, professional photographers, and/or local newspaper personnel. These photos may be used in various ways to communicate student activities while attending LDP.

I give my permission to share photos of my child with others in the following ways:

Yes    No

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | To be used in the classroom/school  |
| <input type="checkbox"/> | <input type="checkbox"/> | For the LDP monthly newsletter/classroom newsletter   |
| <input type="checkbox"/> | <input type="checkbox"/> | For the LDP website   |
| <input type="checkbox"/> | <input type="checkbox"/> | For the LDP Facebook Page   |
| <input type="checkbox"/> | <input type="checkbox"/> | To be published in the local newspaper  |
| <input type="checkbox"/> | <input type="checkbox"/> | LDP print advertising   |
| <input type="checkbox"/> | <input type="checkbox"/> | To share with other LDP Families through Creative Curriculum documentation.<br>These photos would be shared during conferences to demonstrate students<br>interacting with each other and/or demonstrating a skill. |

Parent Name (please print) \_\_\_\_\_

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