

# 2016-2017 Preschool Participant Packet

(For Kinder Kids Program)



Commerce City Parks and Recreation  
Registration (303) 289-3789  
Information (303) 289-3659

## **Program Philosophy**

There is increasing awareness of the important role early childhood education plays in the development of every child's life. Extensive knowledge has been gained in the area of how children learn, and this understanding is at the core of our preschool program curriculum. Studies have shown that early learning is enhanced when children are engaged in creative and enjoyable skill-building activities. Learning to express themselves physically in their environment and manipulate their surroundings is the groundwork for future development of each young child.

## **Preschool Curriculum**

Our goal in the Kinder Kids Program at Commerce City Parks and Recreation is to provide our students with a comprehensive foundation for early childhood growth and development that reflects the unique developmental characteristics of preschool-aged children. Our curriculum is theme-based, with activities that promote independence, creativity, responsibility, self-reliance, and concrete skills essential for their future education. Real-world materials are offered for the student to touch, manipulate and experiment. This hands-on approach prepares children's minds for future abstract and symbolic instruction. Teachers assist children in their exploration by asking questions, providing guidance and making thought provoking suggestions.

Individual assessments based on standardized development charts are used as a base for future assessment of the individual, not as a ranking tool. Instructors set out to recognize each individual's unique abilities.

## **Student Assessments**

Students are assessed in the following areas: Social Skills, Attention and Memory Skills, Math Skills, Reading/Writing Skills, Fine Motor Skills, and Gross Motor Skills. Areas of assessment are broad and encompass skills appropriate for children one year above and one year below the ages for our program. This allows us to identify starting points of each child more accurately, giving each individual a chance to start from a positive point of reference, and feel success as they continue to grow and develop.

## **Outline for Daily Activities**

### **Kinder Kids**

|                    |                              |
|--------------------|------------------------------|
| <b>9:30-10:05</b>  | Free play                    |
| <b>10:05-10:35</b> | Circle time                  |
| <b>10:35-11:00</b> | Large Group Project/Activity |
| <b>11:00-11:10</b> | Clean up/Wash Hands          |
| <b>11:10-11:30</b> | Snack Time/Quiet Reading     |
| <b>11:30-11:55</b> | Outside Recess               |
| <b>11:55-12:00</b> | Closing group                |

## **Emergency, Health and Immunization Information**

Each child needs to have a completed Participant Information Sheet, Consent For Preschool, Health History sheet, Written order for Medicine (if applicable), and an Immunization card on provided card.

- The Health History sheet needs to be submitted with the enrollment packet. This sheet **must be signed by a physician**. If a child has an identified health condition or developmental concern including, but not limited to, seizures, asthma, diabetes, allergies, heart or respiratory conditions, and physical disabilities, information and instruction on care of the child must be included on the statement of health. An action plan will also be required for students requiring an inhaler or epipen during the Preschool program.
- Immunization cards need to be filled out on the state certified cards (provided in your packet).

Please turn in the completed form prior to registering for the program.

## **Age Requirement**

Kinder Kids: 4 to 5 years (4 years old by October 1, 2016)

## **Americans With Disabilities Act**

We are an all-inclusive preschool and children with special needs are encouraged to attend. Our preschool room is adapted for special needs in compliance with the Americans with Disabilities Act. The instructors when given advanced notice make any reasonable accommodations for the comfort of all preschool students. If your child needs special assistance/services to participate in this program, please notify our staff at the time of enrollment, so that we may make the necessary arrangements.

## **Hours, Fees and Locations**

Preschool programs are held at the Commerce City Recreation Center, 6060 Parkway Drive, in the Child Playstation.

### **Enrollment Options:**

1. Pick up packet from Recreation Center (\$10 nonrefundable)

Or

2. Download packet from city website (Free)

-Go to <http://www.c3gov.com/preschool>

### **Enrollment Begins July 1, 2016.**

#### **Session Fees:**

##### **Kinder Kids**

Monday – Thursday, 9:30am-12pm

September 6-September 29 Resident Fee: \$135.00 Non Resident Fee: \$150.00

October 3-October 31 Resident Fee: \$153.00 Non Resident Fee: \$170.00

\*November 1- November 30 Resident Fee: \$126.00 Non Resident Fee: \$140.00

December 1- December 15 Resident Fee: \$81.00 Non Resident Fee: \$90.00

\*January 3- January 31 Resident Fee: \$144.00 Non Resident Fee: \$160.00

\*February 1- February 28 Resident Fee: \$135.00 Non Resident Fee: \$150.00

March 1- March 23 Resident Fee: \$126.00 Non Resident Fee: \$140.00

April 3- April 27 Resident Fee: \$144.00, Non Resident Fee: \$160.00

May 1- May 18 Resident Fee: \$108, Non Resident Fee \$120.00

\*No Class Nov. 11 for Veterans Day and Nov. 21-25, January 16 for Martin Luther King Day, February 20 for President's Day,

A calendar of events is available at the beginning of each session and includes program closure dates. Fees may be paid in full, or by monthly sessions. Monthly payments must be received by the 25<sup>th</sup> of each month prior to attendance, in order to secure your child's continuous enrollment. Payments not received by due date will result in the participant being dropped from enrollment, or if there is no waitlist, the child may continue after paying a late enrollment fee of \$50.

### **HOURS OF OPERATION AND HOLIDAYS OBSERVED**

The Preschool Program is open 9:30am-12pm, Monday through Thursday. Non-licensed specialty classes are available Wednesdays 12pm-1:30pm and Fridays 10:00am-12:00pm for ages 3-5.

We are closed for the following holidays: New Year's Day, Veteran's Day, Martin Luther King Day, President's Day, Memorial Day, Independence Day, Labor Day, the week of Thanksgiving, and Christmas Day. Any closures will be posted two weeks in advance; however, we reserve the right to close programs in the case of an emergency.

### **Weather Policy**

Our school follows closure schedules of Adams 14. In the event of inclement weather, our program will close if Adams 14 schools close. Closures for Adams 14 are posted on most Denver television news stations as well as Commerce City Channel 8. You may also contact the Recreation Center Front Desk at (303) 289-3760, for updated information on closures. If preschool is in session when Adams 14 is on break, please call the recreation center for information. If school is to be cancelled due to inclement weather, payments for the session will not be prorated to account for missed days. Children are taken outside on most days, including some rainy days. On rainy days, please send your child with proper rainboots and jacket. Children will not be taken outside in excessively hot or cold weather.

### **Registration Policy**

Registration for Kinder Kids is limited to 15 children per class. Classes run in monthly sessions. Kinder Kids is considered a continuous program and space for accepted children is held for the entire school year as long as the registration policies are followed. Payment for each session is due the 25<sup>th</sup> of the previous month. After the 25<sup>th</sup> your child's spot will not be held and waitlisted children will be given the option to fill the space into class. All cancellations must be made in writing and submitted to coordinator by email or hard copy by the 25<sup>th</sup> of the previous month. Cancellations must be received by the deadline in order for a full refund (less the \$5 dollar registration fee) to be considered. Withdrawals after this period are not considered and no refund will be given.

\$135R/\$150NR - Due at the time of registration. This is a non-refundable fee that will be applied to September's tuition.

### **Procedures for Identifying Where Children Are At All Times**

Parents/Guardians are required to sign-in and sign-out their child for preschool. Instructors will perform headcounts often during class. Children are not allowed to leave the preschool rooms

without an instructor or their parents/guardian. Any time the class changes locations the location of the group is posted on the outside of the classroom door. Staff follow up on any child not signed out of the program.

### **Policy for Lost Child**

In the unlikely event that a child is lost/unaccounted for, the following procedures are followed. Staff immediately notify the program Director and front desk staff to the situation and enlist their help in searching the facility. If the child is not found after a thorough search the Director contacts the police and notifies parents/guardians of the situation.

### **Behavior Guidance Policy**

Program staff discusses the Code of Conduct with participants periodically throughout the program session. If inappropriate behavior occurs, staff develops a solution specific to each situation as it arises. If a participant's behavior is detrimental to themselves or to others, a parent or guardian is called and is required to pick-up the participant immediately. The following is a general approach used for resolving conflict:

- Redirection: divert the attention of those involved to another appropriate area/activity.
- Time-Out: temporary removal from the activity is given. (1 minute/year of age)
- Supervised Removal: time-out, away from the group/activity under supervision.
- Parent conference and a written conduct report will be issued to participant and parent.
- Suspension: the participant could be removed from the program for a specified period of time, which may include permanent dismissal from the program (all incidents are handled on a case by case basis). Refunds will not be given.

The City of Commerce City Recreation Division reserves the right to permanently dismiss a participant whose behavior endangers themselves or others. The fees will not be prorated or refunded.

### **Policy for Notification of Illnesses, Accidents and Injuries**

If your child is/has been running a fever, is/has been vomiting, or has other apparent signs of illness, please do not bring them to class. An ill child shall be isolated from the group, and parents are contacted to arrange pick up. If a child requires medical attention away from the program site, the child's parent/guardian shall be notified.

No injury shall be dismissed without care. If applicable, staff provides first aid. For any injury requiring prompt medical attention or transportation of a child, the Police Department or Ambulance is called by dialing 911. Parents or guardians are then called.

If for any reason your child will not be attending Preschool for the day, please contact the Preschool classroom at (303)289-3294 to notify teachers of their absence as soon as possible.

### **Tornadoes and Fires**

Children are instructed to follow the evacuation plan according to a designated shelter. When a safe distance has been achieved, a roll call is taken. Periodic drills are held.

In the case of a tornado all students are taken into the designated tornado shelter. Children are in the safest position until the tornado has passed. Periodic drills are held.

### **Transporting Children/Field Trips**

Due to the short length of the Preschool Program, we do not take any field trips.

### **Video Policy**

It is not in our philosophy to teach children through the use of videos or television programming. During class hours, television and video viewing is not allowed. If, under a special circumstance, a video is to be shown, parents are notified in advance of the program and its contents.

### **Sign In/Sign Out Policy**

We require that each child be signed in and signed out of class each day. The person dropping off the child must come into the classroom with the child and sign-in on the daily roster.

The person picking up is required to sign-out on the roster with time of pick up. We only allow persons listed on the authorization form to pick up any child. If someone other than those on the list must pick up your child we require written permission from parent/guardian, and we ask to see a photo ID of that person. If there is concern for the safety of your child we do not send them with an unauthorized person and will contact parent/guardian regarding the pickup of the child. Verbal consent is only accepted in an emergency.

Please do not send your child early to class, even when instructors are present. Instructors use this time to prepare the class for your child's day.

### **Late Pickup/Late Fee**

Children must be picked up by the designated end of class time. If an emergency occurs where you cannot pick up your child on time, contact instructors at (303) 289-3294. In case of an emergency, arrangements can be made with staff to stay late with your child, however, \$1.00 per minute late fee is assessed for every minute you are late after the pickup time. If arrangements have not been made, staff stay fifteen minutes past the pickup time, and then Social Services/Police are contacted for the child's own safety.

### **Sun Protection**

Preschoolers are expected to go outside for recess every day. Parents are required to apply sunscreen to their children prior to dropping them off at Preschool, so as to maximize time that children are able to play outside. Should you forget to apply sunscreen prior to dropping your child off, instructors will provide sunscreen to you to apply to your child.

### **Procedure Concerning Personal Belongings**

We recommend that toys/personal items from home not be brought to class (unless it is for show-and-tell/sharing time) to avoid theft or misplacement of such items. We are not responsible for any lost or stolen items.

### **Participant Exclusion**

Parents are given the opportunity to indicate if they do not want their child to participate in a certain activity due to physical, social or religious reasons. In these instances, an alternate activity is provided by the instructor.

### **Policy Concerning Meals/Snacks**

Each day, a snack is provided for participants; please have child bring their own snack if they have allergies. Donations of snack items are greatly appreciated; anyone wishing to provide classroom snacks/drinks may sign-up for dates with the staff. All snacks brought to our programs must be prepackaged store bought items. This insures that we maintain a safe and healthy environment for your child.

### **Policy on Diapering and Toilet Training**

Children in the Kinder Kid Programs are encouraged to be toilet trained. If toilet training is not completed a parent/guardian must be present and available to accommodate situations that come up. If your child is new to toilet training please inform instructors so they may help your child to be successful.

### **Visitor Policy**

We encourage visitors to spend time in our class. For security purposes, anyone interested in visiting a participant during class times must be on the participant's designated pickup list. All visitors sign-in and present a picture ID to the preschool staff.

### **Parent/Staff Conferences**

The Commerce City Recreation Center Preschool Program and its instructors want to give the children of Commerce City a fun, warm and friendly atmosphere in which to begin their education. We want them to look forward to their future education by giving them the desire to learn about their world. If at any time you have questions regarding the program, please feel free to contact the Youth Services Coordinator at 303.289.3659. Conferences are held on an as needed basis. If a parent would like to meet one on one with an instructor please see them before or after class to schedule a time to meet.

### **Late Arrivals**

It is required that the parent/guardian send a written notice to the Preschool Program at least one day prior to the foreseen late arrival. For unscheduled tardiness, the procedure will be as follows:

- A. First Time – Child will log-in late.
- B. Second Time – Preschool Program Staff will notify the Recreation Coordinator who will call the parent and discuss the situation.

Please remember that tardiness impacts the day's schedule for all the other children in the program. Please be mindful of the time and inform the Preschool Program Staff of any late arrivals. Upon arrival children are expected to join the group in the current daily activity.

## **Storing and Administering Children's Medication**

Please notify the Recreation Coordinator during the enrollment process if during class your child needs any type of medication, prescription or over-the-counter, or if they require special medical attention due to allergies. Parents need to meet with the Recreation Coordinator and Director in advance to set up a Health Care Plan specific to your child. If the proper paperwork has not been completed, parents are notified and asked to return to our premises to administer medication. Parents should check with their health care provider to see if a dosage schedule can be arranged that does not involve the hours the child is in class.

In the event that a medication does need to be administered during class time by staff, we must have on file before administering the medication 1) written authorization from the health care provider 2) parent/guardian written authorization 3) and medication in the original labeled container.

Only staff that is trained in medication administration is authorized to administer medication and there needs to be a signed parent/guardian and physician waiver on file. Confidentiality of the child is maintained at all times. All medications are kept in a locked cabinet away from children. All procedures for storing and administering children's medicines and delegation of medication administration are in compliance with Section 12-38-132, C.R.S., of the "Nurse Practice Act."

## **Filing a Complaint**

The Commerce City pre-school program is licensed by the Colorado Department of Human Services. The license indicates that the program has met the required standards of the operation of a pre-school facility. If you have not done so, please ask to see the license. We want to hear from you if you have questions or concerns about your child's care. We make every effort to resolve any issues or concerns you have about the programs. Complaints regarding suspected licensing violations must be reported to:

Colorado Department of Human Services,  
Office of Early Childhood, Division of Early Care and Learning  
1575 Sherman Street, First Floor  
Denver, CO 80203  
303-866-5700

Complaints regarding the actual program should be reported to the Youth Services Coordinator or the Youth Services Supervisor:

Ben Vallee, Youth Services Coordinator  
Office: 303.289.3659  
Email: bvallee@c3gov.com

Lisa Nordholt, Youth Services Supervisor  
Office: 303.289.3702  
Email: lnordholt@c3gov.com

Complaints regarding the facilities should be reported to the Facilities Supervisor:

Matt Miller

Office: 303.289.3735

Email: [mmiller@c3gov.com](mailto:mmiller@c3gov.com)

### **Reporting of Child Abuse**

City of Commerce City staff are required by law to report the suspicion of abuse or neglect. As a child care facility, each staff member is required to read and sign a statement clearly defining child abuse and neglect pursuant to the Colorado state law. Colorado state law defines child abuse as:

*Neglect* – Failure to provide adequate nutrition, clothing, shelter, medical care, or supervision for that child. Neglect is different from poverty and may occur regardless of a family’s economic standing

*Physical Abuse* – Non-accidental trauma that results in injury or death to a child by any person in a position of trust.

*Emotional Abuse* – Consists of a pattern of behavior that impairs a child’s emotional development and positive sense of self, possibly resulting in psychological damage.

Emotional abuse includes the presence of a pattern of belittlement, criticism, rejection and threats and the absence of supporting behaviors such as praise, pride in the child, and expressions of love and concern.

*Sexual Abuse* – Any sexual exploitation involving a child or adolescent who does not fully comprehend the situation and is unable to give informed consent. This includes any sexual contact between adults and children where the child is less than 15 years old and/or there is a four year age difference between the suspect and the victim.

A report demonstrates that there is cause for concern and should not be interpreted as an accusation. Staff members are required to report these suspicions immediately and are not allowed to contact the parents first. Once a report is made, a Social Service worker will determine if there is just cause for an investigation. In all cases, please realize that the child’s best interest is our primary concern. If you have any questions in this area, feel free to contact the Youth Services Coordinator, at 303.289.3659.

### **Important Addresses and Phone Numbers**

#### Commerce City Recreation Center

6060 East Parkway Drive

Commerce City, CO 80022

Front Desk: 303.289.3760

Registration: 393.289.3789

Ben Vallee, Youth Services Coordinator

Office: 303.289.3659

Email: [bvallee@c3gov.com](mailto:bvallee@c3gov.com)

Lisa Nordholt, Youth Services Supervisor

Office: 303.289.3702

Email: [lnordholt@c3gov.com](mailto:lnordholt@c3gov.com)

Colorado Department of Human Services,

Office of Early Childhood, Division of Early Care and Learning

1575 Sherman Street, Denver, CO 80203-1714

303.866.5958

### Pre-school Session Dates

The Commerce City Preschool Program is a program based on the school calendar year. Class continues from September – May. Please call 303.289.3659 with any questions about the upcoming sessions.

| <b>Ages: 4-5 years</b> |             |             |              |                 |
|------------------------|-------------|-------------|--------------|-----------------|
| <b>Day</b>             | <b>Date</b> | <b>Time</b> | <b>Class</b> | <b>Fee R/NR</b> |
| Mon-Thurs              | 9/6-9/29    | 9:30-12pm   | 7101.301     | \$135/\$150     |
| Mon-Thurs              | 10/3-10/31  | 9:30-12pm   | 7102.301     | \$153/\$170     |
| Mon-Thurs              | 11/1-11/30* | 9:30-12pm   | 7103.301     | \$126/\$140     |
| Mon-Thurs              | 12/1-12/15  | 9:30-12pm   | 7104.301     | \$81/\$90       |
| Mon-Thurs              | 1/3- 1/31   | 9:30-12pm   | 7105.301     | \$144/\$160     |
| Mon-Thurs              | 2/1- 2/28   | 9:30-12pm   | 7106.301     | \$135/\$150     |
| Mon-Thurs              | 3/1- 3/23   | 9:30-12pm   | 7107.301     | \$126/\$140     |
| Mon-Thurs              | 4/3- 4/27   | 9:30-12pm   | 7108.301     | \$144/\$160     |
| Mon-Thurs              | 5/1- 5/18   | 9:30-12pm   | 7109.301     | \$108/\$120     |

\*No class November 11 & 21-25, January 16 for MLK Day, February 20 for President's Day

**2016 Preschool Enrollment Checklist**

|   | <b>Parent</b>            | <b>Staff</b>             |
|---|--------------------------|--------------------------|
| Participant Information   | <input type="checkbox"/> | <input type="checkbox"/> |
| Consents for Preschool  | <input type="checkbox"/> | <input type="checkbox"/> |
| Current Immunization Record<br>(Please use card provided - no other records are acceptable) | <input type="checkbox"/> | <input type="checkbox"/> |
| Participant Health History<br>(Must be signed by a physician within the last 12 months)     | <input type="checkbox"/> | <input type="checkbox"/> |
| General Questions   | <input type="checkbox"/> | <input type="checkbox"/> |
| Written Order for Medication  | <input type="checkbox"/> | <input type="checkbox"/> |
| Participant Educational Information   | <input type="checkbox"/> | <input type="checkbox"/> |
| Payment Contract  | <input type="checkbox"/> | <input type="checkbox"/> |

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

Staff Name: \_\_\_\_\_ Date: Received: \_\_\_\_\_

**Please make sure all of these items are complete before returning your packet to the Commerce City Recreation Center. We cannot enroll your child unless your packet is complete.**

# KINDER KIDS

Preschool Program Payment Contract  
September 2016 thru May 2016



Parent/Guardian Name: \_\_\_\_\_ Phone \_\_\_\_\_

Participant Name: \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

I, \_\_\_\_\_, am reserving space in the Fall 2016 Kinder Kids Program for my child;  
\_\_\_\_\_. (child's name, use one form per child!)

**CANCELLATION POLICY**

*Payment for each session is due according to the payment schedule below. Tuition must be paid in advance. No attendance is allowed without registration **and** payment in full. Payments not received by due date will result in the participant being dropped from enrollment, or if there is not waitlist the child may continue after paying the late enrollment fee of \$50. All cancellations must be made in writing and submitted to Recreation Coordinator. **Cancellations must be received on or before the due date in order for a full refund (less the \$5 registration fee) to be considered.** Payments will be taken at the Registration desk or front desk. Please call 303.289.3789 for more information.*

I understand that this agreement along with full payment for the first session in which your child will attend will enroll my child for the 2014-2015 Preschool Year.

**PAYMENT SCHEDULE:**

| Session #           | Session Dates   | Payment Due Date      | Payment Amount |
|---------------------|-----------------|-----------------------|----------------|
| Session 1-#7101.301 | Sep 6 – Sep 29  | At time of enrollment | \$135R/\$150NR |
| Session 2-#7102.301 | Oct 3 – Oct 31  | Sep 25                | \$153R/\$170NR |
| Session 3-#7103.301 | Nov 1 - Nov 30* | Oct 25                | \$126R/\$140NR |
| Session 4-#7104.301 | Dec 1 – Dec 15  | Nov 25                | \$81R/\$90NR   |
| Session 5-#7105.301 | Jan 3 – Jan 31* | Dec 24                | \$144R/\$160NR |
| Session 6-#7106.301 | Feb 1 – Feb 28* | Jan 25                | \$135R/\$150NR |
| Session 7-#7107.301 | Mar 1 – Mar 23  | Feb 25                | \$126R/\$140NR |
| Session 8-#7108.301 | Apr 3 – Apr 27  | Mar 25                | \$144R/\$160NR |
| Session 9-#7109.301 | May 1 – May 18  | Apr 25                | \$108R/\$120NR |

\*No Classes held November 11 for Veteran's Day, November 21-25 for Thanksgiving Break, January 16 for MLK Day, February 20 for President's Day

In the event these arrangements are not followed, I understand this will result in the cancellation of my child's enrollment in the program, with no refund for money previously applied. I agree that it is my responsibility to contact the Recreation Coordinator in writing in order to change or alter this agreement.

Parent/Guardian  
Signature: \_\_\_\_\_

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

**PRESCHOOL PROGRAM PARTICIPANT INFORMATION** Date Enrollment Begins \_\_\_\_\_

Participant Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Home address \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Custodial parent/guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Phone \_\_\_\_\_

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

Name and address of employment \_\_\_\_\_ Phone \_\_\_\_\_

Second parent/guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Phone \_\_\_\_\_

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

Home address (If different from above)

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip- \_\_\_\_\_

Name and address of employment \_\_\_\_\_

Phone \_\_\_\_\_

Special Instructions for Reaching Parents \_\_\_\_\_

Please list two persons that we should contact when parents cannot be reached:

Name \_\_\_\_\_ Relationship to participant \_\_\_\_\_

Address \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Other) \_\_\_\_\_

Name \_\_\_\_\_ Relationship to participant \_\_\_\_\_

Address \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Other) \_\_\_\_\_

Who is authorized to pick-up participant? (Other than parents)

| Name  | Relation | Address | Home Phone | Work Phone | Cell Phone |
|-------|----------|---------|------------|------------|------------|
| _____ | _____    | _____   | _____      | _____      | _____      |
| _____ | _____    | _____   | _____      | _____      | _____      |
| _____ | _____    | _____   | _____      | _____      | _____      |

The above information is correct and I give permission for the City of Commerce City to release the participant, named on the first line, to those people listed above. I also realize that it is my responsibility to inform the City of Commerce City any time the above information changes.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Are there any activities your child is unable to participate in due to physical, social or religious reasons?

Please circle. No Yes (please explain) \_\_\_\_\_

Disability (Classification or description) \_\_\_\_\_

In the event that the parent/guardian, or alternate person named on this emergency form cannot be reached, the Commerce City Preschool Program officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of this child including transporting the child to the necessary health care facility. I agree I am solely responsible for the payment of all costs resulting from the rendering of medical and ambulance services.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Is there a restraining order against anyone from having contact with your child? If yes, please provide a copy of the current restraining order. Please circle Yes or No

How did you hear about our preschool program?

School Flyer

Mailer/postcard

Banner

(Please circle all that apply)

Recreation Brochure

Child is previous participant

Friend

Other \_\_\_\_\_

# CONSENTS FOR PRESCHOOL

## ACTIVITY PERMISSION

Due to the short length of the Preschool Program, we will not be taking any field trips. I understand that the Commerce City Preschool Program will be offering activities including arts and crafts, gym activities, outdoor activities, swimming, cooking activities and others. I give permission for my child to participate in these class activities. I also understand that the activities for which I have enrolled my child may have an element of hazard or inherent danger, and agree to hold harmless the City of Commerce City and its employees and agents from any liability, loss, or expense (including attorneys fees, medical and ambulance costs) that may occur while my child is participating in these Parks and Recreation Activities.

*Parent/Guardian*

*Signature* \_\_\_\_\_

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## PUBLICITY AUTHORIZATION

I/we give permission to the City of Commerce City to use photos or videotapes of my child/children for promotional purposes.

*Parent/Guardian*

*Signature* \_\_\_\_\_

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## SUNSCREEN

I agree to apply sunscreen to my child(ren) every day prior to the start of preschool program. Should I forget to apply sunscreen, staff will provide me with sunscreen (SPF 30+) to apply to my child

*Parent/Guardian*

*Signature* \_\_\_\_\_

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## MEDICATION ADMINISTRATION

I agree that I am responsible for the provisions of all medications with appropriate instructions. I understand that the

City of Commerce City personnel are not responsible for the effects of any prescribed medications properly administered. I give my permission for trained preschool staff to administer medications prescribed.

*Parent/Guardian*

*Signature* \_\_\_\_\_

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## EMERGENCY MEDICAL AUTHORIZATION

I/we give my/our permission to the City of Commerce City Parks and Recreation Program staff to call a doctor for medical or surgical care for my/our child listed above, should an emergency arise. It is understood that a conscientious effort will be made to locate me/us before any action will be taken; if that is not possible, the expense for care will be accepted by me/us.

Date \_\_\_\_\_ Hospital of Choice \_\_\_\_\_

*Parent/Guardian*

*Signature* \_\_\_\_\_

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## ACKNOWLEDGEMENT OF PARENT/PARTICIPANT PACKET

I hereby acknowledge that I have received and read a copy of the Preschool Program Participant Packet and agree to abide by the policies outlined therein. I further acknowledge that these are subject to change at the discretion of the Commerce City staff.

*Parent/Guardian*

*Signature* \_\_\_\_\_

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## Health History

Please provide the following information so we can be aware of the preschoolers needs. Any changes to this form should be given to the Recreation Coordinator before participation begins. If your child needs an epipen or inhaler during preschool program, please attach their Action Plan, signed by a physician, to this form.

**ALLERGIES** (List all known. Describe reaction and management of the reaction)

**Medication allergies**

\_\_\_\_\_

**Food allergies**

\_\_\_\_\_

**Other allergies - include insect stings, hay fever, asthma, animals, etc.**

\_\_\_\_\_

**Any specific information we should know?** \_\_\_\_\_

\_\_\_\_\_

### **MEDICATIONS BEING TAKEN**

Please list ALL medications taken routinely. Keep it in the original bottle that identifies the prescribing physician (if a prescription drug), the name of the medications, the dosage, and the frequency of administration.

\_\_\_\_\_ This person takes NO medications on a routine basis.

\_\_\_\_\_ This person will not be taking any medications during program hours.

This person takes medications as follows: (Please list ALL medications taken routinely even if medications will not be dispersed during program. This information is needed, if the participant needs medical attention.)

Med #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Times taken \_\_\_\_\_

Reason for taking \_\_\_\_\_

Med #2 \_\_\_\_\_ Dosage \_\_\_\_\_ Times taken \_\_\_\_\_

Reason for taking \_\_\_\_\_

Med #2 \_\_\_\_\_ Dosage \_\_\_\_\_ Times taken \_\_\_\_\_

Reason for taking \_\_\_\_\_

**\*\* A Written Order for Medication will need to be filled out by your prescribing practitioner for any medications that will be administered while at preschool. Please use the attached form.**

Any additional information regarding medications? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Physician Name (please print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician Signature (Required):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Fax Number for Physician:** \_\_\_\_\_ **Name of Practice:** \_\_\_\_\_

**GENERAL QUESTIONS (Explain "yes" answers below.) Has/does the participant:**

|   | Yes | No |  | Yes | No |
|---|-----|----|--|-----|----|
| 1. Had any recent injury, illness or infection?   |     |    | 11. Ever been diagnosed with a heart murmur?                     |     |    |
| 2. Have a chronic or recurring illness/condition? |     |    | 12. Ever had problems with joint disease?                        |     |    |
| 3. Ever had seizures?                             |     |    | 13. Have Diabetes?   |     |    |
| 4. Have frequent headaches?                       |     |    | 14. Have asthma?   |     |    |
| 5. Ever had a head injury?                        |     |    | 15. Have an eating disorder?                                     |     |    |
| 6. Wear glasses, contacts or protective eyewear?  |     |    | 16. Have nosebleeds?   |     |    |
| 7. Ever had frequent ear infections?              |     |    | 17. Have any skin problems?                                      |     |    |
| 8. Ever been dizzy during or after exercise?      |     |    | 18. Have any specific activities they should not participate in? |     |    |
| 9. Ever had chest pain during or after exercise?  |     |    | 19. Ever had a physical? Date?                                   |     |    |
| 10. Ever had back problems?                       |     |    | 20. Other:   |     |    |

Please explain any "yes" answers, noting the number of the question.

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Use this space to provide any additional information about the participant the preschool should be aware of.

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Name of physician \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_

Name of family dentist/orthodontist \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_

Name of hospital of choice \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_

**Please provide a current copy of the participant's immunization record. You can obtain this from your health care provider or the child's school. This must be returned with all other preschool forms.**

**Parent/Guardian Authorization: This health history is correct and complete as far as I know, and the person described herein has permission to engage in all preschool activities except as noted.**

**Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_**

# Preschool Participant Educational Information Sheet

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

List Siblings/other members of the household and their ages:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Is your child toilet trained? Yes / No Describe assistance needed and words used:

\_\_\_\_\_

Does your Child have particular fears? (If so list) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any foods/drinks that your child should not have? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have concerns about any aspect of your child's development? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you feel your child's speech is clear? \_\_\_\_\_

Is any language other than English used in the home?

(if so please describe) \_\_\_\_\_

How much television does your child generally watch each day? \_\_\_\_\_

What are your child's favorite activities? \_\_\_\_\_

\_\_\_\_\_

What does your child enjoy doing with mother? \_\_\_\_\_

\_\_\_\_\_

What does your child enjoy doing with father? \_\_\_\_\_

\_\_\_\_\_

Does your child play well alone? \_\_\_\_\_

Does your child play well in groups? \_\_\_\_\_

Does your child accept correction easily? \_\_\_\_\_

What is the method of behavior control used in your home? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Written Order for Medication**  
**by the prescribing practitioner**  
 for City of Commerce City preschool program

A physician's signature is required for participants needing medications administered while attending preschool. Prescription and non-prescription (over-the-counter) medications for headaches, eyes or ears, all oral medications, topical medications, inhaled medications, and emergency injections must all be noted if needed during preschool.

Participant Name: \_\_\_\_\_

Physician Name (please print): \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

| <u>TIME</u> | <u>MEDICATION</u> | <u>DOSAGE</u> | <u>SIDE EFFECTS</u> |
|-------------|-------------------|---------------|---------------------|
| _____       | _____             | _____         | _____               |
| _____       | _____             | _____         | _____               |
| _____       | _____             | _____         | _____               |
| _____       | _____             | _____         | _____               |
| _____       | _____             | _____         | _____               |

Special instructions or additional information regarding medications:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Medication must be in original, labeled pharmacy bottle.  
 It is understood that the medicine is administered solely at the request of and as an accommodation to the undersigned parent (s) or guardian (s). In consideration of the acceptance of the request to perform the service by personnel employed by the City of Commerce City preschool programs, the undersigned hereby agree to release the City of Commerce City and its officers, agents, servants, and employees from legal claims which they now have or may hereafter have arising out of the administration of (or failure to administer) the medication to the participant.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Commerce City Parks and Recreation  
 Registration (303) 289-3789  
 Information (303) 289-3659

**COLORADO LAW REQUIRES THAT THIS FORM BE COMPLETED FOR EACH STUDENT ATTENDING COLORADO SCHOOLS**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

**COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT—CERTIFICATE OF IMMUNIZATION**

| Vaccine          | Enter the month, day and year each immunization was given |  |  |  |  |  |
|------------------|---|--|--|--|--|--|
| <b>Hep B</b>     | Hepatitis B   |  |  |  |  |  |
| <b>DTaP</b>      | Diphtheria, Tetanus, Pertussis (pediatric)                |  |  |  |  |  |
| <b>DT</b>        | Diphtheria, Tetanus (pediatric)                           |  |  |  |  |  |
| <b>Tdap</b>      | Tetanus, Diphtheria, Pertussis                            |  |  |  |  |  |
| <b>Td</b>        | Tetanus, Diphtheria                                       |  |  |  |  |  |
| <b>Hib</b>       | <i>Haemophilus influenzae</i> type b                      |  |  |  |  |  |
| <b>IPV/OPV</b>   | Polio   |  |  |  |  |  |
| <b>PCV</b>       | Pneumococcal Conjugate                                    |  |  |  |  |  |
| <b>MMR</b>       | Measles, Mumps, Rubella                                   |  |  |  |  |  |
| <b>Varicella</b> | Chickenpox  |  |  |  |  |  |

Healthcare Provider Documentation Date \_\_\_\_\_ Lab Verification Date \_\_\_\_\_

Vaccines recorded below this line are recommended. Recording of dates is encouraged.

|                    |                      |  |  |  |  |  |
|--------------------|----------------------|--|--|--|--|--|
| <b>HPV</b>         | Human Papillomavirus |  |  |  |  |  |
| <b>Rota</b>        | Rotavirus            |  |  |  |  |  |
| <b>MCV4/MPS V4</b> | Meningococcal        |  |  |  |  |  |
| <b>Hep A</b>       | Hepatitis A          |  |  |  |  |  |
| <b>TIV/LAIV</b>    | Influenza            |  |  |  |  |  |
| <b>Other</b>       |                      |  |  |  |  |  |

**THIS SECTION CAN BE COMPLETED BY CHILD CARE/SCHOOL/HEALTH CARE PROVIDER**

- 10 A) Child Care Up to Date** \_\_\_\_\_ Up to date through 6 months of age for Colorado school immunization requirements update Signature \_\_\_\_\_ Date \_\_\_\_\_
- 10 B) Child Care Up to Date** \_\_\_\_\_ Up to date through 18 months of age for Colorado school immunization requirements update Signature \_\_\_\_\_ Date \_\_\_\_\_
- 10 C) Child Care/Pre-school/Pre-K\*** \_\_\_\_\_ Up to date for child care/pre-school/pre-K for Colorado school immunization requirements update Signature \_\_\_\_\_ Date \_\_\_\_\_
- 10 D) Complete for K–5th Grade** \_\_\_\_\_ Up to date for K–5th grade for Colorado school immunization requirements update Signature \_\_\_\_\_ Date \_\_\_\_\_
- If age 4 years and fulfills requirements for pre-school & kindergarten, check BOTH boxes C and D.

**HAS MET ALL IMMUNIZATION REQUIREMENTS FOR COLORADO SCHOOLS (6TH GRADE OR HIGHER)**

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(Physician, nurse, or school health authority)

**IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS MAY BE SUBJECT TO EXCLUSION FROM SCHOOL AND TO QUARANTINE.**  
**SI SE PRESENTA UN BROTE DE LA ENFERMEDAD, ES POSIBLE QUE A LAS PERSONAS EXENTAS SE LES PONGA EN CUARENTENA O SE LES EXCLUYA DE LA ESCUELA.**

**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. **EXENCIÓN POR RAZONES MÉDICAS:** El estado de salud de la persona arriba citada es tal que la vacunación significa un riesgo para su salud o incluso su vida; o bien, las vacunas están contraindicadas debido a otros problemas de salud. **Medical exemption to the following vaccine(s):** *La exención por razones médicas aplica a la(s) siguiente(s) vacuna(s):* Signed (Firma) \_\_\_\_\_ Date (Fecha) \_\_\_\_\_  
**10 10 10 10 10 10 10 10** Physician (Médico) Hep B DTaP Tdap Hib IPV PCV MMR VAR

**RELIGIOUS EXEMPTION:** Parent or guardian of the above named person or the person himself/herself is an adherent to a religious belief opposed to immunizations. **EXENCIÓN POR MOTIVOS RELIGIOSOS:** El padre o tutor de la persona arriba citada, o la persona misma, pertenece a una religión que se opone a la inmunización. **Religious exemption to the following vaccine(s):** *Exención por motivos religiosos de la(s) siguiente(s) vacuna(s):* Signed (Firma) \_\_\_\_\_ Date (Fecha) \_\_\_\_\_  
**10 10 10 10 10 10 10 10** Parent, guardian, emancipated student/consenting minor Hep B DTaP Tdap Hib IPV PCV MMR VAR (Padre, tutor, estudiante emancipado o consentimiento del menor)

**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. **EXENCIÓN POR CREENCIAS PERSONALES:** Las creencias personales del padre o tutor de la persona arriba citada, o la persona misma, se oponen a la inmunización. **Personal exemption to the following vaccine(s):** *Exención por creencias personales de la(s) siguiente(s) vacuna(s):* Signed (Firma) \_\_\_\_\_ Date (Fecha) \_\_\_\_\_  
**10 10 10 10 10 10 10 10** Parent, guardian, emancipated student/consenting minor Hep B DTaP Tdap Hib IPV PCV MMR VAR (Padre, tutor, estudiante emancipado o consentimiento del menor)

| Vaccine <sup>a</sup>                                    | Level of School/Age of Student |                       |                       |                        |                         |                         |                         |                      |                    |                           |                             |                  |      |
|---|--------------------------------|-----------------------|-----------------------|------------------------|-------------------------|-------------------------|-------------------------|----------------------|--------------------|---------------------------|-----------------------------|------------------|------|
|   | Child Care 2 to 3 mos          | Child Care 4 to 5 mos | Child Care 6 to 7 mos | Child Care 8 to 11 mos | Child Care 12 to 14 mos | Child Care 15 to 17 mos | Child Care 18 to 23 mos | Preschool 2 to 4 yrs | K Entry 4 to 6 yrs | Grades K to 5 5 to 10 yrs | Grades 6 to 12 11 to 18 yrs | College          |      |
| Pertussis/Tetanus/Diphtheria                            | 1                              | 2                     | 3                     | 3                      | 3                       | 4                       | 4                       | 4                    | 5/4 <sup>b</sup>   | 5/4 <sup>b c</sup>        | 6 <sup>c d</sup>            |                  |      |
| Polio <sup>e</sup>                                      | 1                              | 2                     | 3                     | 3                      | 3                       | 3                       | 3                       | 3                    | 4/3 <sup>f</sup>   | 4/3 <sup>f</sup>          | 4/3 <sup>f</sup>            |                  |      |
| Measles/ Mumps/ Rubella <sup>g</sup>                    |                                |                       |                       |                        | 1                       | 1                       | 1                       | 1                    | 2 <sup>h</sup>     | 2 <sup>h</sup>            | 2 <sup>h</sup>              | 2 <sup>h i</sup> |      |
| <i>Haemophilus influenzae</i> type b (Hib) <sup>j</sup> | 1                              | 2                     | 2                     | 3/2                    | 3/2                     | 3/2/1                   | 3/2/1                   | 3/2/1                |                    |                           |                             |                  |      |
| Pneumococcal Conjugate <sup>k</sup>                     | 1                              | 2                     | 3/2                   | 3/2                    | 4/3/2                   | 4/3/2                   | 4/3/2                   |                      |                    |                           |                             |                  |      |
| Hepatitis B <sup>l</sup>                                | 1                              | 2                     | 2                     | 2                      | 3                       | 3                       | 3                       | 3                    | 3                  | 3                         | 3                           |                  |      |
| Varicella <sup>m</sup>                                  |                                |                       |                       |                        | 1                       | 1                       | 1                       | 1                    | 2 <sup>n</sup>     | 2/1 <sup>n</sup>          | 2/1 <sup>n o</sup>          |                  |      |
| Meningococcal   |                                |                       |                       |                        |                         |                         |                         |                      |                    |                           |                             | <sup>p</sup>     |      |
| School Year   | Grade Level                    |                       |                       |                        |                         |                         |                         |                      |                    |                           |                             |                  |      |
|   | K                              | 1                     | 2                     | 3                      | 4                       | 5                       | 6                       | 7                    | 8                  | 9                         | 10                          | 11               | 12   |
| 2007–08   | Var2                           | Var1                  | Var1                  | Var1                   | Var1                    | Var1                    | Tdap Var1               | Var1                 |                    |                           | Tdap                        |                  |      |
| 2008–09   | Var2                           | Var2                  | Var1                  | Var1                   | Var1                    | Var1                    | Tdap Var1               | Tdap Var1            | Var1               |                           | Tdap                        | Tdap             |      |
| 2009–10   | Var2                           | Var2                  | Var2                  | Var1                   | Var1                    | Var1                    | Tdap Var1               | Tdap Var1            | Tdap Var1          | Var1                      | Tdap                        | Tdap             | Tdap |
| 2010–11   | Var2                           | Var2                  | Var2                  | Var2                   | Var1                    | Var1                    | Tdap Var1               | Tdap Var1            | Tdap Var1          | Tdap Var1                 | Tdap Var1                   | Tdap             | Tdap |
| 2011–12   | Var2                           | Var2                  | Var2                  | Var2                   | Var2                    | Var1                    | Var1                    | Var1                 | Var1               | Var1                      | Var1                        | Var1             |      |
| 2012–13 (Var1 required for grades K to 12)              | Var2                           | Var2                  | Var2                  | Var2                   | Var2                    | Var2                    | Var1                    | Var1                 | Var1               | Var1                      | Var1                        | Var1             | Var1 |
| 2013–14   | Var2                           | Var2                  | Var2                  | Var2                   | Var2                    | Var2                    | Var2                    |                      |                    |                           |                             |                  |      |
| 2014–15   | Var2                           | Var2                  | Var2                  | Var2                   | Var2                    | Var2                    | Var2                    | Var2                 |                    |                           |                             |                  |      |
| 2015–16   | Var2                           | Var2                  | Var2                  | Var2                   | Var2                    | Var2                    | Var2                    | Var2                 | Var2               |                           |                             |                  |      |
| 2016–17   | Var2                           | Var2                  | Var2                  | Var2                   | Var2                    | Var2                    | Var2                    | Var2                 | Var2               | Var2                      |                             |                  |      |
| 2017–18   | Var2                           | Var2                  | Var2                  | Var2                   | Var2                    | Var2                    | Var2                    | Var2                 | Var2               | Var2                      | Var2                        |                  |      |
| 2018–19   | Var2                           | Var2                  | Var2                  | Var2                   | Var2                    | Var2                    | Var2                    | Var2                 | Var2               | Var2                      | Var2                        | Var2             |      |
| 2019–20 (Var2 required for grades K to 12)              | Var2                           | Var2                  | Var2                  | Var2                   | Var2                    | Var2                    | Var2                    | Var2                 | Var2               | Var2                      | Var2                        | Var2             | Var2 |

## Letter From The Department of Human Services

Dear Parent/Guardian:

Your child was recently enrolled in a childcare program that is currently licensed by the Colorado Department of Human Services, Office of Early Childhood, Division of Early Care and Learning. The license will indicate that the program has met the required standards for the operation of a childcare facility.

Most licensed facilities make every effort to provide a safe and healthy environment for children. Unfortunately, on rare occasion, an incident of physical or sexual abuse may occur. If you believe that your child has been abused, you should seek immediate assistance from your county department of social services. The telephone number to report child abuse in your county is:  
1844.264.5437

Childcare services play an important role in supporting families, and strong families are the basis of a thriving community. Your child's education, physical, emotional, and social development will be nurtured in a well-planned and run program. Remember to observe the program regularly, especially with regard to children's health and safety, equipment, play materials and staff. For additional information regarding licensing, or if you have concerns about a childcare facility, please consult:

Colorado Department of Human Services-  
Office of Early Childhood, Division of Early Care and Learning  
1575 Sherman Street, First Floor  
Denver, CO 80203  
303-866-5700