

## Loveland Preschool Registration Forms

### Instructions for Registering and Completing Forms

Thank you for choosing Loveland Preschool! We look forward to making your child's preschool experience a most enjoyable one. You will find in this packet all forms necessary to register your child for the next school year. To make registration run smoothly, please be sure you have completed all the required information. Recent state regulations have changed some forms, please be sure to complete all forms thoroughly. **Please bring your driver's license with you to registration, it will need to be shown to a board member for verification.**

At the time of registration, there will be a \$50.00 non-refundable registration fee per family in order to guarantee a place in the desired class. Money will be collected only if there is an opening in the desired class.

The following forms will need to be completed and turned in at the time of registration:

- Intake Record
- Waiver and Release of Liability
- Parent Responsibility Contract
- Driver's License, Insurance Verification & Field Trip Permission

The following forms will need to be completed before and submitted at Orientation, or before your child starts school:

- General Health Appraisal (Needs Doctor Signature)
- Immunization Record (Needs Doctor Signature)

If your child's forms are not on file at the preschool by the first day of school, your child will not be allowed to attend until all these forms have been received.

Please deliver or mail completed forms to:

Loveland Preschool, Inc.  
Attn: Vice President  
2500 N Garfield Ave  
Loveland, CO 80538

# Loveland Preschool Child Intake Record

(Please write N/A if information is not applicable)

Age Group:    2/3            3/4            4/5            Class Days:    MWF        TTh

Year: \_\_\_\_\_ Start Date: \_\_\_\_\_

## Child Information

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender:    M    F

Allergies/Medical/Physical Conditions (use additional paper if necessary):

\_\_\_\_\_

Expected Allergic Reactions (use additional paper if necessary):

\_\_\_\_\_

## Parent/Guardian Information

### Parent/Guardian #1

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

Employer Phone: \_\_\_\_\_

### Parent/Guardian #2

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

Employer Phone: \_\_\_\_\_

## Home Demographics

Siblings Enrolled in Loveland Preschool: \_\_\_\_\_

Other family members living in home: \_\_\_\_\_

Is the family an alumnae of Loveland Preschool? \_\_\_\_\_ What year? \_\_\_\_\_

## Local Emergency Contacts

Persons designated to call for your child (must be local #'s), if neither parent or guardian can be reached in case of emergency or illness: (Please fill in information for three separate contacts.)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

If you or your spouse, or the names above cannot be reached, 911 will be called. If ambulance service is refused by the parent/guardian, the preschool director will transport the child to the hospital of preference.

## Hospital Preference (check one)

- UCHealth Medical Center of the Rockies. 2500 Rocky Mountain Ave., Loveland CO. (970) 624-2500
- McKee Medical Center. 2000 N Boise Ave. Loveland, CO. (970) 820-4640
- UCHealth Poudre Valley Hospital. 1024 S Lemay Ave, Fort Collins, CO. (970) 495-7000

## Medical Emergency Contacts

### Doctor

Name: \_\_\_\_\_ Clinic: \_\_\_\_\_

Phone: \_\_\_\_\_ Street Address: \_\_\_\_\_

### Dentist

Name: \_\_\_\_\_ Clinic: \_\_\_\_\_

Phone: \_\_\_\_\_ Street Address: \_\_\_\_\_

# Waiver and Release of Liability Agreement

The undersigned hereby represents that he or she is the parent or guardian of \_\_\_\_\_ (Child's full name) and agrees to the following:

I understand and agree to a full and complete waiver and release of any and all liability ("Liability Release") on the part of Loveland Preschool (the "Preschool") in connection with my Child's attendance at the Preschool and participation in all Preschool activities, including, but not limited to, playground activities, classroom activities and field trips taken in connection with the Preschool. I understand and agree that this Liability Release will apply to the entire duration of my Child's attendance at the Preschool and participation in all Preschool activities.

I further authorize anyone working at the Preschool to obtain medical care for my Child or for the preschool director to transport my Child to a clinic or hospital if, in the opinion of anyone working at the Preschool, medical attention is needed for my Child. I agree that if the Preschool releases my Child to me, my designee, an ambulance or other medical transport, a medical facility, a clinic or a hospital, that the Preschool staff shall not have any further responsibility for my Child. I agree to pay all costs associated with such medical care and related transportation for my Child and indemnify and hold the preschool, its representatives and agents harmless from any costs incurred in connection with such medical attention or any related claims.

This Liability Release may only be revoked in a writing that is signed by both myself and the Director of the Preschool. I acknowledge that I have carefully read this Liability Release and understand its contents.

Parent/Guardian Name (please print): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

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

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

## Loveland Preschool Parent Responsibility Contract

A cooperative organization can succeed only if we all cooperate. Therefore, as a member of Loveland Preschool, Inc., by initialing the following statements, I will agree to live up to the following expectations and will strive to cooperate with the Board of Trustees and the Teachers:

Please Initial in the boxes below to indicate your understanding of each statement.

- Parent Help:** Responsibilities are listed in the Handbook. If I fail to show up for my day, I will be fined \$50. If I fail to sign up for this duty by the beginning of the quarter, I will be fined \$50 and I will be assigned days to parent help.
- Multiple Fines:** If I receive 3 fines in any school year, my child will be expelled from Loveland Preschool, Inc.
- Attend the Fall Orientation Meeting:** I will attend the Fall Orientation Meeting, regardless of my previous experience at Loveland Preschool, Inc. Failure to attend the Fall Orientation Meeting will result in a \$25 fine. Your child may not attend class until a board member has oriented you.
- Pay Tuition:** I agree to pay my tuition before the start of the quarter for which the tuition is to be applied. I understand that if I do not pay tuition before the start of the quarter, my child will be removed from the class that he or she was supposed to attend. If there is a waiting list for the class, the next family will be contacted to fill the open spot. The person in my family responsible for paying tuition is \_\_\_\_\_ (please print).
- Perform a Maintenance Duty:** I will sign up for a maintenance duty by the end of the first week that my child attends school. If I fail to sign up for a maintenance duty, I will be fined \$50. If I fail to fulfill my maintenance duty, I will be fined \$50.
- Photography/Videography Release:** I give Loveland Preschool, Inc., permission to photograph/video my child during the school year for use at Loveland Preschool, in print, on Loveland Preschool social media, and on the Loveland Preschool website.

## Driver's License Verification

Parent/Guardian Name: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ Expires: \_\_\_\_\_

I have witnessed and verified that driver's license held by the above named individual is current and valid.

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

## Automobile Insurance Verification

I certify that I currently hold automobile liability insurance that meets the minimum coverage requirements for the state of Colorado. Further, I agree to maintain coverage that meets the minimum coverage requirements for the state of Colorado throughout the time that my child is enrolled in Loveland Preschool.

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

## Field Trip Permission

I understand that Loveland Preschool, Inc. abides by the Colorado Child Passenger Protection Law. I understand that every child being transported to or from Loveland Preschool must be seated in a safety seat that is appropriate for their age and weight according to the Colorado Child Passenger Protection Law. I certify that I have been provided with a copy of the Colorado Child Passenger Protection Law for my review.

I give permission for my child \_\_\_\_\_ to participate in trips away from the preschool premises, whether on foot or by vehicle, when planned by the staff as a regular part of the children's program/curriculum. I understand that announcements of trips will be posted outside the classroom before the day of the trip and that no such trip will be undertaken unless a safe ratio of adults to children exists.

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

## GENERAL HEALTH APPRAISAL FORM

### PARENT please complete AND SIGN

**Child's Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Allergies:**  None or Describe \_\_\_\_\_  
 Type of Reaction \_\_\_\_\_

**Diet:**  Breast Fed  Formula \_\_\_\_\_  Age Appropriate  
 Special Diet \_\_\_\_\_

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

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

I, \_\_\_\_\_ give consent for my child's care health provider, school child care or camp personnel to discuss my child's health concerns. My child's health provider may fax this form (& applicable attachments) to my child's school, child care or camp personnel. FAX #: \_\_\_\_\_ DATE: \_\_\_\_\_

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

### **HEALTH CARE PROVIDER: Please Complete After Parent Section Completed**

**Date of Last Health Appraisal:** \_\_\_\_\_ **Weight @ Exam:** \_\_\_\_\_

**Physical Exam:**  Normal  Abnormal (Specify any physical abnormalities) \_\_\_\_\_

**Allergies:**  None or Describe \_\_\_\_\_ Type of Reaction \_\_\_\_\_

**Significant Health Concerns:**  Severe Allergies  Reactive Airway Disease  Asthma  Seizures  Diabetes  Hospitalizations  
 Developmental Delays  Behavior Concerns  Vision  Hearing  Dental  Nutrition  Other \_\_\_\_\_

Explain above concern (if necessary, include instructions to care providers): \_\_\_\_\_

**Current Medications/Special Diet:**  None or Describe \_\_\_\_\_  
 Separate medication authorization form is required for medications given in school, child care or camp

**For Fever Reducer or Pain Reliever (for 3 consecutive days without additional medical authorization) PLEASE CHOOSE ONE PRODUCT**

Acetaminophen (Tylenol) may be given for pain or fever over 102 degrees every 4 hours as needed  
 Dose \_\_\_\_\_ or see the attached age-appropriate dosage schedule from our office

**OR**  Ibuprofen (Motrin, Advil) may be given for pain or for fever over 102 degrees every 6 hours as needed  
 Dose \_\_\_\_\_ or see the attached age-appropriate dosage schedule from our office

**Immunizations:**  Up-to-Date  See attached immunization record  Administered today: \_\_\_\_\_

### **Health Care Provider: Complete if Appropriate**

**\*\*ONLY REQUIRED BY EARLY HEAD START AND HEAD START PROGRAMS PER STATE EPSDT SCHEDULE\*\***

**\*\* Height @ Exam \_\_\_\_\_ \*\* B/P \_\_\_\_\_ \*\*Head Circumference (up to 12 months) \_\_\_\_\_ \*\***

**\*\* HCT/HGB \_\_\_\_\_ \*\* Lead Level  Not at risk or Level \_\_\_\_\_**

**\*\*TB  Not at risk or Test Results  Normal  Abnormal**

**\*\*Screenings Performed:  Vision:  Normal  Abnormal  Hearing:  Normal  Abnormal  Dental:  Normal  Abnormal-**

**Recommended Follow-up \_\_\_\_\_**

### **Provider Signature**

Next Well Visit:  Per AAP guidelines\* or  Age \_\_\_\_\_

This child is healthy and may participate in all routine activities in school sports, child care or camp program. 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, #

The Colorado Chapter of the American Academy of Pediatrics (AAP) and Healthy Child Care Colorado have approved this form. 04/07  
 \*The AAP recommends that children from 0-12 years have health appraisal visits at: 2, 4, 6, 9, 12, 15, 18 and 24 months, and age 3, 4, 5, 6, 8, 10 and 12 years.  
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Colorado law requires this form to be completed by a school health authority or health care provider for each immunized student attending Colorado schools.

6 CCR 1009-2 The Infant Immunization Program and Immunization of Students Attending School: Schools shall have on file an official immunization record for every student enrolled.

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

Date of birth: \_\_\_\_\_

Parent/guardian: \_\_\_\_\_

**Required vaccines**      Each immunization date MM/DD/YY      Titer date

Hep B Hepatitis B							
DTaP Diphtheria, Tetanus, Pertussis (pediatric)							
DT Diphtheria, Tetanus (pediatric)							
Tdap Tetanus, Diphtheria, Pertussis							
Td Tetanus, Diphtheria							
Hib Haemophilus influenzae type b							
IPV/OPV Polio							
PCV Pneumococcal Conjugate							
MMR Measles, Mumps, Rubella							
Measles							
Mumps							
Rubella							
Varicella Chickenpox							

Varicella date of disease	
Varicella positive screen date	

**Recommended vaccines**      Each immunization date MM/DD/YY

HPV Human Papillomavirus						
Rota Rotavirus						
MCV4/MPSV4 Meningococcal						
Men B Meningococcal						
Hep A Hepatitis A						
Flu Influenza						
Other						

Optional review signature by the school health authority or health care provider  
 I have reviewed this immunization record

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

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

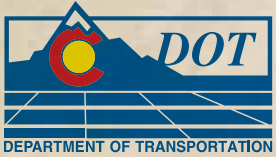
**(Optional) TO BE COMPLETED BY PARENT/GUARDIAN/ADULT STUDENT**

I authorize my/my student's school to share my/my student's immunization records with state/local public health and the Colorado Immunization Information System, the state's secure, confidential immunization registry.

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

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






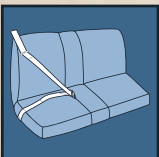


Revised June 2013



# COLORADO'S CHILD PASSENGER SAFETY LAW



Age	Mandatory Restraint	Requirements	Safety Advocates* Recommend
Newborn until 1 <sup>st</sup> birthday	 <p>Rear-Facing Car Seat</p>	Regardless of weight, children under 1 year old are required to be in a rear-facing seat and secured in the back seat of the vehicle.	Restrain your infant in a rear-facing seat as long as possible for the best protection in a crash. "Convertible" type car seats allow children to ride rear-facing until 30-45 pounds.
1, 2 and 3 years old	 <p>Rear or Forward-Facing Car Seat</p>	Child must be at least 20 pounds to sit in a forward-facing seat. The seat that is used must be used correctly and follow the weight/height limits according to the manufacturer's instructions.	Restrain your child in a "5-point" harness system until they are at least 40 pounds or to upper weight limit of seat. Keep child rear-facing as long as car seat allows (at least 2 years old). Use upper-tether straps where applicable (refer to your car seat and vehicle's owner's manual for more information).
4, 5, 6 and 7 years old	 <p>Forward-Facing Car Seat or Booster Seat</p>	Correct use of car seat or booster seat. Follow upper weight limit according to manufacturer's instructions.	Regardless of age, restrain your child in a car seat or booster seat until they are about 57" (4'9"). A child's height is the best predictor of proper seat belt fit.
8 until 16 <sup>th</sup> birthday	 <p>Booster Seat or Lap and Shoulder Seat Belt</p>	Correct use of booster seat or seat belt. Follow upper weight limit of booster seat according to manufacturer's instructions.	The child should be able to sit back against the seat back with knees bent naturally at the edge of the seat, the shoulder belt comfortably crossing the shoulder between the neck and arm, and the lap belt low on the hips, touching the thighs. Children under 13 should sit in the back seat only.



Colorado Revised Child Passenger Safety Statute 42-4-236

\* Safety advocates include the American Academy of Pediatrics, the National Highway Traffic Safety Administration and Safe Kids USA



CHILD PASSENGER SAFETY COLORADO

For more information, visit [www.carseatscolorado.com](http://www.carseatscolorado.com)