

Teeny Red Schoolhouse Registration Form

Child's Full Name _____ Birth Date _____

Current Mailing Address _____

Current Physical Address _____

Phone Number (home) _____ Date of Enrollment _____

Email Address: _____

Mother's Name _____ Daytime Phone # _____

Place of Employment _____

Address _____ phone # _____

Father's Name _____ Daytime Phone # _____

Place of Employment _____

Address _____ phone # _____

How can we reach you during the time your child is at our center?

Is anyone else authorized to take your child from our center? _____

Who? _____

_____ (name, address, phone #)

Who can assume responsibility for the child in the event of an emergency if you cannot be reached immediately? _____

_____ (name, address, phone #)

Child's physician _____ Address _____

Phone # _____ Date of last well child check _____

Child's dentist _____ Address _____

Phone # _____ Date of last dental screening _____

Date of last vision and hearing screening _____

Preferred hospital _____ Address _____

Phone # _____

Any chronic medical problems? (if so, please explain) _____

Is your child on any medication? _____

Insurance carrier _____ Number _____

What is your preferred schedule for your child's preschool experience?

*Please include a \$100 non-refundable registration fee with this form. Checks can be made payable to Little Red Schoolhouse.

Thank you for your registration!

_____ Parent's Signature

Little Red Schoolhouse Financial Agreement

I, _____, parent of _____ am signing my child up for infant/toddler or preschool services beginning _____ (date)

I agree to pay the determined monthly fee until a new semester begins or my new schedule is arranged with Jessica. I understand that I will be responsible for this payment by the 1st of each month prior to attendance, and will not receive refunds for any days missed. My child will get make up days in the event that they are sick, and will receive 2 weeks of vacation time that if given proper notice (before the 20th of the month prior) will not be billed. I understand that there is a 2 week withdrawal notice policy and schedule change policy. If I fail to pay after 30 days with no prior arrangement, I agree to Little Red Schoolhouse charging my credit card on file. I agree to give a credit card number upon enrollment for these purposes.

Signature of parent _____ Date _____

Credit card number and expiration date for file:

Name on card _____

Medical Emergency Authorization Permission

I, _____, parent/guardian of _____
give consent to Teeny or Little Red Schoolhouse and its employees to
provide emergency medical attention for my child. I agree to pay for
all medical costs incurred, including ambulance transportation and
hospital or clinic treatment.

_____ Parent Signature _____ date

Confirmation of Handbook

I, _____, parent of _____ have read and understand the policies and procedures of Little Red Schoolhouse as stated in this Parent Handbook. I agree to abide by the requests made herein, and refer to this handbook for future questions or discrepancies.

Signed _____ Date _____

Allergy Information

Please list any allergies that your child may have to the following:

FOOD:

INSECTS:

MEDICATION:

OTHER:

Has your child ever eaten peanut butter? YES NO

Has your child ever been stung by a bee, hornet, or wasp? YES NO

If your child has an allergy, please speak with us about the severity of it and what procedures we should take in the event of exposure to the allergen.

Permission Form

I hereby give my permission for my child _____ to participate in the following activities at Teeny and Little Red.

____ Field trips, involving on-foot or vehicle transportation, with the class. I understand that I will be notified prior to a scheduled trip and will be given information regarding transportation, destination, lunch or other food, and arrival and departure time.

____ Pictures taken of my child for educational/documentation purposes, teacher training, and school use.

Sunscreen

At Teeny and Little Red Schoolhouse we will purchase and provide your child with Kids' Rocky Mountain Sunscreen spf 30. If you would like to provide a different kind of sunscreen we will be happy to apply this as well.

____ I accept application of RM sunscreen to my child.

____ I decline the use of RM sunscreen on my child. I will be sure to provide sunscreen for daily application.

Diaper Cream

(if applicable)

I authorize Teeny and Little Red Schoolhouse to use _____ diaper rash cream (which I will provide) as needed for diaper rash prevention. I understand that if a cream is needed for treatment of diaper rash, a doctor's permission form and prescription are needed.

Parent Signature and date

CHILD'S STATEMENT OF HEALTH STATUS FOR ENROLLMENT IN A CHILD CARE FACILITY

The child care facility must obtain for every child who enrolls in child care programs a signed and dated statement of the child's current health status which indicates the child's abilities and/or limitations to participate in a regularly scheduled child care program. This report is to be filled out by a licensed physician or other health care professional who has seen the child in the last twelve months.

Child's Name _____ Sex ___ Date of Birth _____

Address _____

Past Illnesses (check those the child has had and give approximate dates):

Chicken Pox _____ Rubeola _____ Rubella _____

Rheumatic Fever _____ Asthma _____ Hay Fever _____

Diabetes _____ Mumps _____ Epilepsy _____

Whooping Cough _____ Poliomyelitis _____ Other _____

Comments: _____

Surgery/Accidents/Illnesses/Chronic Health Problems: _____

Describe any physical condition requiring the facility's special attention: _____

Medication(s) prescribed: _____

Allergies: _____

and prescribed routine: _____

If tuberculin test given: Date _____ Result _____

If chest x-ray taken: Date _____ Result _____

Vision _____ Hearing _____

Please record immunizations and dates administered on the Colorado Department of Health

Certificate of immunization and attach to this form.

Date of my most recent examination of the child: _____

Signature of Physician/Health Care Professional Date _____

Please print:

Name of Physician/Health Care Professional

Address City State

Zip Phone

Important Baby Information

Name _____ DOB _____

Feeding:

Please tell us about your baby's feeding schedule-

When do they get a bottle? _____

How many scoops for how many ounces of water?

Do they eat any finger food? _____

Would you like us to feed them food as well? _____

How many times per day? _____

Sleeping:

What is your baby's nap schedule? _____

How do they get to sleep-ie/on their own, rocking, bottle, etc. ?

Are they a light sleeper? _____

Miscellaneous:

What is their favorite "activity" item? (ie/saucer, Johnny Jump Up, sitting and playing, etc.)

Anything else we should know about your precious little one?? _____

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					
Hep B	Hepatitis B						
DTaP	Diphtheria, Tetanus, Pertussis (pediatric)						
DT	Diphtheria, Tetanus (pediatric)						
Tdap	Tetanus, Diphtheria, Pertussis						
Td	Tetanus, Diphtheria						
Hib	<i>Haemophilus influenzae</i> type b						
IPV/OPV	Polio						
PCV	Pneumococcal Conjugate						
MMR	Measles, Mumps, Rubella						
Measles	Measles						
Mumps	Mumps						
Rubella	Rubella						
Varicella	Chickenpox					Healthcare Provider Documentation Date _____	Lab Verification Date _____
Vaccines recorded below this line are recommended. Recording of dates is encouraged.							
HPV	Human Papillomavirus						
Rota	Rotavirus						
MCV4/MPSV4	Meningococcal						
Hep A	Hepatitis A						
TIV/LAIV	Influenza						
Other							

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

A) Child Care Up to Date
Up to date through 6 months of age for Colorado School Immunization Requirements Update Signature _____ Date _____

B) Child Care Up to Date
Up to date through 18 months of age for Colorado School Immunization Requirements Update Signature _____ Date _____

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 _____

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)