



CITY OF Northglenn

PRESCHOOL EMERGENCY INFORMATION

Enrollment Date: _____

Child's Name: _____
First Middle Last

Home Phone #: _____ Cell #: _____

Home Address: _____ e-mail: _____

Male: _____ Female: _____ Date of Birth: _____ Hair Color: _____ Eye Color: _____

Mother's Name: _____
Last First Middle

Address (if different from child): _____

Place of employment: _____
Name/Phone # Address/City/State

Father's Name: _____
Last First Middle

Address (if different from child): _____

Place of employment: _____
Name/Phone# Address/City/State

Child's Doctor: _____
Name/Phone # Address/City/State

Child's Dentist: _____
Name/Phone # Address/City/State

HOSPITAL: _____
Name/Phone # Address/City/State

Person's authorized to pick up your child:

1. _____
Name/Phone # Address/City/State

2. _____
Name/Phone # Address/City/State

3. _____
Name/Phone # Address/City/State

Person/s not authorized to pick up your child: _____

Emergency contact to call if parent cannot be reached:

Name: _____ Phone #: _____

Address: _____ Relationship: _____

Name: _____ Phone #: _____

Address: _____ Relationship: _____

Other people in household with child (i.e. siblings, relatives)

Name _____ Relationship _____ Age _____

Does your child have Health Insurance? Yes or No Does your child have Dental Insurance? Yes or No

Do you need information on these services? Yes or No

Any Allergies or Health Problems we need to be aware of: _____

Special Instructions: _____



CITY OF Northglenn

PRESCHOOL HEALTH STATEMENT/RECORD FORM

This form is to be filled out by a licensed physician or a licensed nurse practitioner that has seen the child in the last 12 months.

Children who enroll in the City of Northglenn Preschool Program must submit (yearly) a signed and dated statement of the child's health status which indicates the child's abilities and/or limitations to participate in the regularly scheduled class associated with this program.

Child's Name: _____ Sex: _____ DOB: _____

Address: _____

Physician's Name: _____

Physician's Address: _____

HEALTH HISTORY(chronic or recurring)	ALLERGIES) (chronic or recurring)	IMMUNIZATIONS
Ear Infections	Hay Fever	
Diabetes	Plant Poisoning	PLEASE ATTACH A COPY OF YOUR CHILD'S IMMUNIZATION RECORD ON THE CARD IN THE PACKET
Heart Disease/Defect	Insect Bites	
Asthma	Penicillin	
Convulsions/Seizures	Food	
Nosebleeds	Other Drugs	
Other		

Operations or serious injuries (dates): _____

Is the child on any medications?: _____

Physical limitations: _____ Describe: _____

Accommodations (?): _____

Dietary limitations: _____ Describe: _____

Vision: _____ Hearing: _____

Date of my most recent well-child examination of child: _____

Signature of physician or licensed nurse practitioner

Date

This child is _____ is not _____ physically and/or emotionally able to participate in the Tiny Tot/Teeny Tot program.



AUTHORIZATION SIGNATURE PAGE

EMERGENCY MEDICAL CARE:

I hereby give my permission to the City of Northglenn Pre-School Staff to call a doctor or emergency medical service and for the doctor, hospital or medical service to provide emergency care for my child _____ should an emergency arise. It is understood that staff instructors will make a conscientious effort to locate the parents or emergency contacts listed on the registration information document when 911 action is taken. I/we accept all expenses associated with such emergency medical and/or surgical care. By the signature/s below, I/we release the City of Northglenn and its employees from any liability.

- INITIALS: _____

ILL CHILD STATEMENT:

I will not bring my ill child to pre-school. If your child has had a fever, vomited, had diarrhea within the last 24 hours, has green/brown nasal discharge and/or productive cough, please keep them home. Child may return after symptoms have resolved for 24 hours. Notices will be posted in classroom to alert parents of exposure to a contagious condition. Confidentiality will always be maintained. Staff have an obligation to check children upon entry to class, if they deem a child is ill, the child will not be allowed to remain for the day.

- INITIALS: _____

SUNSCREEN :

SPF 30 no additive sunscreen is provided by the program for parents to apply to their child at the beginning of class days that would require such. In the event that parents do not apply sunscreen themselves, permission is granted for staff to appropriately apply sunscreen to my child. If the sunscreen provided does not meet the needs of the parent, please sunscreen your child prior to their arrival at school.

- INITIALS: _____

FIELD TRIPS:

Pre-school classes do not leave the facility for field trips. We do however take occasional walking trips around the facility grounds. I give my permission for my child to participate in these activities. Monthly calendars will alert parents to upcoming walking trips.

- INITIALS: _____

VIDEO/TELEVISION VIEWING:

Video viewing will only take place when it directly enhances planned curriculum. I give my permission for my child to participate at those times. Monthly activity calendars will indicate when these activities are planned.

- INITIALS: _____

MEDIA WAIVER:

Occasionally, photos of children are taken by staff to enhance our environment or to put in brochure publications. I give my permission for my child's images to be used for these occasions.

- INITIALS: _____

Parent/Guardian Signature

Date

Print Parent/Guardian Name



CITY OF
Northglenn

PARENT CONTRACT
PRE-SCHOOL PROGRAMS

I have read and understand the policies and procedures set forth in the manual, have had all my questions answered. I agree with the policies and procedures as stated.

Parent Signature

Date

Please Print Name

MEDICATIONS:

IF YOUR CHILD REQUIRES MEDICATION TO BE GIVEN DURING CLASS TIME, PLEASE TALK TO THE INSTRUCTOR AND YOU WILL BE GIVEN APPROPRIATE FORMS TO BE FILLED OUT BY YOU AND YOUR PHYSICIAN.

Thank you for taking the time to properly fill out and return these necessary forms.

Sincerely,
Pre-School Staff

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
Varicella	Chickenpox
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	

Healthcare Provider Documentation Date _____
Lab Verification Date _____

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)

STATEMENT OF EXEMPTION TO IMMUNIZATION LAW (DECLARACIÓN RESPECTO A LAS EXENCIONES DE LA LEY DE VACUNACIÓN)

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) _____
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) _____
Parent, guardian, emancipated student/consenting minor (Padre, tutor, estudiante emancipado o consentimiento del menor) Hep B DTaP Tdap Hib IPV PCV MMR VAR

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) _____
Parent, guardian, emancipated student/consenting minor (Padre, tutor, estudiante emancipado o consentimiento del menor) Hep B DTaP Tdap Hib IPV PCV MMR VAR

FAMILY QUESTIONNAIRE

This information is intended to help us understand your family, your child, and his/her development.

Child's Name: _____

Nickname: _____

1. Has your child had previous childcare/preschool? Yes / No

If yes, what school? _____

2. What are your views on education and what is your reason for choosing preschool for your child:

3. How does your child adapt to new situations?

4. What are your child's interests and/or what does your child enjoy doing?

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

Please explain:

6. Who are the primary caregivers of the child including parents (those who have significant contact with your child and/or who may participate in your child's care):

Name Age Living with child?

7. Relationship with brothers, sisters, and other children:

Name Age Living with child?

8. Relationship with others living in the home:

Name Age Living with child?

9. For the names listed in questions 6-8, what are the roles of these members of your family?

10. Does your child have any problems with sleeping? How does your child show that he/she is tired?

Does your child nap at home?

11. Is your child afraid of anything (i.e. dogs, loud noises, bugs, etc.)?

12. How does your child express anger or react to frustration? How does your child express pleasure, excitement, or joy?

13. What do you expect of your children?

14. What is your guidance strategy at home?

15. What is your child's primary language? How does your child communicate his/her needs (please include primary language words for bathroom — urination and bowel movement, thirsty, hungry, tired, Mom, Dad, etc., if not English)?

16. Are there any customs, traditions, holidays, or special occasions that you celebrate with your child and/or your family?

Please explain.

Would you be willing/able to come into class to share these traditions with all the kids? Yes / No

17. Is there any other information we should know to best work with your child (therapy your child has, special needs, temperament, what you would like to see take place in class, etc.)?

18. In order to complete this form, please attach a 5x7 picture of your family for us to hang in the classroom.

Additionally, please attach a 2x3 (wallet sized) photo of your child for us to use for his/her nametag.

Attach family picture here.

(not representative of 5" x 7" size)

Attach family picture here.

(not representative of 5" x 7")

PRESCHOOL SKILLS LIST

Preschool Parents:

We work hard to prepare the children for kindergarten. You can help by working on the following skills with your child at home:

- Three finger grasp on writing/coloring tools (it may help to use a broken crayon to help your child get the hand pointed down, then progress into regular sized items)
- NAMES: spelling of first and last, writing with only the first letter capitalized and the rest lower case
- Phone number to call in an emergency
- SELF-HELP SKILLS: throwing trash away, putting on and zipping/buttoning their own jackets, opening packages, pouring, etc.
- CUTTING: holding their scissors, opening and shutting, holding and turning the paper with their other hand, follow lines to cut
- GLUING: using an appropriate amount for the item
- TAKING TURNS: different than sharing- letting the person know when they are finished
- MANNERS: please, thank you, excuse me, etc.
- Identify the 26 capital letters in random order by sight
- Identify the 26 lowercase letters in random order by sight
- Associate each letter with its sound(s)
- Listen to a story and answer questions about it and retell its sequence (what happened first, next, last; children use the pictures to predict; etc.)
- Recognize rhyming words
- Count to 50
- Count backwards from 10
- Identify numerals 0-10 in random order by sight
- Order numerals 0-10
- Identify shapes (see list on next page)
- Recognize punctuation marks (. , ? !)
- Identify sight words (see list on next page)
- Recognize sentence structure: capital letters at the start of sentences, punctuation marks at the end of sentences
- Using their words in a sentence to ask for things and express themselves
- Identify feelings and emotions (see list on next page): discuss emotions as you and your child feel them
- Identify colors (see list on next page)
- Practice higher order thinking (ask your child how and why questions)

Please see your child's teacher with questions about any of these skills, what they mean, tips, ideas, or suggestions. We appreciate your help!



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PRESCHOOL SCHOOL SUPPLIES

All items on the supply list are optional. We appreciate your help with any items you can bring! All items will be used as general classroom supplies and do not need names on them. We ask for the supplies as you register and then again in January.

SPROUTS:

ITEMS	QUANTITY
Set of eight washable chunky markers	1
Bottle of washable glue	1
Washable glue stick	2
Package of non-coated paper plates	1
Package of Clorox Wipes	1
Package of napkins	1
Box of plastic forks	1
Package of 5 oz. cups	1

PRE-K KIDS

ITEMS	QUANTITY
Set of eight washable chunky markers	1
Set of skinny washable markers	1
Set of washable colored pencils	1
Washable glue stick	2
Box of Kleenex	1
Package of napkins	1
Package of non-coated paper plates	1
Package of 5 oz. cups	1
Package of Clorox Wipes	1
Box of plastic spoons	1

Questions? Please call Kelli Scharfenberg, Children's Program Director at 303-450-8876 or email at kscharfenberg@northglenn.org