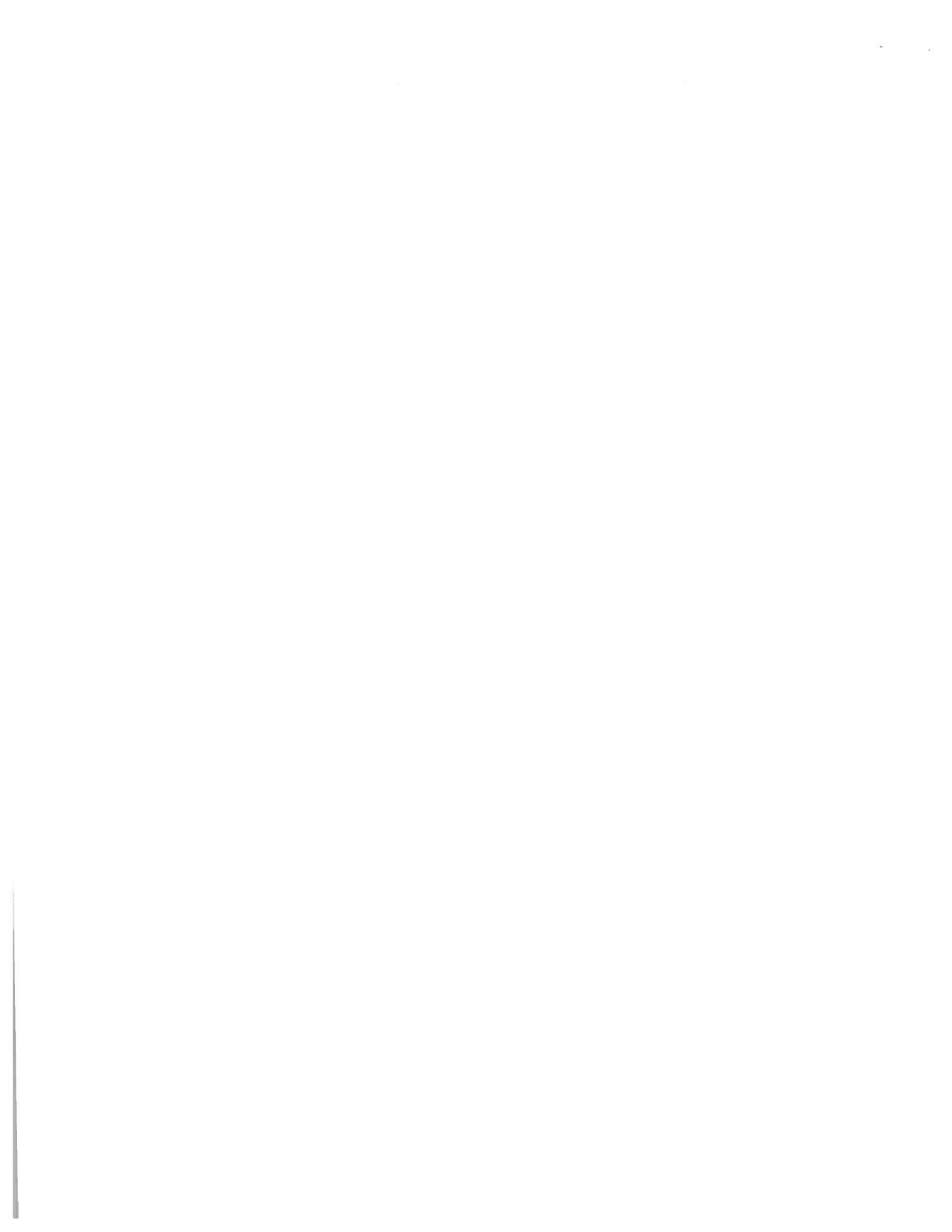


Clear Creek School District RE-1

Preschool Program

Application

2016-17





Welcome to King-Murphy's 2016-2017 Preschool Program!

PLEASE READ CAREFULLY

In this packet you will find the materials necessary for your child's enrollment. Please read all the materials carefully.

Please make sure that all items including required addresses, phone numbers and zip codes are filled out thoroughly and signed by either a parent or family physician as indicated.

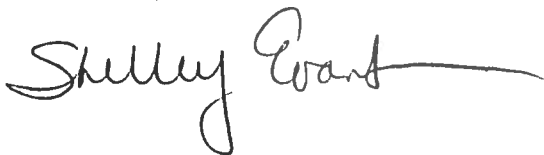
A checklist of required materials is located on the next page.

To hold a space in any of our preschool classes you must submit to the Preschool Director: **Fully completed registration materials, a non-refundable check for \$50.00, a copy of your child's birth certificate and a current immunization record.** In addition, the ***Statement of Physical Condition*** form (signed by a licensed **Physician, Physician's Assistant, or Nurse Practitioner**) must be submitted, which affirms that your child has had a physical examination clearing him or her for preschool participation within the past 12 months. If you plan to visit your child's doctor during the summer, this medical document may be submitted on or before your child's first day of school. Spaces are reserved based on availability. Each class size is limited.

Please note: No child will be allowed to start school without a complete file.

Please do not hesitate to contact me if you have any questions.

Thank You,



Shelley Evans
King-Murphy Preschool Director
425 Circle K Ranch Rd.
Evergreen, Colorado 80439
303.670.6123

The following is a checklist of all components necessary to make your child's enrollment and school file complete. For those of you who have children returning to King-Murphy Preschool, it is not necessary to include a birth certificate if we already have one on file.

Please remember to read all items carefully, fill out forms thoroughly and legibly, and to have items signed appropriately as indicated. Provide full addresses, including zip codes and phone numbers when asked. PLEASE DO NOT LEAVE BLANKS!

- Non-Refundable check for \$50.00.** Make checks payable to King-Murphy Preschool.
- Registration Forms** (must be signed by a parent/legal guardian).
- Yellow Student Emergency Information** form (must be signed by a parent/legal guardian) **Please use local contacts.**
- Child's **Statement of Physical Condition** form (must be signed & dated by the physician and must include the office address).
- Immunization Card** (must be signed and dated by a physician). An office printout is acceptable but it must be signed and dated.
- Colorado Preschool Program Questionnaire.** You may choose not to fill this out but you still must sign and return it.
- Copy of Child's Birth Certificate**

*** Do not fill out any of the registration forms or permission slips that are included as examples in the Preschool Handbook. They are example forms only.**

An Important Notice to Parents:

If you are considering enrolling your child in King Murphy's Preschool Program, it is important to be aware that Colorado's Child Find Program will reserve the right to enroll a child with special needs at any time throughout the school year. If our program's student capacity is at maximum, we are obligated to withdraw the last student enrolled in order to make room for a child with special needs.

STUDENT EMERGENCY INFORMATION

Last Name _____ First _____ Middle _____ Male _____ Female _____

Mailing Address _____ City _____ Zip _____ Grade _____

Physical Address _____ City _____ Zip _____ Birth Date _____

Home Phone _____ Mother Cell Phone _____ Father Cell Phone _____

Birthplace: City _____ State _____ Social Security # _____

To Parents - That we may be of greatest service to your child in case of accident or sudden illness, it is necessary that you give the following information.

Please check legal relationship to student.

___ Mother ___ Stepmother ___ Guardian _____ (Name) Occupation _____ Work Phone _____

Employed by _____ Address _____

___ Father ___ Stepfather ___ Guardian _____ (Name) Occupation _____ Work Phone _____

Employed by _____ Address _____

Name of person(s) with whom student lives: _____ Relationship _____

IN AN EMERGENCY WHERE NEITHER PARENT CAN BE REACHED, CALL:

Name _____ Home Phone _____ Cell Phone _____

Name _____ Home Phone _____ Cell Phone _____

CONSENT

In the event reasonable attempts to contact me or the emergency contacts at the above listed phone numbers have been unsuccessful, I hereby give my consent for:

- The transfer of the child to _____ (preferred hospital) or any hospital reasonably accessible.
- Do you have ambulance insurance? Yes _____ / No _____ With whom? _____

The school will attempt to reach one of the above persons, but if none of these can be reached the school nurse, principal, or teacher in charge, has our permission to use his or her discretion in securing medical aid in an emergency. IT IS UNDERSTOOD THAT NEITHER THE SCHOOL NOR THE PERSON RESPONSIBLE FOR OBTAINING THIS MEDICAL AID WILL BE RESPONSIBLE FOR THE EXPENSE INCURRED. This authorization does not cover surgery. In such cases, the provisions of Colorado Law governing informed consent and such other authorization(s) as may be required by law, shall apply.

Facts concerning the child's medical history including; allergies, medications, and any physical impairments to which a physician should be alerted are as noted on the reverse side of this form in the Health Information.

If Parent/Guardian fails to grant this consent, the school will call 911 in the event immediate medical care is indicated.

DATED _____ SIGNATURE OF PARENT OR GUARDIAN _____

ADDRESS _____

STUDENT INSURANCE

The school has the moral responsibility to encourage each participant in athletics to be covered by an accident insurance policy. The school does not provide a policy; however, the school provides an insurance option in which students may voluntarily participate. If you decide to take the school insurance option, the policy must be paid for before practice begins for that sport.

___ 1. I will carry the policy option offered by the school.

___ 2. I am carrying a policy outside of school insurance. I will assume the responsibility for costs occurred during athletic participation. The

insurance company I will use is _____

DATED _____ SIGNATURE OF PARENT OR GUARDIAN _____

Clear Creek School District Health Information Form

Student's Name _____

Parent/Guardian Name _____ Signature _____ Date _____

Medication Information:

Is your child taking any medications regularly? Y N

If yes, please list Medication name: _____ Associated health condition: _____

Medication name: _____ Associated health condition: _____

Medication name: _____ Associated health condition: _____

Is your child allergic to any medication? Y N

Medication name: _____ Reaction: _____

Medication name: _____ Reaction: _____

Medication name: _____ Reaction: _____

If your child must receive medication OF ANY TYPE (including prescription, non-prescription (over-the-counter), and homeopathic medications) during school hours, we ask you to consider one of the following options: (1) YOU MAY COME TO THE SCHOOL to give the medication to your child at the appropriate time; or (2) YOU MAY OBTAIN A MEDICATION ADMINISTRATION FORM from the school or online and HAVE YOUR DOCTOR indicate on the form the DRUG, DOSE, AND TIME to be given. Please be sure he/she SIGNS THE FORM. We also need a pharmacy-labeled bottle containing the medication and instructions.

If the student will self-carry a medication, the physician must indicate this on the form.

YOU MAY DISCUSS WITH YOUR DOCTOR an alternative schedule of medication so that it can be given outside of school hours.

In order for your child to attend school, immunization documentation needs to be submitted to the school office by the first day of attendance. If immunization record is not complete, the student MUST see the school nurse or designee before enrollment can be completed.

Health Concerns: Parents/Guardians are responsible for providing full details on any medical condition to the school nurse.

Please indicate below any health conditions your child has experienced, check all that apply.

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Allergies (list below) | <input type="checkbox"/> Fractures | <input type="checkbox"/> Prosthesis/Limb Braces | <input type="checkbox"/> Varicella (Chickenpox) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Headaches | <input type="checkbox"/> Seasonal Allergies | <input type="checkbox"/> Vision Concerns |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Head Injury/Concussion | <input type="checkbox"/> Seizures | <input type="checkbox"/> Contacts |
| <input type="checkbox"/> Bowel/Bladder | <input type="checkbox"/> Hearing Concerns | <input type="checkbox"/> Skin Conditions | <input type="checkbox"/> Glasses |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hearing Aids | <input type="checkbox"/> Speech Concerns | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Emotional/Behavioral | <input type="checkbox"/> Heart | <input type="checkbox"/> Surgeries | <input type="checkbox"/> Other _____ |

If any health conditions were indicated above, please explain in detail. Specify if an individualized health care plan is needed this school year for the condition (e.g., Allergies, Asthma, Diabetes, Seizures), which must be completed annually by a physician, or if the condition has resolved.

Comments: _____

Medical Insurance Information

Insurance Company: _____ Policy # _____ Group # _____

Primary Insured's Name: _____ Relation to Insured: _____

If a parent or legal guardian cannot be notified and immediate medical care is indicated, the school will call 911.

However, the Clear Creek School District will in no case accept financial responsibility for care, see consent on reverse side.

Special Services Information

Is your child receiving special education services? Y N

Please Indicate Disability: _____

Date of last IEP: _____

Does your child have a current 504 plan? Y N

Please indicate if related to academics or health. Academics Health

This form will be given to the School Nurse after registration



CLEAR CREEK SCHOOL DISTRICT RE-1 PRESCHOOL APPLICATION 2016-2017

All sides of this form must be **COMPLETED AND SIGNED** before the child may attend.

| | |
|-------------------------|---|
| Enrollment Date _____ | Email (For Program Updates): _____ |
| Carlson Preschool _____ | King-Murphy Preschool _____ |

| PERSONAL INFORMATION | | | | |
|--|---|--|------------|-------------------|
| Child's Full Name (<i>first, middle, last</i>) | For Staff Use Only: Days attending in the Fall: (Circle all that apply) M T W Th F Half day/Full Day | <input type="checkbox"/> Female <input type="checkbox"/> Male | Age: _____ | Birth Date: _____ |
| Name by which child is most often called: | Name and address of last school attended: | Primary language spoken at home: | | |
| Sibling's Full Name (<i>first, middle, last</i>) | Grade & School attending in the Fall: | <input type="checkbox"/> Female <input type="checkbox"/> Male | Age: _____ | Birth Date: _____ |
| Sibling's Full Name (<i>first, middle, last</i>) | Grade & School attending in the Fall: | <input type="checkbox"/> Female <input type="checkbox"/> Male | Age: _____ | Birth Date: _____ |
| Sibling's Full Name (<i>first, middle, last</i>) | Grade & School attending in the Fall: | <input type="checkbox"/> Female <input type="checkbox"/> Male | Age: _____ | Birth Date: _____ |

| PRIMARY EMERGENCY CONTACT INFORMATION <small>These individuals are considered authorized adults and can pick up the above child(ren) from the program.</small> | | | | |
|--|---------------------|--|------------|----------------------------|
| Mother's/Guardian Information <i>Child lives at this address Y/N</i> | | Order of Contact (Circle One): 1 - 2 - 3 - 4 - 5 | | |
| Name: _____ | | | | |
| Address: _____ | City: _____ | State: _____ | Zip: _____ | County of Residence: _____ |
| Home Phone: _____ | Cell Phone: _____ | Work Phone: _____ | | |
| Employer: _____ | Work Address: _____ | City/State: _____ | Zip _____ | |

| Father's/Guardian Information <i>Child lives at this address Y/N</i> Order of Contact (Circle One): 1 - 2 - 3 - 4 - 5 | | | | |
|---|---------------------|-------------------|------------|----------------------------|
| Name: _____ | | | | |
| Address: _____ | City: _____ | State: _____ | Zip: _____ | County of Residence: _____ |
| Home Phone: _____ | Cell Phone: _____ | Work Phone: _____ | | |
| Employer: _____ | Work Address: _____ | City/State: _____ | Zip _____ | |

| ALTERNATE EMERGENCY CONTACT PERSONS - You MUST complete this section. <small>My child(ren) may also be picked up by the following authorized adults other than his/her parents.</small> | | | | |
|--|--------------------|---------------------|---|--|
| Name: _____ | | Relationship: _____ | Order of Contact (Circle One): 1 - 2 - 3 - 4 - 5 | |
| Home Number: _____ | Work Number: _____ | Cell/Pager: _____ | | |
| Address: _____ | City/State: _____ | | Zip: _____ | |
| Name: _____ | | Relationship: _____ | Order of Contact (Circle One): 1 - 2 - 3 - 4 - 5 | |
| Home Number: _____ | Work Number: _____ | Cell/Pager: _____ | | |
| Address: _____ | City/State: _____ | | Zip: _____ | |
| Name: _____ | | Relationship: _____ | Order of Contact (Circle One): 1 - 2 - 3 - 4 - 5 | |
| Home Number: _____ | Work Number: _____ | Cell/Pager: _____ | | |
| Address: _____ | City/State: _____ | | Zip: _____ | |

| |
|--|
| PERSON(S) NOT PERMITTED TO PICK UP THE CHILD: |
| |



CLEAR CREEK SCHOOL DISTRICT RE-1 PRESCHOOL APPLICATION 2016-2017

All sides of this form must be **COMPLETED AND SIGNED** before the child may attend.

| RELEASES | | |
|--|----------------------------------|---------------------------------|
| PARTICIPATION AGREEMENT CCSD Preschool Programs provide a variety of activities for children. Gross motor activities include running, jumping, and climbing. Sensory activities such as play dough, finger paint, shaving cream, and water play will be incorporated. We will also be exploring through science experiments, paint projects numerous crafts and occasional cooking activities. Weather conditions and clothing preparedness will be considered If my child is involved in a school property nature hike. By initialing this section, parent/guardian agrees that his or her child has permission to participate in all activities deemed curriculum appropriate by preschool staff. | YES _____ (Initial) | NO _____ (Initial) |
| FIELD TRIP POLICY While preschool field trips are not common occurrences, I understand that if an excursion outside of school grounds is planned, I will be given advance notice of the proposed outing, including pertinent information such as the location, time, date, fees required, travel arrangements, and permission slips. Transportation would be provided by private vehicle or on foot in accordance with state regulations. If my child is involved in the Friday morning swimming program (<i>Carlson only</i>), I am responsible for providing a swimsuit and a towel for my child on those days. | YES _____ (Initial) | NO _____ (Initial) |
| EMERGENCY TRANSPORT In the event of a school emergency that requires an immediate evacuation of school premises, all students, including preschoolers, may need to be transported to safety using district buses. Parents/guardians or emergency contacts will be notified of the situation and the student pick-up location as soon as possible. I hereby give my consent for my child to be transported by bus to a safe location if such an emergency arises. | YES _____ (Initial) | NO _____ (Initial) |
| HEARING & VISION SCREENINGS All King-Murphy and Carlson Preschool & Elementary School students have the opportunity to participate in valuable, non-invasive hearing and vision screenings. Screenings are provided at no cost to families, and are performed by trained individuals who have been approved by the school district. I understand that screenings do not take the place of periodic physical examinations performed by a physician, and that I may be notified in writing if a screening indicates the need for further testing by a medical professional of my choice and at my own expense. | YES _____ (Initial) | NO _____ (Initial) |
| SUNSCREEN RELEASE I hereby give permission to CCSD Preschool staff to apply sunscreen to my child, which I have provided. If I have not provided sunscreen, I authorize the use of the sunscreen brand utilized by the preschool when necessary. I understand that the name and ingredients of the sunscreen used will be provided to me upon request. | YES _____ (Initial) | NO _____ (Initial) |
| LOTION/VASELINE RELEASE Due to consistent hand-washing practices and dry weather conditions, CCSD Preschool staff has my permission to apply Original, Fragrance Free Eucerin Cream to my child's hands and Vaseline to his or her lips when necessary. | YES _____ (Initial) | NO _____ (Initial) |
| MOVIE/VIDEO RELEASE (<i>King-Murphy Only</i>) On rare occasions we may choose to show educational and enriching videos or computer disk stories to the students. Only those with a "G" rating will be shown, and showings will not exceed one half hour unless parents are informed otherwise. I agree to allow my child to view "G" rated movies/videos during the program as deemed appropriate by the preschool staff. | YES _____ (Initial) | NO _____ (Initial) |
| MEDIA USE PERMISSION I give permission for my child to enjoy a variety of age appropriate music and to engage in age and educationally appropriate computer use at designated times and within reasonable time limits. | YES _____ (Initial) | NO _____ (Initial) |
| PHOTO RELEASE I give permission for my child to be photographed and/or videotaped for classroom displays, crafts, sharing with parents, school yearbooks, and for educational evaluations such as the <i>Teaching Strategies Gold</i> assessment system used by CCSD Preschool staff. | YES _____ (Initial) | NO _____ (Initial) |
| NEWSPAPER RELEASE I give permission for my child's photograph to be displayed in the local newspaper. | YES _____ (Initial) | NO _____ (Initial) |
| POLICIES AND PROCEDURES I hereby acknowledge that I have read a copy of the Preschool Handbook and I understand the policies and procedures outlined within it. I agree to abide by these policies and procedures throughout my child's enrollment period. I further acknowledge that the policies and procedures found within the handbook are subject to change at the discretion of CCSD Preschool Administrators, but that I will be notified if such changes occur. | YES _____ (Initial) | NO _____ (Initial) |
| PAYMENT AGREEMENT I hereby agree to make tuition payments each month in a timely manner. I understand that failure to make payments prior to the 15 th of each month may result in a \$10 late fee and the withdrawal of my child from the program until all program fees are paid in full. My child may be disenrolled from the program if tuition is not paid within a 30-day period and a late charge of \$25 may be applied to the account. CCSD preschools follow the district-wide school calendar. I am aware that I am responsible to find alternate care on days the schools are closed, including snow days. The preschools do not give refunds for reasonable closures, or for absences due to illness or family vacations. | YES _____ (Initial) | NO _____ (Initial) |

Parent/Guardian Signature for all releases listed above: _____ Date _____

DROP OFF/PICK-UP PROCEDURES

Children may not be dropped off before 8:15 am, and must be picked up at 3:00 pm (or by 11:00 am for half-day programs). In accordance with state law, every child MUST be signed in and out each day by an authorized adult who is 18 years of age or over. Students will be dismissed from the classroom as they are signed out by their parent/guardian. It is important that you promptly pick up your child by closing time of the program. If your child is not picked up on time, a staff member will call all contact numbers on the Emergency Phone Number List until someone is reached who is able to pick up the child. All persons listed as emergency contacts must be 18 years of age or over. Calls will begin 15 minutes after program dismissal. Please remember to notify staff of any and all emergency contact changes and/or any revisions to persons designated to pick up your child. Children will not be released to unauthorized persons. In addition, anyone authorized to pick up your child will be asked for identification if not recognized by preschool staff.

Please notify the school if your child will be absent by calling 303.567.4431 ext. 5717 (Carlson) or 303.670.6123 (King-Murphy).

I understand the Drop Off/Pick-up procedures:

Parent/Guardian Signature _____ Date _____



CLEAR CREEK SCHOOL DISTRICT RE-1 PRESCHOOL APPLICATION 2016-2017

*All sides of this form must be **COMPLETED AND SIGNED** before the child may attend.*

MEDICAL RELEASE

I do hereby authorize officials of Clear Creek County School District Preschools to contact directly the persons named on this application, and do authorize the named physician or their associate to render such treatment as may be deemed necessary in an emergency for the health of the said child. In the event that parent/guardian, or alternate persons named on this application cannot be reached, CCSD Preschool officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health & safety of aforesaid child. I agree I am solely responsible for payment of all costs resulting from the tendering of medical and ambulance services.

I understand the Medical Release policy.

Parent/Guardian Signature

Date

PHYSICIAN / DENTIST / INSURANCE INFORMATION

YOU MUST DOCUMENT AND UPDATE ANNUALLY BOTH A DOCTOR'S PHYSICAL EXAMINATION AND AN IMMUNIZATION HISTORY FOR YOUR CHILD. PLEASE INCLUDE A COPY OF CHILD'S IMMUNIZATION CARD WITH THIS APPLICATION.

| | | | |
|---------------------------------------|----------------|-------------------|---|
| Physician / Health Care Professional: | Telephone: | Address/City/Zip: | Does Not Have <input type="checkbox"/> |
| Dentist: | Telephone: | Address/City/Zip: | Does Not Have <input type="checkbox"/> |
| Hospital of Choice: | Telephone: | Address/City/Zip: | Does Not Have <input type="checkbox"/> |
| Medical Insurance Co: | Telephone: | | Does Not Have <input type="checkbox"/> |
| Group Number: | Policy Number: | | |

MEDICAL HISTORY AND INFORMATION

Please check any illnesses that your child has experienced and give approximate dates:

Asthma _____ Chicken Pox _____ Diabetes _____ Epilepsy _____ Hay Fever _____ Mumps _____
 Poliomyelitis _____ Rubella _____ Rubella _____ Rheumatic Fever _____ Whooping Cough _____ Other _____

Surgery / Accidents / Chronic Health Problems: _____

Describe any physical condition requiring special attention by our staff: _____

Do you have any concerns about your child's current developmental stage? _____

Has child received Special Education services? _____ Where? _____ Type of service received _____

Please identify all allergies and/or intolerances staff should be aware of:

Food (type) _____

Insect Bites / Stings _____

Medications (Please list) _____

Skin sensitivities (Sunscreen, lotions, soaps) _____

Other _____

What type of reaction(s) does this cause? _____



CLEAR CREEK SCHOOL DISTRICT RE-1 PRESCHOOL APPLICATION 2016-2017

All sides of this form must be **COMPLETED AND SIGNED** before the child may attend.

ADDITIONAL INFORMATION

Please provide any information concerning your child which will be helpful:

Play habits _____

Eating behavior _____

Sleeping pattern _____

Fears _____

Likes and dislikes _____

Other _____

RACE, ETHNICITY & RELIGIOUS RESTRICTIONS

If you choose not to make a designation, the U.S. Department of Education requires someone from the school district to provide an ethnic and racial designation on your behalf. The Colorado Department of Education states that this information is used to "ensure students receive educational services to which they are entitled, to analyze needs of students within the school community, and to obtain funding for educational services as appropriate."

Ethnic Background: Is your child Hispanic or Latino? Yes _____ No _____

Race -- Please select all that apply:

American Indian or Alaskan Native _____ Asian _____ Black or African American _____

Native Hawaiian or other Pacific Islander _____ White _____

Religious restrictions for school activities (please describe): _____

PARENT RESPONSIBILITY SUMMARY

Parents whose children are enrolled in the program must meet their responsibilities as listed in this form:

- Pay all tuition and activity fees on time as required.
- Turn in all required paperwork on time, filled out completely, and signed/initialed in all designated areas.
- Pick up your child promptly at the conclusion of his/her session time.
- Notify the school of any absences.
- Notify the staff of any illness the child may be experiencing.
- An authorized person 18 years or older must sign the child in and out on a daily basis.
- Children must come to the program dressed appropriately for all activities and prepared for any inclement weather.
- Inappropriate or disrespectful language or continuing disruptive behavior by any parent and/or student will result in expulsion of the enrolled child from the program.
- Excessive or consistent late pick-ups may result in termination of enrollment for the child from the program.
- Excessive days absent from the program (when not related to illness) may result in termination of the child from the program.
- Understand that the preschool director has the right to refuse admittance of a child in the morning if that child is exhibiting health issues that could affect his/her ability to function safely, the health of the other children, or the well-being of the classroom environment.
- Families are expected to attend parent/teacher conferences as requested during the school year.
- *Carlson Program Only:* Family member must volunteer time to the program twice during each semester (must be within the classroom itself).

I have read, understand, and will comply with the above Parent Responsibility Summary, and have filled out this application completely.

Parent/Guardian Signature _____ **Date** _____

Clear Creek School District RE-1 Preschool Programs

Program Information:

Carlson Preschool

P.O. Box 3339

Idaho Springs, CO 80452

Phone: 303-567-4431 Ext. 5717

Fax: 303-567-9135

King-Murphy Preschool

425 Circle K Ranch Rd.

Evergreen, CO 80439

Phone: 303-670-6123

Fax: 303-674-6735

Statement of Physical Condition

To be completed and signed by a licensed Physician, Physician's Assistant, or Nurse Practitioner:

Student's Name: _____ was most recently given a physical

examination within the last 12 months on: _____

(Please use today's date only if the child was examined today.)

Immunization records are up-to-date (Please attach record) _____ Yes _____ No

Chronic medical conditions: (List) _____

Medications prescribed: (List) _____

Restrictions: (List) _____

Allergies: _____

This child is _____ cleared _____ not cleared for age appropriate activities.

This child is _____ cleared _____ not cleared for preschool attendance.

Date

Physician Signature

Physician Name (Print)

Address

Phone





Certificate of Immunization

6 CCR 1009—The Infant Immunization Program and Immunization of Students Attending School
Schools shall have on file an official Certificate of Immunization for every student enrolled.

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 | | | | | | Titer Date |
|-----------|--|---|--|--|--|--|--|------------|
| 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 | | | | | | | |

Provider Documentation Date of Disease _____ Positive Screen Date _____

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

| | | | | | | | | |
|-------------|----------------------|--|--|--|--|--|--|--|
| HPV | Human Papillomavirus | | | | | | | |
| Rota | Rotavirus | | | | | | | |
| MCV4/MPSV 4 | Meningococcal | | | | | | | |
| Hep A | Hepatitis A | | | | | | | |
| Flu | 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.

Name _____ Date of Birth _____

Parent/Guardian _____

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):

Hep B DTaP Tdap Hib IPV PCV MMR VAR

Signed (Firma) _____ Date (Fecha) _____
Physician (Médico)

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):

Hep B DTaP Tdap Hib IPV PCV MMR VAR

Signed (Firma) _____ Date (Fecha) _____
Parent, guardian, emancipated student/consenting minor
(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):

Hep B DTaP Tdap Hib IPV PCV MMR VAR

Signed (Firma) _____ Date (Fecha) _____
Parent, guardian, emancipated student/consenting minor
(Padre, tutor, estudiante emancipado o consentimiento del menor)

**Early Childhood Program
Clear Creek School District CPP Eligibility Worksheet
2016-2017**



(Colorado Preschool Program provides funding to assist families who qualify, thus providing a quality early childhood learning experience for 3 and 4 year old children).

Child's Name: _____ Date of Birth: _____

Location of School: _____

Please circle the appropriate answer

| | | |
|---|-----|----|
| Eligible to receive free or reduced-cost lunch/breakfast | Yes | No |
| Either parent of the child was less than eighteen years of age and single at the time of the birth of the child. | Yes | No |
| History of drug/alcohol abuse in immediate family (past or present) | Yes | No |
| Family involved with Social Services (currently or within past 12 months) | Yes | No |
| Non-English Speaking /Poor language Skills | Yes | No |
| Homelessness (sharing housing/living in a motel/living in a trailer park or campground) | Yes | No |
| Abusive Adult Residing in home (Past or Present) Emotional/Physical/Sexual/Neglectful/exposure to domestic Violence | Yes | No |
| Parent or guardian has not successfully completed a high school education or its equivalent | Yes | No |
| Poor Social Skills demonstrated by the Child (Easily angered, frequent temper tantrums, lack of self- regulation or control/physically violent) | Yes | No |
| Frequent relocation by the child's family to new residences (3 or more within 12 months) | Yes | No |

Income earned per household _____

Number of family members in household _____

Other concerns not listed above: mental health issues/death in family/recent loss of employment/children being raised by grandparent(s).

_____.

****We acknowledge that these are private and personal questions. Please note that all information will remain confidential.**

Parent(s)/Guardian Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Staff Signature: _____ Date: _____

____ Yes, I give my permission for Clear Creek School District to be contacted directly to assist in implementing services for my child.

Phone Number: _____

E-mail: _____

