



Elizabeth School District Early Childcare Program

Schedule

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| <p>Monday through Friday 7:15am – 4:15pm</p> <p>6 weeks through 18 months</p> <p>\$1400 a month</p> |
| <p>Monday through Friday 7:15am – 4:15pm</p> <p>18 months through 3 years old</p> <p>\$1400 a month</p> |
| <p>District Employee Discount – 50% City of Elizabeth and County of Elbert Employees Discount – 30%</p> |

**Tuition assistance available through CCAP. Please check our website or office for more information.*

Elizabeth Schools Early Childcare Program Registration Checklist

Please keep the Parent Handbook for future reference

Student Name: _____ Returning _____
New _____

The following forms to be completed and returned:

___ Elizabeth Schools Early Childhood Programs Registration Form

___ Emergency Information

___ Individuals Authorized to Pick up my Child

___ District Data Collection Sheet

___ Completed Parent Enrollment, Permission and Release Agreement

___ Permission for Photographs, Video, Audio, and Electronic Images, Insurance Waiver, and
Permission for Sunscreen/Lotion

___ Completed Waiver and Release of Liability

___ **Copy of your child's birth certificate**

___ General Health Appraisal Form signed by child's Health Care Provider

___ Official Immunization records

___ Infant and Toddler Profile

Children will not be placed into the program until all of the above items are complete

Elizabeth Schools Early Childhood Programs Registration Form

Any applicant who knowingly or willfully makes a false statement of any material, fact, or thing in the application is guilty of perjury in the second degree as defined in Section 18-8-503, C.R.S., and upon conviction thereof, shall be punished accordingly.

Please Print

Child's Name: _____

Date of Birth Last / First / Middle email address _____

Ethnicity _____
(American Indian/Alaskan, Asian/Pacific Islander, Black, Hispanic, White, Pacific Islander)

Known Allergies _____

Known Medical Concerns _____

Name of Parent/Guardian: _____
Mother Father

Street Address _____ Subdivision _____

City _____ Zip _____ Home Phone # _____

Mother's Home # _____ Mother's Work # _____ Mother's Cell # _____

Father's Home # _____ Father's Work # _____ Father's Cell # _____

Student Lives With: Both Parents Mother Only Father Only Foster Parents
 Guardian(s) Other _____

Mother's Place of Employment:

Name _____ Address _____

Father's Place of Employment:

Name _____ Address _____

Name of Brothers/Sisters Attending Elizabeth Schools

Name: _____ Grade: _____ Name: _____ Grade: _____

Name: _____ Grade: _____ Name: _____ Grade: _____

Emergency Information

In the event of illness or injury when parents cannot be reached, please list the names of people who are authorized to pick your child up from school. Students will not be released to anyone who is not specified on this form.

| Name | Address | Relationship | Phone Number |
|-------|---------|--------------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Name of Child's Physician: _____

Address: _____ Phone: _____

Name of Child's Dentist: _____

Address: _____ Phone: _____

Name of Child's Hospital: _____

Address: _____ Phone: _____

Should an emergency arise, it is understood that a reasonable effort will be made, time and conditions permitting, to locate the undersigned parent(s) and emergency contact(s) before any action will be taken. If, however, it is not possible to locate either parent or the emergency contact(s), by signing below, I, the undersigned, do hereby give my consent and authorize officials of Elizabeth School District to contact directly or indirectly the persons named on the Registration, to seek emergency medical and surgical treatment in a medical facility by a physician or other licensed health care provider should my child's condition require it in my absence or to otherwise render treatment as may be deemed necessary in an emergency for the health and safety of the child. In the event the parents or other persons named on this Registration cannot be contacted, I authorize any school officials to take whatever actions are deemed necessary in their judgment for the health and safety of the child. Unless stated otherwise, I impose no specific prohibitions regarding treatment. I will not hold the District financially or legally responsible for the emergency care and/or transportation for my child.

Date

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Individuals Authorized To Pick Up My Child

In accordance with the state licensing procedures, we must have on file the names, addresses and telephone numbers of the individuals permitted to pick up your child from school. If someone arrives to pick up your child and their name is not in our file, we CAN NOT allow your child to leave with him/her.

Please list below the names, addresses and phone numbers of adults permitted to pick up your child from school. (NOTE: Children will not be released to anyone under 16 years of age.)

_____ may be picked up from school by the following adults.

Name of child

Name: _____

Address

Phone Number

I understand that if a person comes to pick up my child and their name is not on the list, then my child cannot be released from school.

I understand that the person will be asked to show I.D. if the teacher does not know the person.

Parent's/Guardians Signature

Date

Parent's/Guardians Signature

Date

District Data Collection Sheet

The Elizabeth School District requires each child to have a separate intake form for district wide data collection.

Please complete this form with your Preschool Registration Packet.

Please print your child’s full name as it appears on your child’s birth certificate. Please include a copy of your child’s birth certificate as well.

Last Name _____

First Name _____

Full Middle Name _____

Date of Birth ____/____/____

Gender { } Male { } Female Ethnicity _____
American Indian/ Alaskan, Asian/Pacific Islander, Black, Hispanic, White, Pacific Islander

Is your child covered by health insurance? ____ yes ____ no

Insurance Provide _____
Insurance Policy# _____

Is your child covered by Medicaid? ____ yes ____ no

Policy # _____

Has your child ever been on an IFSP? ____ yes ____ no

If yes, did your child move on to an IEP? ____ yes ____ no

Are you a residence of the Elizabeth School district? ____ yes ____ no

If not, what is your district of residence? _____

Has your child been screened for the following:

Vision ____ yes ____ no (date) _____

Hearing ____ yes ____ no (date) _____

Dental ____ yes ____ no (date) _____

Parent Enrollment, Permission and Release Agreement

Child's Name: _____ Date: _____

Date of Birth ____/____/____

Parent Name: _____ Parent Name: _____

In consideration of the Elizabeth School District ("District") accepting the enrollment of my/our son/daughter ("Child") for the District's preschool or child care program offered by the District, the undersigned, as the parent(s) or legal guardian(s) of the above named Child, understands, agrees to and/or acknowledges the following:

1. Walking Field Trips. Walking field trips are a part of the program activities. The walking trip/activity will take place away from District property, such as to the parks, library, fire station or nature walks, and may involve activities beyond the scope of traditional school functions conducted on District property. I hereby give permission to allow my Child to participate in these walking school field trips/activities.

2. Video Permission. I hereby give my permission for my Child to view educational videos as part of the preschool curriculum.

3. Drop-off: I agree not to leave my Child at the District preschool facility unless a District staff member or volunteer is there to receive and supervise my Child.

4. Pick-up: Should a person arrive to pick up my Child and that person appears to be under the influence of drugs or alcohol, for the Child's safety, preschool or child care program staff may refuse to release the Child into this person's custody and may involve law enforcement to the extent it is deemed necessary.

5. Pick-up Late Fee: I acknowledge that I will be charged a late fee in the amount of \$10 for every 15 minutes (or portion thereof) that I am late in picking up my Child. My Child will not be allowed to return to the program until I have paid all pick-up late fees incurred.

6. Tuition. I acknowledge that the tuition for the program per child is as set forth in the Parent Handbook, which may be revised from time to time in the District's sole discretion.

7. Payment Terms.

a. Tuition is based on year-round enrollment and shall be paid in nine (9) equal payments, commencing August through May. The first tuition payment is due the first day. Tuition is due every day that the program is open and my Child is enrolled for that day, regardless of whether my Child attends. I will not be credited or refunded for any day my Child does not attend the preschool program, including absences due to my Child's illness or vacation; school closures such as in services and national holidays; or inclement weather days, resulting in delayed openings and early closings. Tuition is due and shall be paid on the first day of each month in advance of the month for which the Child will attend the program. Tuition may be paid by check, money order or cash. Checks and money orders can be made out to Elizabeth School District Early Childcare. My Child's name and my driver's license number should be indicated on the memo line of my check. I may report my driver's license number to the Early Childhood Office to be kept on file. The District will not accept out of state checks.

b. Late Payments. Tuition is due the first day of every month. If a payment for the program is not received when due, the District may charge me a \$25.00 late fee per fee that is not paid timely. I acknowledge that if I am found to be in violation of these payment terms for two consecutive months, then the District may terminate my Child's enrollment in the Program and/or deny my Child's enrollment in the program in future program years. The District in its sole discretion may reinstate a Child to the program(s) in which he/she is enrolled upon the payment of all outstanding tuition and fees.

e. Insufficient Funds. If a check is returned for insufficient funds, I will be charged an additional \$25.00 administrative fee. Upon receipt of notice of insufficient funds, I agree to promptly make payment of the tuition then past due, including all additional fees pursuant to this Paragraph 8(c) and any late payment fees. If a second check for insufficient funds is received, the program may require that I/we make all future payments with cash or money order only.

f. Non-payment. I acknowledge that if any amount is past due, the District can suspend my Child's enrollment until the unpaid balance is paid in full. In its sole discretion, the District may instead terminate my Child's enrollment in accordance with Paragraph 9 of this Agreement for my failure to pay tuition. The District also may deny my Child enrollment in the program in future program years for my/our persistent failure to pay tuition timely. In the event of non-payment where the District must employ attorneys for the collection of tuition and other applicable fees, then I agree that, unless a court of competent jurisdiction orders otherwise, I will, on demand therefore, reimburse the District the reasonable fee of such attorneys incurred as well as any fees and costs incurred to

collect amounts due under to this Agreement.

g. Discretionary Fee Waiver. If a lengthy illness should occur or family circumstances indicate that my Child will not need care for an extended period of time, please speak to the preschool program supervisor as to whether appropriate arrangements can be made.

8. Child Protection. I acknowledge that district personnel are mandated by state law to report any suspected child abuse or neglect to the appropriate authorities for investigation.

9. District Policies. I acknowledge that I have reviewed a copy of the Parent Handbook and will comply with the policies set forth therein (a copy of the handbook is available on the District’s website).

10. Conflicts. District staff and volunteers are not permitted to babysit or transport children at any time outside of the District’s program.

11. Termination. District, in its sole discretion, may terminate my Child’s enrollment for any of the following reasons:

- a. Incomplete enrollment file, such as incomplete or inaccurate emergency names and phone numbers provided;
- b. Parent, legal guardian or authorized representative is consistently late in picking up Child after preschool facility closes
- c. Non-payment or late payment of tuition and fees
- d. Checks returned for insufficient funds
- e. Failure to adhere to the sign-in/sign-out policies
- f. Failure to notify the District preschool that Child will be absent
- g. Child leaves the facility without authorized written permission
- h. Behavior of the Child that is habitually disruptive or dangerous to others and/or self
- i. Behavior of the Child that is destructive to property and my refusal to replace said property
- j. Any single incident that is deemed by the program director to be dangerous and harmful or disruptive to the well-being and safety of other children or staff
- k. Harassment, violent behavior or threat of such behaviors against District or staff or volunteers by a parent/guardian or persons associated with the Child

12. Notice of Termination for Convenience. I understand that I am required to give 30 days’ prior written notice when terminating my/our Child’s enrollment in the Program. If 30 days’ prior written notice is not given, I will not receive a refund or credit of any enrollment fees paid in advance.

I have thoroughly read and understand the statements and conditions stated herein and agree to the terms of this agreement, and give consent for our Child to participate in the program.

Date: _____

Parent(s)/Guardian(s)/Legal Custodian(s)

Parent(s)/Guardian(s)/Legal Custodian(s)

Cell Phone or Emergency Contact Number

Permission for Photographs, Videos, Audio, and Electronic Images

By signing this Agreement, I am irrevocably giving permission to the District and program to photograph, videotape, audiotape, interview or create other electronic images or likenesses of my Child about or during an activity. I acknowledge that I will not receive compensation for the use of my Child’s image, likeness, appearance, and voice now or in the future. The District may, in whole or in part, use the photographs, video, sound recordings and other electronic images containing my Child’s image, likeness, appearance and voice in any manner or media, including use on web pages. The photographs, video, sound recordings and other electronic images may be used for any educational, institutional, scientific or informational purpose whatsoever, but will not be for any commercial uses. The District has the right and may allow others outside the District to copy, edit, alter, retouch, revise and otherwise change the photographs, video, sound recordings and electronic images at the District’s discretion. All right, title, and interest in the photographs, video, sound recordings and electronic images belong solely to the School District.

Parent or Guardian Signature **Date**

Parent or Guardian Signature **Date**

Insurance

I fully understand that Elizabeth School District does not provide any accident or health insurance coverage for my child. I fully understand that it is my responsibility to provide insurance coverage for my child.

Parent or Guardian Signature **Date**

Parent or Guardian Signature **Date**

Consent to Apply Topical Ointment

I consent and authorize the officials of Elizabeth School District to apply topical ointment. If I have not provided the specific brand of sunscreen or hand lotion that is noted below to the child care program staff, then we consent and authorize the Elizabeth School District officials to apply any brand of sunscreen or hand lotion available.

Parent or Guardian Signature **Date**

Parent or Guardian Signature **Date**

Sunscreen brand provided: _____

Hand lotion brand provided: _____

Diaper Cream provided: _____

Waiver and Release of Liability

As the undersigned parent or legal guardian of the student identified below (“my child”) I understand and hereby acknowledge that the participation of my child in any activities of the school, including but not limited to, class, recess, physical education, dining, sports, school-sponsored trips away from campus, other school-related activities or extracurricular activities, and use of a school facility or property (the “Activities”), involve INHERENT RISKS AND HAZARDS, including without limitation, dehydration, heat stroke, heat cramps, suffocation, paraplegia, quadriplegia, other serious permanent physical impairment and even death, as well as minor or catastrophic property damage and loss. There also are risks that cannot be anticipated. I am aware that the usual risks of travel are involved and do hereby give my child permission to take part in, and travel, in connection with activities of the school, including but not limited to sports, school-sponsored trips, and other school-related extracurricular activities.

ON BEHALF OF MY CHILD AND MYSELF, I FREELY ACCEPT AND FULLY ASSUME ALL COSTS, RISKS, DANGERS, AND HAZARDS of my/our child’s participation in the Activities.

I also understand that Elizabeth School District (“District”) cannot accept and will not have any responsibility for my child’s acts or omissions.

RELEASE OF LIABILITY, WAIVER OF CLAIMS:

In consideration of the District allowing my child to participate in athletic practices and competitions, on behalf of my child and myself, I hereby expressly agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS whether known or unknown, now existing or arising at any time in the future that I have myself or on my child’s behalf against the School, its successors, assigns, board of directors, shareholders, employees, representatives, agents and volunteers, arising directly or indirectly from my child’s participation in the Activities.
2. TO RELEASE AND HOLD HARMLESS THE SCHOOL DISTRICT, its successors, assigns, board of directors, shareholders, employees, representatives, agents and volunteers from any and all liability for any claims, loss, damage, injury or expense that my child may suffer as a result of, but not limited to, my child’s participation in the Activities.

I HAVE FULLY READ AND UNDERSTAND THIS RELEASE AND AGREE TO BE BOUND BY IT. I AM AWARE THAT BY SIGNING THIS RELEASE I AM WAIVING CERTAIN LEGAL RIGHTS THAT I MAY HAVE ON BEHALF OF MY CHILD AND MYSELF TO BRING LEGAL ACTION AGAINST ELIZABETH SCHOOL DISTRICT. I SIGN IT KNOWINGLY AND VOLUNTARILY AND OF MY OWN FREE WILL.

Parent or Guardian Signature Date

Parent or Guardian Signature Date