



## Elizabeth School District Early Childcare Program 2025-2026 Registration

### Schedule Year Round

<p>Monday through Friday 7:00am – 5:00pm</p> <p>6 weeks through 18 months</p> <p>\$1800 a month</p>
<p>Monday through Friday 7:00am – 5:00pm</p> <p>18 months through 2 years and 11 months</p> <p>\$1800 a month</p>
<p>District Employee Discount – 50%</p> <p>City of Elizabeth and County of Elbert Employees Discount – 30%</p>

***\*Tuition assistance available through CCAP. If you need tuition assistance reach out to Elbert County CCAP or District Director\****

***\*\*\$100 Registration Fee\*\****

## Elizabeth Schools Early Childcare Program Registration Checklist

**Please keep the Family 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
- \_\_\_ Handbook Acknowledgment
- \_\_\_ Topical Preparations

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

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Known Allergies \_\_\_\_\_

Known Medical Concerns \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Street Address Subdivision

City Zip Home Phone #

Parent/Guardian Email Parent/Guardian Email Work # Parent/Guardian Cell #

Parent/Guardian Email Parent/Guardian Email Work # Parent/Guardian Cell #

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

Parent/Guardian Place of Employment:

Name Address

Parent/Guardian Place of Employment:

Name Address

**Name of Brothers/Sisters Attending Elizabeth Schools**

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

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

**Name of Younger Siblings**

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

## 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
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
Name of Child's Physician: <hr/>			
Address: <hr/> Phone: <hr/>			
Name of Child's Dentist: <hr/>			
Address: <hr/> Phone: <hr/>			
Name of Child's Hospital: <hr/>			
Address: <hr/> Phone: <hr/>			
<p>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.</p>			
<hr/>		<hr/>	
Date		<u>Signature of Parent/Guardian</u>	
<hr/>		<hr/>	
Date		<u>Signature of Parent/Guardian</u>	

## 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 18 years of age.)**

\_\_\_\_\_ may be picked up from school by the following adults.

Name of child

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

Address

Phone Number

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

Address

Phone Number

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

Address

Phone Number

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 or Guardian Signature

Date

Parent or Guardian 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

### Initial and acknowledge each policy:

\_\_\_\_\_ 1. Walking Field Trips. Walking field trips are a part of the preschool 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 Family Handbook, which is due the first of the month. This may be revised from time to time in the District's sole discretion. If I begin after the first of the month tuition will be a prorated amount.

\_\_\_\_\_ 7. Communication: The program use Tadpoles and the school website to communicate with families. Families will receive information to install Tadpoles. This will allow families to communicate through messenger, as well as receive newsletters, upcoming events, or news for the class. The school website will be updated monthly with the classroom newsletter and class calendar.

### 8. Payment Terms.

\_\_\_\_\_ a. Tuition is based on year-round enrollment and shall be paid in nine (9) equal payments, commencing September through May. The first tuition payment is due the first school day of September. Tuition is charged every day that the preschool 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 school day of each month in advance of the month for which the Child will attend the preschool program. Tuition may be paid by check, money order or cash or through **My School Bucks**. Checks can be made to Singing Hills Preschool or Running Creek Preschool. 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 school day of every month. If a payment for the preschool 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 Preschool Program and/or deny my Child's enrollment in the preschool program in future program years. The District, in its sole discretion, may reinstate a Child to the preschool program(s) in which he/she is enrolled upon the payment of all outstanding tuition and fees.

\_\_\_\_\_ c. 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.

\_\_\_\_\_ d. 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 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.

\_\_\_\_\_ e. 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 district director as to whether appropriate arrangements can be made.

\_\_\_\_\_ 9. 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.

\_\_\_\_\_ 10. 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).

\_\_\_\_\_ 11. Conflicts. District staff and volunteers are not permitted to babysit or transport children at any time outside of the District's preschool program.

\_\_\_\_\_ 12. 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 preschool 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 parent refusal to replace said property
- j. Any single incident that is deemed by the preschool 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 preschool staff or volunteers by a parent/guardian or persons associated with the Child

\_\_\_\_\_ 13. 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.

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Parent or Guardian Signature

Date

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Parent or Guardian Signature

Date

## 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.

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Parent or Guardian Signature

Date

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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.

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Parent or Guardian Signature

Date

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Parent or Guardian Signature

Date

## 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.

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Parent or Guardian Signature

Date

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Parent or Guardian Signature

Date

## TOPICAL PREPARATIONS (PREVENTATIVE PERMISSION FORM)

Child's Name: \_\_\_\_\_ Parent/Guardian's Name: \_\_\_\_\_

I understand that I must provide the topical preparation in the original container labeled with my child's name and that no topical preparations will be applied to broken skin or if a skin reaction has been observed. It is my responsibility to check the ingredients to make sure my child is not allergic to it. Any skin reaction observed by staff will be reported promptly to the parent/guardian.

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

### SUNSCREEN

I give my permission for the staff at \_\_\_\_\_ to assist with applying or apply sunscreen to my child's exposed skin including the face, tops of ears, bare shoulders, arms, legs, and feet 30 minutes before outdoor activities. It is my responsibility to provide sunscreen with a minimum 30 SPF.

Name of product: \_\_\_\_\_

In the event that my child does not have sunscreen with them, the school may apply \_\_\_\_\_ to my child.

☐ My child may NOT use any sunscreen other than the one that s/he brings.

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

### MOISTURIZING LOTION/CREAM/BALM

I give my permission for the staff at \_\_\_\_\_ to assist with applying or apply skin lotion/cream to my child.

Name of product: \_\_\_\_\_

Special instructions: \_\_\_\_\_

☐ My child may NOT use any other skin lotion/cream/balm than the one s/he brings.

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

### DIAPER OINTMENT/CREAM

I give my permission for the staff at \_\_\_\_\_ to apply over the counter diaper rash ointment/cream to my child. I understand that I may only provide diaper ointment or cream, free of antibiotic, antifungal, or anti-inflammatory components without a written prescription from my doctor.

Name of product: \_\_\_\_\_

Special instructions: \_\_\_\_\_

☐ My child may NOT use any other skin lotion/cream/balm than the one s/he brings.

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

# Family Handbook Acknowledgment

I attest that I received a copy of the Family Handbook for Elizabeth School District  
Childcare and understand the importance of all sections.

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Child's Name:

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Parent/Guardian Print Name:

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Parent/Guardian Print Name:

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Parent or Guardian Signature

Date

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Parent or Guardian Signature

Date