### Elizabeth Schools Early Childhood Programs

**2021-2022 Preschool Options**

**Running Creek Elementary**

**Singing Hills Elementary**

<table>
<thead>
<tr>
<th>Plan</th>
<th>Running Creek Days</th>
<th>Running Creek Time</th>
<th>Singing Hills Days</th>
<th>Singing Hills Time</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM Half Day Preschool</td>
<td>Monday thru Thursday</td>
<td>8:15AM-11:15AM</td>
<td>Monday thru Thursday</td>
<td>8:00AM-11:00AM</td>
<td>$300 a month</td>
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<tr>
<td>PM Half Day Preschool</td>
<td>Monday thru Thursday</td>
<td>12:15PM-3:15PM</td>
<td>Monday thru Thursday</td>
<td>12:00PM-3:00PM</td>
<td>$300 a month</td>
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<tr>
<td>Full Day Preschool</td>
<td>Monday thru Friday</td>
<td>8:15AM-3:15PM</td>
<td>Monday thru Friday</td>
<td>8:00AM-3:00PM</td>
<td>$600 a month</td>
</tr>
<tr>
<td>Running Creek Before Child Care</td>
<td>Monday thru Thursday</td>
<td>7:00AM-8:15AM</td>
<td>$11 per day</td>
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<tr>
<td>After Child Care</td>
<td>Monday thru Thursday</td>
<td>3:15PM-6:00PM</td>
<td>$13 per day</td>
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<td>*Late fee - $10.00</td>
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<td>Running Creek Before Child Care</td>
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<tr>
<td>Singing Hills Before Child Care</td>
<td>Monday thru Friday</td>
<td>6:30AM-8:00AM</td>
<td>$11 per day</td>
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<tr>
<td>After Child Care</td>
<td>Monday thru Friday</td>
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<td>*Late fee - $10.00</td>
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*Children must be 3 years of age by October 1st 2021 to enroll in Preschool*

**Running Creek 303-646-4620**  **Singing Hills 303-646-1858**

*Tuition assistance available to those families who qualify.*

*Please check with the school office when you turn in registration paperwork.*
Elizabeth Schools Early Childhood Programs
Preschool Registration Checklist

Please keep the Parent Handbook for future reference

Student Name: ___________________________ Returning____ New____

The following forms to be completed and returned:

___ Class Choices
___ 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
___ Student Health Information
___ General Health Appraisal Form signed by child’s Health Care Provider
___ Official Immunization records
___ Ages and Stages Form
___ Elizabeth School District Colorado Preschool Program (CPP) Intake Form (Dist. File____)
   Optional Form used to determine if your child qualifies for Tuition assistance through CPP
___ Economic Data Survey
   This form will be provided to you, as soon as it becomes available, if you complete the CPP intake Form

Both the CPP Intake Form and the Economic Data Survey must be on file if seeking Tuition Assistance.

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

For office only:
Entered into IC____
Class Choices for the 2021-2022 School Year

These class choices are subject to change due to the needs of the children being served. You will be notified of your final class placement by mail over summer break.

Please mark two choices (1 and 2) in order of preference.

Child’s Name  

Program Location (please check one)

☐ Running Creek Preschool located in Running Creek Elementary School

☐ Singing Hills Preschool located at Singing Hills Elementary School

___ Monday thru Thursday ($300)
  8:15am-11:15am (RCE)
  8:00am-11:00am (SHE)

___ Monday thru Thursday ($300)
  12:15pm-3:15pm (RCE)
  12:00pm-3:00pm (SHE)

___ Full Day Preschool ($600)
  8:15am-3:15pm (RCE)
  8:00am-3:00pm (SHE)

___ Put an X if you intend to use Before Care-($11.00) 7:00am-8:15am (RCE)
    and/or After Care-($13.00) 3:15pm-6:00pm (RCE) Late fee – ($10.00)

___ Put an X if you intend to use Before Care-($11.00) 6:30am-8:00am (SHE)
    and/or After Care-($13.00) 3:00pm-6:00pm (SHE) Late fee – ($10.00)

Special considerations such as car pools, or school schedule of sibling(s), work schedule etc.
Elizabeth Schools Early Childhood Programs Registration Form
Please complete BOTH sides of this form.

Any applicant who knowingly or willfully makes a false statement of any material fact of 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.

Child’s Name: ________________________________

Date of Birth __________/_________/__________

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 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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Relationship</th>
<th>Phone Number</th>
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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

Program your child will be attending:

Running Creek Preschool __________

Singing Hills Preschool __________
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 ___________________________

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’s 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

Grade __________________ (Preschool or PreK)

Pre-K means children who will be eligible for Kindergarten next year. (5 by October 1st 2021). It does not matter what classroom they are in, they just want to know if your child could attend Kindergarten next year.

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

Is your child covered by Medicaid?  ____ yes  ____ no

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 resident of the Elizabeth School district?  ____ yes  ____ no

If no, what is your district of residence? __________________________

For office use only:
Date of Enrollment: ______________  Date of Withdrawal: ______________

Typ. ________ Sped ________ CPP ________ CCAP ________
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 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 trip/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 September through May. The first tuition payment is due the first day of preschool. Tuition is due 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 inclement weather, 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 preschool program. Tuition may be paid by check, money order or cash. Singing Hills Elementary parents can write checks out to “SHE.” Running Creek Elementary parents can write checks out to “RCE.” 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 preschool 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 day 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.

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 preschool 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 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 my 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

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.

__________________________  ________________________
Date                      Signature of Parent/Guardian

__________________________  ________________________
Date                      Signature of Parent/Guardian

Consent to Apply Sunscreen and Hand Lotion

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

__________________________  ________________________
Date                      Signature of Parent/Guardian

__________________________  ________________________
Date                      Signature of Parent/Guardian

Sunscreen brand: ________________________________

Hand lotion brand 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

*Optional Form Please complete this form along with the Economic Data Survey form if seeking Tuition Assistance
Elizabeth School District
Colorado Preschool Program Intake Form

Please Print

Date: ____________________

Please be assured that all the information you share on this form will be kept confidential.

☐ Running Creek Preschool  ☐ Singing Hills Preschool

Child’s Name: ________________________________ Date of Birth: _________
Parent/Guardian: ______________________________________________________
Address: _____________________________________________________________
Phone Number: _______________________________________________________

1. What are your child’s favorites? What are his/her favorite things to do, things to play with, movies, books, toys, food etc.?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

2. What are your child’s least favorite things? Are there foods he/she does not like, things that he/she is afraid of, etc.?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

3. Does your child have opportunities to play with other children his/her age, how often, and what do they like to play?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

4. Do you have any questions or concerns about your child’s development, behavior, motor skills, language, speech, cognition and social and or emotional skills?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
5. Tell us why you are sending your child to preschool.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

6. How many times has your family moved in the past 5 years? ______________

7. Age of parents at child’s birth: Mother ____ Father ____


9. Was your child full term? __________

10. Did your child require any special medical care and/or hospitalization at birth or during the first months of life?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

11. Does your child have a history of health concerns such as a history of ear infections, chronic upper respiratory infections etc.? Please explain:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

12. What languages are spoken in the home? What language does your child use most?

________________________________________________________________________

13. Father’s occupation _____________________________

   Highest grade of school completed ______________________

14. Mother’s occupation _____________________________

   Highest grade of school completed ______________________
15. Have you had any significant recent changes in your family such as hospitalizations, divorce, and separations? If yes how is your child dealing with these changes?

16. Is there any other additional information related to your family that puts stress on your family?

17. Total household income for last year:

   ___ less than $23,606
   ___ $23,606-$31,893
   ___ $31,894-$40,181
   ___ $40,182-$48,469
   ___ $48,470-$56,757
   ___ $56,758-$65,045
   ___ $65,046-$73,333
   ___ $73,334-$81,621
   ___ $80,622+

18. What is the total number of people in your household__________

19. Is there a family history of learning challenges within your family? This could include parents, aunts and uncles, siblings

20. Is there anything else you would like us to know about your child?
21. How did you learn about the preschool?

22. All parents help their children develop and learn, but sometimes it is hard to know what to do. How would you describe your ability to help your child develop and learn?

23. All parents try to help their children learn to behave the way they would like, but sometimes it is hard to know what to do. How would you describe your ability to help your child learn to behave the way you would like?

The information on this form is used to provide background information to determine if your child qualifies for the Colorado Preschool Program. The criteria to qualify for this program are defined by both the State Department of Education and our Parent Advisory Group. If your child qualifies he/she will be eligible for our 4-day preschool program at no cost.
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<th>HEALTH CONCERNS</th>
<th>YES</th>
<th>NO</th>
<th>MEDICATION (name/dosage)</th>
<th>RESTRICTIONS/MEDICAL EQUIPMENT</th>
<th>DESCRIPTION/COMMENTS</th>
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<td>Asthma/Respiratory</td>
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<td>Severe Allergies</td>
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<td>Foods, Latex, Insects,</td>
<td>Type of Reaction:</td>
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<td>Nuts, Medications?</td>
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<td>Date of last Reaction:</td>
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<td>Diabetes</td>
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<td>Pump:</td>
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<td>Head Injury</td>
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<td>Date of injury:</td>
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<td>Seizures/Neurological Conditions/Migraines</td>
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<td>Type of last episode:</td>
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<td>Date of last episode</td>
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<td>Heart/Blood Conditions</td>
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<td>Muscle/Joint/Bone</td>
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<td>Skin Conditions</td>
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<td>Bladder/Kidney</td>
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<td>Stomach/Intestines</td>
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<td>Immune Conditions</td>
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<td>Hearing/Ear Concerns</td>
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<td>Vision/Eye Concerns</td>
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<td>Growth/Developmental Concerns</td>
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<td>Emotional/Behavioral/Attention Concerns</td>
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<td>Accidents/Injuries</td>
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<td>Other Health Concerns</td>
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If your child needs to take medication while at school, please provide a "Permission to Give Prescription Medication at School" form filled out by your child's physician. If your child has asthma, diabetes, severe allergies, or seizures, please go to the Elizabeth School District Health page for the required forms.

Parent/Guardian Signature: ___________________________  Contact Phone #: ___________________________  Date: ________________

Please contact the District Nurse if you would like to discuss any of the above information (303-646-6730)
GENERAL HEALTH APPRAISAL FORM

PARENT please complete AND SIGN

Child's Name: ___________________________ Birthdate: ____________

Allergies: □ None or Describe ________________________________

Type of Reaction ________________________________

Diet: □ Breast Fed □ Formula ___________________________ □ Age Appropriate

□ Special Diet ____________________________________________________________________________

Sleep: Your health care provider recommends that all infants less than 1 year of age be placed on their back for sleep.

□ Preventive creams/ointments/sunscreen may be applied as requested in writing by parent unless skin is broken or bleeding.

I, ____________________________________________, give consent for my child's care health provider, school child care or camp personnel to discuss my child's health concerns. My child's health provider may fax this form (and applicable attachments) to my child's school, child care or camp personnel. PAX #: ___________________________ DATE: ____________

Parent/Guardian Signature: ____________________________________________

HEALTH CARE PROVIDER: Please Complete After Parent Section Completed

Date of Last Health Appraisal: ___________________________ Weight @ Exam: ____________

Physical Exam: □ Normal □ Abnormal (Specify any physical abnormalities) ____________________________

Allergies: □ None or Describe ___________________________ Type of Reaction ____________________________

Significant Health Concerns: □ Severe Allergies □ Reactive Airway Disease □ Asthma □ Seizures □ Diabetes □ Hospitalizations

□ Developmental Delays □ Behavior Concerns □ Vision □ Hearing □ Dental □ Nutrition □ Other ________

Explain above concern (if necessary, include instructions to care providers):

Current Medications/Special Diet: □ None or Describe ____________________________

Separate medication authorization form is required for medications given in school, child care or camp

For Fever Reducer or Pain Reliever (for 3 consecutive days without additional medical authorization) PLEASE CHOOSE ONE PRODUCT

□ Acetaminophen (Tylenol) may be given for pain or fever over 102 degrees every 4 hours as needed

Dose ___________________________ or see the attached age-appropriate dosage schedule from our office

OR □ Ibuprofen (Motrin, Advil) may be given for pain or fever over 102 degrees every 6 hours as needed

Dose ___________________________ or see the attached age-appropriate dosage schedule from our office

Immunizations: □ Up-to-Date □ See attached immunization record □ Administered today:

Health Care Provider: Complete if Appropriate

**ONLY REQUIRED BY EARLY HEAD START AND HEAD START PROGRAMS PER STATE EPSDT SCHEDULE**

** □ Height @ Exam ______ □ BMI ______ □ Head Circumference (up to 12 months) ______

** □ HC/HCBA □ Lead Level □ Not at risk or Level ______

** □ TB □ Not at risk or Test Results □ Normal □ Abnormal

**Screenings Performed: □ Vision: □ Normal □ Abnormal □ Hearing: □ Normal □ Abnormal □ Dental: □ Normal □ Abnormal-Recommended Follow-up________

Provider Signature: ____________________________

Office Stamp: ____________________________

Or write Name, Address, Phone, #

Next Well Visit: □ Per AAP guidelines* or □ Age ______

This child is healthy and may participate in all routine activities in school sports, child care or camp program. Any concerns or exceptions are identified on this form.

Signature of Health Care Provider (certifying form was reviewed) ___________________________ Date: ____________

The Colorado Chapter of the American Academy of Pediatrics (AAP) and Healthy Child Care Colorado have approved this form. 0407

*The AAP recommends that children from 0-12 years have health appraisal visits at: 2, 4, 6, 9, 12, 15, 18 and 24 months, and age 3, 4, 5, 6, 8, 10 and 12 years.

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