

Adventure Club Preschool Program

2020-2021

Dear Families,

Thank you for your interest in the Adventure Club Preschool Program. Registration is done on a first come, first serve basis. **To reserve your spot you must turn in the 45.00 registration fee. This fee is nonrefundable.**

Tuition for the 2020-2021 school year will be:

3 day per week Pre-K AM & PM	\$180.00 per month (\$215.00 non-resident)
5 day per week Pre-K PM only	\$295.00 per month (\$335.00 non-resident)
2 day per week Preschool AM & PM	\$140.00 per month (\$175.00 non-resident)
JR Preschool 2 day per week AM & PM	\$120.00 per month (\$155.00 non-resident)

Length of all Pre-K and Preschool Classes will be 2 hours and 45 minutes.

3 day Pre-k meets Monday, Wednesday, Friday .

Five day a week Pre-K is offered in the PM time slot only, Monday –Friday.

Preschool meets Tuesday and Thursday.

AM classes meet from 9:15am– 12:00pm. PM Classes meet from 12:30pm-3:15pm.

Junior Preschool Classes will be 2 hours.

AM Classes meet 9:15-11:15 . PM Classes meet from 12:30-2:30

The first day of school will be Monday, Aug. 31, 2020 for Pre-K and Tuesday, September 1, 2020 for Preschool/ JR Preschool.

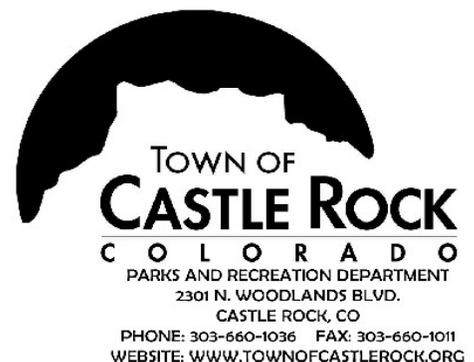
Please return all paperwork by August 1, 2020 to Mindy Fortin at the Recreation center.

In order to complete your registration paperwork must include the following items

1. Registration packet (all forms must be filled out completely, including emergency contacts other than parents, doctors and dentist information.)
2. Tuition agreement form (initialed and signed)
3. Current immunization record
4. Health statement, including the date of most recent physical examination and signed by a doctor

If you have any question please feel free to call or email.

Mindy Fortin
303-814-7454
mfortin@crgov.com



Registration packets are
due 8/01/2020.

This includes your child's
immunizations and
health statement.



Adventure Club Preschool

2020-2021 school year

Please initial each item to indicate your understanding and acceptance of this tuition agreement.

_____ Monthly tuition for JR Preschool is \$120.00 (\$155.00 non-residents), Preschool is \$140.00 (\$175.00 non-resident), 3 days a week Pre-K is \$180.00 (\$215.00 non-resident), and 5 days a week Pre-K is \$295.00 (335.00 non-resident).

_____ A nonrefundable registration fee of \$45.00 per student, is required to reserve your spot in the program.

_____ Monthly Tuition is due the 1st of each month starting in September. A late fee of \$5.00 per week will be assessed on late payments.

_____ Termination from the preschool program will occur following one month of non-payment of tuition. Notice of termination will be in writing. The tuition account will then be turned over to a collection agency.

_____ Checks returned due to non-sufficient funds will be assessed a \$35.00 charge.

_____ Your child must be picked up from Adventure Club Preschool Classes on time. After the 3rd late pick up of 15 minutes or more, your child's class assignment may be terminated.

_____ As stated in the preschool handbook, there is no reduction in fees when a child is ill or on vacation.

_____ Parent/Guardian or another authorized adult must sign child in and out daily.

_____ I was provided with a copy of Adventure Club Policies and Procedures and had the opportunity to ask questions. I accept the conditions of, and give authorization and approval for the activities described in the policies and procedures.

_____ I understand and agree to abide by these policies regarding my child's enrollment in the Adventure Club Preschool Program.

Childs Name: _____

Parent or legal Guardian _____

Date: _____

Mindy Fortin
303-814-7454
mfortin@crgov.com

Adventure Club Preschool

Registration Form

2020-2021

Emergency Contacts are not the Parent/Guardian and should be a Colorado Resident.

Please provide at least one local emergency contact.

Name _____ Relationship to student _____

Address _____

Phones: **Cell** _____ **Home** _____ **Work** _____

Name _____ Relationship to student _____

Address _____

Phones: **Cell** _____ **Home** _____ **Work** _____

Name _____ Relationship to student _____

Address _____

Authorized Persons to pick up child:

Name _____ Relationship to student _____

Address _____

Phones: **Cell** _____ **Home** _____ **Work** _____

Name _____ Relationship to student _____

Address _____

Phones: **Cell** _____ **Home** _____ **Work** _____

Name _____ Relationship to student _____

Address _____

Phones: **Cell** _____ **Home** _____ **Work** _____

Doctor/Dentist information

Doctor _____ Phone: _____

Address _____

Dentist _____ Phone: _____

Address _____

Phones: **Cell** _____ **Home** _____ **Work** _____

Adventure Club Preschool

Registration Form

2020-2021

Health Information

Hospital:

- | | | |
|---|--------------|--|
| <input type="checkbox"/> Sky Ridge Medical Center | 303-788-2550 | 1010 Ridge Gate Parkway, Lone Tree, CO |
| <input type="checkbox"/> Swedish Medical Center | 303-788-5000 | 501 E Hampden Avenue, Englewood, CO |
| <input type="checkbox"/> Castle Rock Adventist Health | 720-455-5000 | 2350 Meadows Blvd, Castle Rock, CO |
| <input type="checkbox"/> Parker Adventist Hospital | 303-269-4000 | Parker Road & E-470, Parker, CO |
| <input type="checkbox"/> Alt: | _____ | _____ |

Is your student taking any medications at home? Y N List: _____

If your student needs to take medication at school, the "Medication Administration Permission" form is available in Callie's office. *These forms must be completed for any medication a student will need to take during school hours.*

Does your student have any known allergies?

- Seasonal **Reaction:** _____
- Insect Sting **Reaction:** _____
- Latex **Reaction:** _____
- Food _____ **Reaction:** _____
- Other _____ **Reaction:** _____

Does your student (please check applicable boxes):

- | | | |
|--|--|--|
| <input type="checkbox"/> Wear glasses/contacts? | <input type="checkbox"/> Have heart problems? | <input type="checkbox"/> Hearing impaired? |
| <input type="checkbox"/> Have asthma/respiratory ailments? | <input type="checkbox"/> Have convulsions/seizures? | <input type="checkbox"/> Have diabetes? |
| <input type="checkbox"/> Had a head injury/significant bump to the head? | <input type="checkbox"/> Have physical activity limitations? | |

Other medical conditions the school needs to be aware of:

I do hereby authorize officials of Castle Rock's Youth Recreation Department to contact directly the persons named on this emergency form, and do authorize the named physician and/or dentist or his/her associates to render treatment as may be deemed necessary in an emergency for the health of said child. In addition, in the event that I cannot be reached in a medical or dental emergency, I authorize treatment for my child to preserve life and prevent disability and/or to minimize /repair trauma to the teeth, jaws, tongue and gums to begin without delay. In the event that the parent/guardian, or alternate person named on this emergency form cannot be reached, the Castle Rock Parks and Recreation Officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of this child including transporting the child to the necessary health care facility. I agree I am solely responsible for the payment of all costs resulting from the rendering of medical and ambulance services.

Parent/Guardian signature

Date

Adventure Club Preschool

Registration Form

2020-2021

Personal Release Statement: I understand that the registered activities and services may have an element of hazard or inherent danger and I take full responsibility for my action and physical condition of this child. I agree to indemnify and hold harmless the Town Of Castle Rock and its employees from liability, loss, cost or expenses (including attorney's fees, medical and ambulance costs) that this child may incur while participating in Youth Recreation activities.

Parent/Guardian Signature

Date

I hereby acknowledge that I have received and read a copy of the Adventure Club Parent Handbook and agree to abide by the policies outlined therein. I further acknowledge that these are subject to change at the discretion of the Castle Rock Youth Administrators.

Parent/Guardian Signature

Date

I give permission for my child to view movies and videos to enhance the Adventure Club Program.

Parent/Guardian Signature

Date

The Town of Castle Rock Parks and Recreation Department regularly takes photographs during its programs and activities. These photographs are often used for promotional flyers, our website the Recreation Guide and local newspaper/publications. By signing the following agreement you are allowing us to use these photographs for that purpose. If you prefer your child's photo only used for **class projects only**, check here and sign below.

I _____ (name of Parent) authorize the Town of Castle Rock Parks and Recreation Department to use my child's image _____ (name of child) for marketing purposes and / or classroom projects.

Parent/Guardian Signature

Date

In compliance with our rules and regulations, we must have a written consent and a bottle of sunscreen with your child's name on it in order for our staff members to assist your child in applying sunscreen. Please fill out the following form with any special instructions or allergy information regarding your child. Remember: if sunscreen is forgotten, we will apply a SPF #30, paba free.

I give permission to the Adventure Club Staff to apply sunscreen to my child. The sunscreen which they will be applying will be provided by my child, or as identified above.

Please under no circumstances apply sunscreen to my child.

Comments or special instructions: _____

Parent/Guardian Signature

Date

Adventure Club Preschool

Registration Form

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Objection to Activity (If you wish to opt your child out of any Adventure Club Preschool Activities, please complete this form and return it with your registration packet)

Student's name: _____

School name: Adventure Club Preschool

Regarding: I object to (student's name—please print) _____

participating in the activities listed below: _____

_____ I understand that my selection is for the 2020-2021 school year and applies only to the 2020-2021 school year.

Parent/Guardian Signature

Date

Adventure Club Preschool

Registration Form

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Child Information

Is your child potty trained? Yes No

If no, then are you working on this at home? What is your action plan?

What expectations do you have of your child at home (i.e. cleaning up his/her toys, etc

How do you handle discipline in your home (i.e. time-outs, etc.)?

Is your child on a regular sleeping schedule? If yes, what is the schedule?

Are there any other children in your home? If yes, please list name(s) and relationship to your child.

How does your child adapt to new situations?

What activities does your child enjoy?

What languages (other than English) ,if any does your child speak? What language does he/she understand best?

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Child Information

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

How does your child express the following emotions?

Anger:

Sadness:

Fear:

Frustration:

As a whole, how would you describe your child? Please include anything that you feel is helpful for us to know.

Health Statement: Must be signed by your child's physician

Child's Name _____ Sex _____ Date of Birth _____

Address _____

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 _____

Immunizations: Up-to-Date See attached immunization record

Administered today: _____

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)

Office Stamp (or write in information)



Child Care/Preschool/Head Start Required Immunizations - 2017-18 School Year

Dear parents and guardians of students in Colorado child cares, preschools and Head Start programs:

- Colorado law requires students who attend a licensed child care, preschool or Head Start program to be vaccinated against many of the diseases vaccines can prevent. Your student must be vaccinated against:
 - diphtheria, tetanus & pertussis (DTaP, DT, DTP)
 - polio (IPV)
 - measles, mumps, rubella (MMR)
 - hepatitis B (HepB)
 - haemophilus influenzae type b (Hib)
 - pneumococcal (PCV)
 - varicella (chickenpox)

Vaccines are recommended for rotavirus, hepatitis A and influenza, but are not required.

- The number, timing and spacing of the required vaccine doses is set by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP). You can view a parent-friendly version of the current ACIP vaccine schedule for children 0 - 6 years of age at www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf.
- Please take your student's updated vaccine record to school every time he or she receives a vaccine.
- If your student cannot get vaccines because of medical reasons, you must submit an official *Immunization Medical Exemption Form* to your school, signed by a healthcare provider licensed to give vaccines. You can get the form at www.colorado.gov/vaccineexemption.
- If you choose not to get your student vaccinated according to the ACIP schedule, you must submit an official *Immunization Non-Medical Exemption Form (Religious or Personal Belief)* to your school. This form must be submitted at ages 2 months, 4 months, 6 months, 12 months and 18 months. You can either submit the official form online for inclusion in the Colorado Immunization Information System (CIIS) or provide a paper copy to your child's school. If you choose to include your student's information in CIIS, you may opt your student out of CIIS at any time. Your student's school may ask you to also provide them with a paper copy if you submit online. You can get online and downloadable versions of the form at www.colorado.gov/vaccineexemption.
- Some parents, especially those with students who have weakened immune systems, may want to know which child cares, preschools and Head Start programs have the highest percentage of vaccinated children. Schools must report vaccination and exemption numbers (but not student names or birth dates) to the state health department by December 1 every year. Vaccination and exemption rates will be posted on the state health department website beginning in Spring 2017.
- You may want to talk to a healthcare provider licensed to give vaccines or a local public health agency (LPHA) about which vaccines your student needs or if you have questions. You can read about the safety and importance of vaccines at www.ImmunizeForGood.com and www.colorado.gov/cdphe/immunization-education.
- If you need help finding a healthcare provider, or finding free or low-cost vaccines, contact your LPHA, or call the state health department's Family Health Line at 1-303-692-2229 or 1-800-688-7777. You can find your LPHA at www.colorado.gov/pacific/cdphe/find-your-local-public-health-agency.
- Please share Page 2 of this letter with your student's healthcare provider as it provides helpful information about vaccines required for school entry per Colorado law.

Sincerely,

Colorado Immunization Branch | Colorado Department of Public Health & Environment
303-692-2700 | cdphe.dcdimmunization@state.co.us





Dedicated to protecting and improving the health and environment of the people of Colorado

Dear Colorado healthcare provider:

Colorado School Entry Immunization Law (25-4-901 et seq, C.R.S) and Colorado Board of Health rule (6 CCR 1009-2) require students who attend a public, private or parochial K - 12 school, licensed child care, preschool or Head Start program to be vaccinated against many of the diseases vaccines can prevent. Students must be vaccinated against:

- diphtheria, tetanus and pertussis (DTaP, DT, DTP, Tdap),
- polio (IPV),
- measles, mumps, rubella (MMR),
- hepatitis B (HepB),
- haemophilus influenzae type b (Hib),
- pneumococcal (PCV13), and
- varicella (chickenpox).

The number, timing and spacing of the required vaccine doses is set by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP). To be considered valid, a dose of vaccine must meet both the **minimum age and minimum intervals** as defined by ACIP. You can view the current ACIP vaccine schedule for persons 0 - 18 yrs of age at www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf. Vaccines are recommended for rotavirus, hepatitis A, influenza, meningococcal disease and human papillomavirus, but are not required.

Colorado schools are required to review immunization records for school entry and can only accept valid doses of vaccine. Your patients may receive notification of noncompliance if a dose of vaccine does not meet the minimum age or minimum interval requirements per the ACIP schedule. There are three ways a school/student can meet the compliance requirements established by Colorado law:

- A student is considered fully immunized if he or she has received all doses of school-required vaccines according to the current ACIP schedule. Note: students are required to receive their final doses of DTaP, IPV, MMR and Varicella by kindergarten entry and their Tdap by 6th grade entry, even if the student is 10 years of age.
- A student is in the process of getting up-to-date on required vaccines and has a written plan from a parent/guardian on file with the school.
- The student (emancipated or 18 years of age or older) or student's parent/guardian has submitted a signed official *Immunization Non-Medical Exemption Form (Religious or Personal Belief)* or the healthcare provider (medical doctor, doctor of osteopathic medicine, advanced practice nurse or delegated physician's assistance) has signed an official *Immunization Medical Exemption Form* because of a condition that precludes a patient from receiving vaccine(s).

If students do not meet at least one of the compliance criteria, they are not permitted to attend school. If you have questions about the student's school immunization requirement, please communicate with the student's school nurse or school representative.

If you have questions about the ACIP immunization schedule, vaccines marked as invalid in your patient's immunization record, or about Colorado School Immunization Law, please contact us from 8:30 a.m. to 5 p.m., Monday - Friday at 303-692-2700 or cdphe.dcdimmunization@state.co.us. If you have questions about the Colorado Immunization Information System (CIIS), please contact us 8:30 a.m. to 5 p.m., Monday - Friday at 303-692-2437 (press 2), 1-888-611-9918 (press 1) or cdphe.ciis@state.co.us.

Other reliable clinical resources include:

- CDC Vaccines & Immunizations
<http://www.cdc.gov/vaccines/default.htm>
- CDC's 13th edition (2015) of the *Epidemiology & Prevention of Vaccine-Preventable Diseases*
<http://www.cdc.gov/vaccines/pubs/pinkbook/index.html>
- The Immunization Action Coalition: Ask the Experts
<http://www.immunize.org/askexperts/>
- CDC Experts at the National Immunization Program
nipinfo@cdc.gov or 1-800-CDC-Info (1-800-232-4636)

Sincerely,

Colorado Immunization Branch | Colorado Department of Public Health & Environment
303-692-2700 | cdphe.dcdimmunization@state.co.us

