

St. James Preschool, 2021-2022

3601 W. Belleview Ave. ~ Littleton, CO 80123 ~ 303 798-7844

Enrollment Record Form: MUST be completely filled out.

Class: _____ **Security Access Card needed per family 1 ___ or 2 ___**

Child's Name: _____
First Middle Last

Nick Name: _____ Birthdate: _____

My child identifies his/her gender as: _____

Address: _____ City _____ Zip _____

Mother's Name: _____ Home Phone: _____

Home Address: _____ City _____ Zip _____

Cell Phone: _____

Employer: _____ Work Phone: _____

Address: _____ City _____ Zip _____

Father's Name: _____ Home Phone: _____

Home Address: _____ City _____ Zip _____

Cell Phone: _____

Employer: _____ Work Phone: _____

Address: _____ City _____ Zip _____

Family's Primary Email Address (where you want to receive communication from St. James Preschool): _____

St. James Preschool will periodically text alerts to parents regarding weather-related closures or emergencies.

Check here if you would like to OPT OUT of this service

Emergency Contacts (other than parents):

Name: _____ Phone: _____

Address: _____ City _____ Zip _____

Relationship to Child: _____

This person is authorized to:

- Pick up the child
- Be contacted in case of emergency or illness

Name: _____ Phone: _____

Address: _____ City _____ Zip _____

Relationship to Child: _____

This person is authorized to:

- Pick up the child
- Be contacted in case of emergency or illness

Name: _____ Phone: _____

Address: _____ City _____ Zip _____

Relationship to Child: _____

This person is authorized to:

- Pick up the child
- Be contacted in case of emergency or illness

Name: _____ Phone: _____

Address: _____ City _____ Zip _____

Relationship to Child: _____

This person is authorized to:

- Pick up the child
- Be contacted in case of emergency or illness

Under no circumstances will the child be released to anyone not known to the preschool staff without authorization from parents or guardian.

Personal Information:

Brothers and sisters of child:

Name : _____ Age: _____ Attended SJP _____

Name : _____ Age: _____ Attended SJP _____

Name : _____ Age: _____ Attended SJP _____

Name : _____ Age: _____ Attended SJP _____

Has your child had previous group play experience?

Yes: _____ No: _____ If yes, where: _____

Has your child attended preschool before?

Yes: _____ No: _____ If yes, where: _____

Does your child have any special fears? _____

Does your child speak another language besides English? Yes: _____ No: _____

If so what language? _____

Has your child received any vision, hearing, speech or dental screenings in the last year? If yes, which screening(s) has he/she received?

In what way(s) can we help your child during his/her time at St. James
Preschool? _____

Are there any other special needs or considerations St. James Preschool Staff need
to be aware of? _____

Required Health Information:

**A Health Appraisal Form, signed by a Physician and Completed Immunization
Records must be given to St. James Preschool Prior to your child attending
preschool! Immunization records are provided by your physician.**

**Is your child current on all age appropriate vaccines in accordance with Colorado's
immunization requirements for school attendance?**

Yes: ____ No: ____ If **no**, what is the exemption you are claiming? (Additional forms
may be required for these exemptions.) Medical ____ Personal ____ Religious ____ .

***Medical Information:**

(*This next section Must be fully completed!)

***Child's Doctor:** _____ Phone: _____
Address: _____ City _____ Zip _____

***Child's Dentist:** _____ Phone: _____
Address: _____ City _____ Zip _____

***Hospital of Choice:**

_____ Swedish Hospital, 501 E. Hampden Ave. Englewood, 303 788-5000
_____ Rose Medical Center, 4567 E. 9th Ave. Denver, 303 320-2121
_____ Children's Hospital, 1056 E. 19th Ave. Denver, 303 861-8888
_____ Littleton Adventist Hospital, 7700 S. Broadway, Littleton, 303 730-8900
_____ Porter Adventist Hospital, 2525 S. Downing, Denver, 303 778-1955
_____ Sky Ridge Hospital, 10101 Ridgeway Pkwy, Lone Tree, 720 225-1000
Other: _____ Address; _____ Phone; _____

***Health Insurance:** _____ Group Number: _____
Address: _____ City _____ Zip _____
Phone Number: _____ Primary Carrier Name: _____
Primary Carrier Authorized Signature: _____

**Permission From Parents For Medical Treatment,
and Participation in Special Programs**

PARENTS: Please Read, initial each statement, and sign this agreement.

____ I hereby grant permission for my child to use all the play equipment and participate in all of the activities at school.

____ I hereby grant permission for my child to be included in evaluations.

____ I hereby grant permission for my child to be featured in the following ways: pictures connected with the school program displayed in the classroom or hallway, quotes, and artwork.

____ I hereby grant permission for my child's picture to be on the preschool website, used in video tape, and in conference training presentations, (names will not appear on website, video tape or conference trainings).

____ I hereby give permission for my child's address and phone number to be included on a class list which is distributed to staff members and other families in the program.

____ I hereby agree to apply sunscreen on my child before arriving to preschool or will dress my child in protective clothing. If sunscreen needs to be reapplied at school I agree to the staff using Rocky Mountain Sunscreen Broad Spectrum SPF 50.

____ I hereby authorize and understand that the following people have access to my child's records: SJP Staff, sub-contracted registered nurse consultant, Colo. Dept. of Human Services officials, and the Colo. Shines program assessors. (Their access is regulated and necessary to complete regulatory inspections).

____ I hereby grant permission for all the staff at St. James to take whatever steps may be necessary to obtain emergency medical care if warranted.

1. Attempt to contact a parent, guardian or child's physician
2. Attempt to contact you through any of the persons listed on the emergency information form you completed for us.
3. If we cannot contact you or your child's physician we will do any or all of the following: (a) Call our nurse consultant, (b) Call an ambulance, (c) Have the child taken to an emergency hospital in the company of a staff member. Any expenses incurred under number 3, will be borne by the child's family.
4. The school will not be responsible for anything that may happen because of false information given at the time of enrollment.
5. This school will not be responsible for anything that may happen to a child that HAS NOT been signed in when he/she arrives for the day or after he/she has been signed out for the day.

SIGNED: _____ DATE: _____

Compliance Agreement to Rules and Regulations

PARENTS: Please Read, initial each statement, and sign this agreement.

____ I hereby agree to comply with the policies & procedures of St. James Preschool regarding fees, attendance, health/illness, parking, clothing, application of sunscreen and all other items specified in the Parent Handbook.

____ I hereby agree to notify the school one month in advance of withdrawal, should such an event occur.

____ I understand that tuition is an annual fee that **may be paid** in monthly installments. Tuition is due the first day of each month during the preschool year. The tuition will remain the same regardless of the number of days the child attends.

____ I understand that I must provide my child's health appraisal form, signed by a physician and current immunization records prior to my child attending preschool.

____ **If** immunization exemptions are claimed I agree to provide additional forms required by the Colorado Department of Public Health and Environment. (initial only if this applies to you.)

SIGNED: _____ **DATE:** _____
Parent or Legal Guardian