

ENROLLMENT APPLICATION
Gloria Christi Lutheran Preschool/Daycare

Date of Enrollment _____
Class _____
Registration Fee Paid _____ (non-refundable)
Child's Start Date _____

Child's Name _____ Date of Birth _____
 (Last) (First) (Middle) (Name Called)

Child's Social Security # _____ Child's Home Phone # _____

Child's Home Address _____ City _____ Zip _____

Church Membership or Attendance _____ Where You Heard About Our School _____

ATTENDANCE:

PRESCHOOL ONLY: Morning Session (9-11:30):	_____ Mon/Wed/Fri	_____ Tues/Thurs
	_____ Mon/Tues/Wed/Thurs/Fri	
DAYCARE or BEFORE AND AFTER SCHOOL CARE: (Please list approximate times needed)		
Full Time (more than 4 hrs)	Approx. Times: M _____ T _____ W _____ TH _____ F _____	
Part Time (4 hrs or less)	Approx. Times: M _____ T _____ W _____ TH _____ F _____	
Before School (Kind. & Up)	Approx. Times: M _____ T _____ W _____ TH _____ F _____	
After School (Kind. & Up)	Approx. Times: M _____ T _____ W _____ TH _____ F _____	

Names and Ages of Siblings _____

Parents' Marital Status: Married _____ Divorced _____ Separated _____ Widowed _____ Other _____

Child lives with: Both Parents _____ Mother _____ Father _____ Shared Custody _____ Other _____ Please explain arrangement: _____

If divorced, which parent has legal custody? _____ Is the non-custodial parent authorized to pick up child? _____

If yes, please include below or on release form. If no, court documentation will be needed on file.

Parent Information:			
Enrolling Parent/Guardian _____			
	(Last)	(First) (Initial)	(Social Security #)
Relationship to Child: _____	Driver's License #: _____	Social Security#: _____	
Address: _____	City/State: _____	Phone # _____	
Employer: _____	Work #: _____	Extension: _____	
Work Address: _____	City/State: _____	Work Hours: _____	
Cell Phone or Pager #: _____			
Parent/Guardian _____			
	(Last)	(First) (Initial)	(Social Security #)
Relationship to Child: _____	Driver's License #: _____	Social Security#: _____	
Address: _____	City/State: _____	Phone # _____	
Employer: _____	Work #: _____	Extension: _____	
Work Address: _____	City/State: _____	Work Hours: _____	
Cell Phone or Pager #: _____			

Please list any special instructions on reaching parents/guardians: _____

RELEASE AND EMERGENCY INFORMATION

Child's Name _____ Date of Birth _____

Child's Doctor _____ Child's Dentist _____ Hospital of choice _____

Address _____ Address _____ Address _____

Phone _____ Phone _____ Phone _____

Please list any health conditions or limitations, allergies, emotional needs, or behaviors the center should be aware of:

Please note that all efforts will be made in an emergency to contact a parent/guardian first. Other contacts will be made only in the event that a parent can not be reached.

Please list any other persons not already listed that the center may release your child to or call in an emergency if parents can not be reached:

(You must list at least two.)

Name _____ Name _____ Name _____

Relationship _____ Relationship _____ Relationship _____

Address _____ Address _____ Address _____

Phone _____ Phone _____ Phone _____

Name _____ Name _____ Name _____

Relationship _____ Relationship _____ Relationship _____

Address _____ Address _____ Address _____

Phone _____ Phone _____ Phone _____

Persons not authorized by the parents to pick up child from school. It is legal for either parent to pick up a child, unless we have a copy of a court order restricting visitation.

Name _____ Name _____ Name _____

Relationship _____ Relationship _____ Relationship _____

Parent Signature: _____

Date: _____



Gloria Christi Preschool & Daycare
1322 31st Avenue
Greeley, CO 80634
(970) 353-2554

CHILD'S NAME _____
CHILD'S DATE OF BIRTH _____

PARENTAL PERMISSION FORM

Please initial each statement below and sign at the bottom of the page.

- 1) I give permission for my child to receive emergency medical care as needed. I understand that I may be liable for any costs incurred in the event that my child does require emergency medical care. _____
- 2) I give permission for my child's picture to be taken and understand that it may be posted in the preschool/daycare, in the church, in newspapers, brochures, and on the Gloria Christi Website. _____
- 3) I give permission for my child to be transported in the Gloria Christi van for field trips and emergencies. I will provide the proper child safety restraint seat for field trips. _____
- 4) I give permission for my child to take walking trips around and within the neighborhood surrounding Gloria Christi Lutheran Church and Preschool/Daycare. I understand that if children are going to leave the property of Gloria Christi Lutheran Church parents will be notified in advance with the exception of walking trips to Scott Elementary School and the City park adjoining the elementary.

Parent

Signature: _____ Date: _____

TEACHER INFORMATION SHEET

Child's Name _____ Nickname _____ Birthday _____

Address _____ Home Phone _____

Names and ages of other persons in household _____

Special Instructions (As to care, food allergies, medication allergies, tubes, etc.) _____

Child's Favorite Activities, Likes, Dislikes, Fears, etc. _____

Language Spoken at Home _____ Right or Left Handed _____

General Temperament of Child _____

Play Habits _____

Sleeping Patterns/Naps _____

Eating Behavior _____

Major Family Changes (past, present, future) _____

Has your child had previous experience in group care? _____ If yes, please describe _____

In what ways can we help your child this year? _____

Persons designated to pick-up child _____

Persons not authorized to pick-up child _____

Additional Information or Comments _____

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1322 31st Avenue Greeley, CO 80634
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Child's Statement of Health Status

Child's Name: _____ Sex: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Past Illnesses – Check those the child has had and give approximate dates:

Chicken Pox _____	Rubeola _____	Rubella _____
Rheumatic Fever _____	Asthma _____	Hay Fever _____
Diabetes _____	Mumps _____	Epilepsy _____
Whooping Cough _____	Poliomyelitis _____	Other _____

Comments: _____

Surgery/Accidents/Illnesses/Chronic Health Problems: _____

Describe any physical condition requiring the facility's special attention: _____

Medication(s) prescribed: _____

Allergies: _____ and prescribed routine: _____

If tuberculin test given: Date _____ Result: _____

If chest x-ray taken: Date: _____ Result: _____

Vision _____ Hearing: _____

Please record immunizations and dates administered on the Colorado Dept. of Health Certificate of Immunization and attach to this form.

Date of my most recent examination of the child: _____

Signature of licensed physician or other Health Care Professional

Date

Please print:

Name of Physician/Health Care Professional

Telephone #

Address

City

State

Zip

COLORADO LAW REQUIRES THIS FORM BE COMPLETE AND PROVIDED TO THE SCHOOL

Name _____ Date of Birth _____
 Parent/Guardian _____

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT—CERTIFICATE OF IMMUNIZATION

Vaccine		Enter complete date each immunization was given					
Hep B	Hepatitis B						
DTaP/Tdap	Diphtheria, Tetanus, Pertussis						
DT/Td	Tetanus, Diphtheria						
Hib	<i>Haemophilus influenzae</i> type b						
IPV/OPV	Polio						
PCV7	Pneumococcal Conjugate						
MMR	Measles, Mumps, Rubella						
Varicella	Chickenpox						
		Healthcare Provider Documentation Date _____				Lab Verification Date _____	

Vaccines recorded below this line are recommended. Recording of dates are optional.

HPV	Human Papillomavirus						
Rota	Rotavirus						
MCV4/MPSV4	Meningococcal						
Hep A	Hepatitis A						
TIV/LAIV	Influenza						
Other							

To the best of my knowledge, the person named above has received the above immunizations.

DO NOT SIGN UNLESS ALL IMMUNIZATION REQUIREMENTS ARE MET

Signed _____ Title _____ Date _____
 (Physician, nurse, or school health authority)

Table 1. MINIMUM NUMBER OF DOSES REQUIRED FOR CERTIFICATE OF IMMUNIZATION

Vaccine ^a	Level of School/Age of Student											
	Child Care 2 to 3 mos	Child Care 4 to 5 mos	Child Care 6 to 7 mos	Child Care 8 to 11 mos	Child Care 12 to 14 mos	Child Care 15 to 17 mos	Child Care 18 to 23 mos	Preschool 2 to 4 yrs	K-Entry 4 to 6 yrs	Grades K to 5 5 to 10 yrs	Grades 6 to 12 11 to 18 yrs	College
Pertussis/Tetanus/ Diphtheria	1	2	3	3	3	4	4	4	5/4 ^b	5/4 ^{b,c}	6 ^{c,d}	
Polio ^e	1	2	3	3	3	3	3	3	4/3 ^f	4/3 ^f	4/3 ^f	
Measles/Mumps/ Rubella ^g					1	1	1	1	2 ^h	2 ^h	2 ^h	2 ^{h,i}
<i>Haemophilus influenzae</i> type b (Hib)	1	2	2	3/2	3/2	3/2/1	3/2/1	3/2/1				
Pneumococcal Conjugate ^k	1	2	3/2	3/2	4/3/2	4/3/2	4/3/2					
Hepatitis B ^l	1	2	2	2	3	3	3	3	3	3	3	
Varicella ^m					1	1	1	1	2 ⁿ	2 ⁿ	2 ^{n,o}	
Meningococcal												p

a: Vaccine doses administered ≤ 4 days before the minimum interval or age are to be counted as valid.

b: Five doses of pertussis, tetanus, and diphtheria vaccines are required at school entry in Colorado unless the 4th dose was given at ≥ 48 months (i.e., on or after the 4th birthday) in which case only 4 doses are required.

c: For students ≥ 7 years who have not had the required number of pertussis doses, no new or additional doses are required. Any student ≥ 7 years at school entry in Colorado who has not completed a primary series of 3 appropriately spaced doses of tetanus and diphtheria vaccine may be certified after the 3rd dose of tetanus and diphtheria vaccine (or tetanus, diphtheria, and pertussis vaccine if 10 or 11 years) if it is given > 6 months after the 2nd dose.

d: The student must meet the minimum prior requirement for the 4th or 5th doses of diphtheria, tetanus, and pertussis vaccine and have 1 tetanus, diphtheria, and pertussis vaccine dose.

e: For polio, in lieu of immunization, written evidence of a laboratory test showing immunity is acceptable.

f: Four doses of polio vaccine are required at school entry in Colorado unless the 3rd dose was given ≥ 48 months (i.e., on or after the 4th birthday) in which case only 3 doses are required. Four valid doses are a complete series regardless of age at completion.

g: For measles, mumps, and rubella, in lieu of immunization, written evidence of a laboratory test showing immunity is acceptable for the specific disease tested. The 1st dose of measles, mumps, and rubella vaccine must have been administered at ≥ 12 months of age (i.e., on or after the 1st birthday) to be acceptable.

h: The 2nd dose of measles vaccine or measles, mumps, and rubella vaccine must have been administered at least 28 calendar days after the 1st dose.

i: Measles, mumps, and rubella vaccine is not required for college students born before January 1, 1957.

j: The number of Hib vaccine doses required depends on the student's current age and the age when the vaccine was administered. If any dose was given ≥ 15 months, the Hib vaccine

requirement is met. For students who began the series < 12 months, 3 doses are required of which at least 1 dose must have been administered at ≥ 12 months (i.e., on or after the 1st birthday). If the 1st dose was given at 12 to 14 months, 2 doses are required. If the current age is ≥ 5 years, no new or additional doses are required.

k: The number of pneumococcal conjugate vaccine doses depends on the student's current age and the age when the 1st dose was administered. If the 1st dose was administered at: (i) ≤ 6 months, 3 doses are required at 6 to 14 months and 4 doses are required at 15 to 23 months with 1 dose administered on or after the 1st birthday; (ii) 7 to 11 months, 2 doses are required at 6 to 14 months and 3 doses are required at 15 to 23 months with 1 dose on or after the 1st birthday; (iii) 12 to 23 months, 2 doses are required. If the current age is ≥ 2 years, no new or additional doses are required.

l: For hepatitis B, in lieu of immunization, written evidence of a laboratory test showing immunity is acceptable.

m: For varicella, written evidence of a laboratory test showing immunity or a documented disease history from a health care provider is acceptable. The 1st dose of varicella vaccine must have been administered at ≥ 12 months of age (i.e., on or after the 1st birthday) to be acceptable.

n: The second dose of varicella vaccine must have been administered at least 28 calendar days after the 1st dose. See Table 2 for the year of implementation for the second dose of varicella; for school year 2007–2008, the second dose of varicella is only required for kindergarten entry.

o: If the 1st dose of varicella vaccine was administered at ≥ 13 years, 2 doses are required, separated by a minimum of 4 to 8 weeks.

p: Information concerning meningococcal disease and the meningococcal vaccine shall be provided to each new student or if the student is under 18 years, to the student's parent or guardian. If the student does not obtain a vaccine, a signature must be obtained from the student or if the student is under 18 years, the student's parent or guardian indicating that the information was reviewed.