



Parent Handbook 2012-2013



Serving Broomfield with Two Locations:
Paul Derda Recreation Center
Broomfield Community Center

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Welcome to the Early Learning Program

Welcome to the Early Learning Program. We are looking forward to new beginnings for your child. For many children, this is their first experience in a preschool environment and we want it to be successful for them. At this age, learning to separate from parents and beginning to interact in a group setting is a big step in the developmental process. Your child's development is our biggest concern and we are here to help them grow as learners. Please feel free to contact us with any questions or concerns; we want you, as parents, to be our partners in this learning adventure with your child!

What you can expect from us:

As you read through this handbook, we have tried to give you all the necessary information for the school year. Our philosophy of education is a driving force in the preschool curriculum. We strive to teach children through an age appropriate curriculum that encourages social, emotional, intellectual and physical growth. We provide a safe and healthy learning environment for your child. We focus on positive interactions with all the children and we encourage a sense of independence as well as a sense of responsibility in each child. We dedicate each day to being the best possible preschool provider in the community that we serve. We see parents as our partners in each child's education and we value your input and always try to keep the communication lines open.

What we need from you:

Aside from promptly filling out and returning all the paperwork for registration, we would like to ask that you:

- Try to be prompt in dropping off and picking up your child from preschool
- Inform us of any changes at home or illnesses that may affect your child's day at school
- Contact the school if your child is going to be absent
- Be informed of activities by regularly consulting the calendar we provided
- Follow rules for snacks to keep a "peanut free" environment
- Contact your child's instructor about any issues or concerns

INFORMATION ABOUT THE PROGRAM

Locations: **Broomfield Recreation Center**
280 Lamar St.
Broomfield, CO 80020

Paul Derda Recreation Center
13201 Lowell Blvd.
Broomfield, CO 80020

Contacts: **Kim Evelsizer**
Early Learning Supervisor
303-460-6911
kevelsizer@broomfield.org

Diane Sorge
Preschool Director
303-464-5545
dsorge@broomfield.org

Licensing

The Early Learning program is licensed through the Colorado Department of Human Services. We are required to maintain licensing standards including correct staff to child ratios. We offer preschool for children ages 2 ½- 5 years of age.

Weather Policy

If the weather is severe and requires closure by Boulder Valley School District, the City & County of Broomfield web site will announce the closure of the preschool. You may also learn of closure through local radio and television stations. Dialing 303-460-6911, Kim Evelsizer's phone, will be another contact with weather closure updates.

POLICIES AT THE EARLY LEARNING PROGRAM

1. Sign in and out procedures

Parents must accompany their child (ren) into the classroom and sign them in and out each day. This is a requirement of the Colorado Department of Human Services. Accompanying your child is a critical component to your child's safety. ONLY authorized adults, as listed on your child's enrollment form, will be allowed to pick up your child. Persons unknown to staff of our program will be asked to show ID. Authorized persons must be 18 yrs old. You need to provide at least 2 adults available to pick up your child. To authorize an alternate person to pick up your child, you may add them to the list or provide written consent that includes the person's name, the specific date(s), and your signature. Verbal consent will be accepted only in emergencies.

If an unauthorized individual comes to sign a child out, the child will remain in the program until the parents can be contacted for permission or someone with proper authorization comes for the child.

Please try to be prompt when dropping off and picking up your child. All children are under direct supervision at all times.

2. Absences

It is the parent's responsibility to inform the preschool program staff of their child's absence. Please connect with each classroom to share the information.

Broomfield Community Center Phone Number: 303-464-5507

Paul Derda Recreation Center Phone Number: 303-460-6917

3. Nondiscrimination

We welcome participants to our program regardless of religion, gender, ethnic background, disability or sexual orientation. The Early Learning Program is dedicated to supporting the goals of the Americans with Disabilities Act. Please refer to the inclusion statement if your child may require special accommodations for participation. Contact Kim Evelsizer at 303-460-6911 at least 2 weeks prior to the start of school to set up a meeting and verify needs and/or medications.

4. Inclusion Statement

The mission of the Early Learning Program is to provide a safe and secure environment for all children to explore and achieve success through a variety of educational activities. We believe in providing quality programs for every participant.

Accommodations:

The Early Learning Program staff will make every effort to provide reasonable accommodations. These include, but are not limited to, staff training, additional staff supervision, consulting with families and taking other steps to ensure a safe and enjoyable experience for children. We are unable to provide personal care.

4. Medication policy

Please administer medication for your child **BEFORE** class. If medication does need to be given during class, a medication permission slip, signed by a physician, must be received before medication will be given to any child. Parents need to meet with the Early Learning Supervisor and Director in advance to set up a Health Care Plan specific to your child. If the proper paperwork has not been completed, parents will be notified and asked to return to school to administer the medication! **PLEASE** try to arrange medication dosage schedules so they do not interfere with school time if at all possible. This is in your child's best interest so that he/she can participate in class without interruption. Medications will be kept in a locked cabinet away from the children. The medication must be in its original container that bears the name of the pharmacy on the label, along with the prescription number, name of medication, date filled, physician's name, child's name and directions for use. The Early Learning registration packet contains an immunization form **REQUIRED** by the State of Colorado. This form **MUST** be signed by your doctor. Please be sure to have this completed prior to the first day of class.

If a parent or guardian of a child wishes an exemption from the requirement for immunization due to religious or personal beliefs, a written statement signed by the child's parent or guardian which states the reason for such an exemption and also states that the child is in good health must be submitted to the Early Learning Program. The center has the right to refuse to admit the child if a statement from an approved health care professional is not submitted. These rules are set by the state of Colorado.

4. Illness

Please keep your child at home if he/she shows signs of illness including an elevated temperature. For the safety of all children in the program, children with contagious illness will not be allowed to return to the program without written permission from a doctor **OR** for 24 hours after the administration of medication. We report all **COMMUNICABLE DISEASES** to the Broomfield County Health Department. The Health Department will determine the necessary and appropriate actions as the situation requires. **IN CASE OF A MEDICAL EMERGENCY**, 911 will be called and every effort will be made to reach the parents as identified on the emergency form. If all efforts to reach the parents have failed, the Early Learning Staff will take the steps necessary to be certain the child receives care, including: staff continuing to attempt to reach a parent, staff contacting anyone on the authorized pick up list, staff contacting the child's physician by phone and if necessary, paramedics will be called for emergency assistance.

Illnesses and injuries will be documented by staff.

5. Field trips

Field trips will be taken once or twice yearly. These trips will **REPLACE** original class time. Parents will transport their children to and from the field trip and may be asked to stay during the field trip. We will not provide transportation to any event or outing.

6. Custody Situations

In the event of shared custody arrangements, it is assumed that both parents are in agreement with the child(ren) attending the program and may be dropping off or picking up children. The City and County of Broomfield will not interpret or mediate any conflicts regarding custody or parenting time disputes. If there are any custodial arrangements that may affect the child during the participation of the program, **it is the responsibility of the enrolling parent** to make the staff aware of all such arrangements and provide legal documentation where necessary.

7. Child Abuse and Neglect

As required by law, staff members must report abuse or neglect of children to the Broomfield County Department of Social Services. A report demonstrates that there is just cause for concern and should not be interpreted as an accusation toward the parents. Your child's welfare is **ALWAYS** our first concern!

8. Late parent procedures

Please bring your child to school on time and return for pick up at the scheduled time. This helps staff be able to have some time to prepare for the next class. In the event that a person does not pick up his/her child within 15 minutes of the scheduled end of class, the staff will start making necessary phone calls from the contacts you have listed on the emergency form. If the parents or emergency contacts cannot be reached within 30 minutes after class has ended, the Early Learning Supervisor will contact the Broomfield police department. EVERY reasonable effort will be made to contact the parents or emergency contacts, before that step would be taken.

9. Lost Children/ Natural Disasters

All teachers are trained in the established safety procedures. Drills are held once a month to familiarize staff and children on procedures to follow in the event of an emergency such as fire, tornado, or severe weather. The following steps will take place in the event of a lost child:

- A. Specific procedures for responding to the crisis will occur.
- B. Notification of the Recreation Supervisor will be immediate. The Recreation Supervisor will notify the police.
- C. Local authorities will begin work immediately.
- D. Emergency transportation will be provided.
- E. Children's parents or guardians will be notified promptly.

When teachers hear the tornado siren or are alerted by facility staff that there is a tornado warning, children will be moved to the designated Recreation Center tornado safe spot. Preschool staff will take attendance once they are safely in the designated area. Once the Recreation Center receives an all-clear signal from facility staff or the Police Department, children will return to the classroom.

CLASSROOM PROCEDURES

1. Safety and Accountability

All children are under direct supervision at all times. All staff will be taking “head counts” throughout the day to monitor that all children are present. If a child is missing or lost from his/her class, the Early Learning Supervisor will notify parents/guardians as well as the Broomfield police. Within 48 hours, the Supervisor will submit a written report to the Colorado Department of Social Services.

2. Appropriate clothing

Appropriate clothing is necessary for your child to fully participate in the program. Please remember that we do ‘messy’ activities that could possibly damage very good clothes, and also remember that shoes need to be suitable for play outside or in the gym. Also, don’t forget that Colorado weather is ever changing and a coat is a good precaution for those days when it suddenly turns cold.

3. Conduct/Behavior

We use positive methods of guidance to encourage independence and a sense of responsibility. Redirection is a way to remove a child from an area and to a more appropriate activity.

- A. Communicating with the child about the situation is important so that the child understands the problem. We will do this privately so that embarrassment in front of the entire class is avoided.
- B. If necessary, parents may need to be involved in a “behavior plan” to help the child be successful in the preschool.
- C. Staff will document all significant behavior issues.
- D. Physical punishment IS NOT TOLERATED HERE AT THE EARLY LEARNING PROGRAM.

It is the parent’s responsibility to inform the Early Learning Supervisor if the child has any behavioral, mental or physical issues that could affect his/her daily participation in activities. These issues must be listed on the emergency form. Failure to do so may result in the child’s dismissal from the program.

4. Snacks

Please have children bring their own healthy snacks and drink to class every day. The preschool program will provide a snack if the child forgets on occasion. PLEASE do not bring snacks with any “nut products” in them. Some children in our program have **severe** allergies to peanuts.

5. Communicating with Parents

Staff will keep parents informed of their child’s progress through several methods, including: conversations with parents before and after class, progress reports at the end of the year, conferences with the parents, written notes sent home, emails or telephone calls. We make every effort to keep the communication between staff and parents open. We hope you will always feel comfortable contacting your child’s teacher. We are partners in your child’s education.

6. Sunscreen

During sunny weather, sunscreen should be applied to your child before coming to class. Please complete the required authorization, included with registration materials, for the Early Learning staff to apply sunscreen to your child as needed.

7. Volunteers and Visitors

We do encourage parents to volunteer! All volunteers must set up time with the instructor before volunteering in the class. All visitors and volunteers are required to sign in and out on the visitor’s log, and will be expected to present photo identification at the time of arrival. All volunteers will be supervised by the Early Learning staff and given necessary instructions regarding the policies and procedures in the classroom.

8. Personal Items

Teachers are not responsible for lost, stolen or damaged items brought to the program. Parents are discouraged from allowing a child to bring personal items to class. Check with the instructor for special activity days when these items may be brought.

9. Restroom usage

The Early Learning program prefers that children are potty trained. If your child is not potty trained, please speak with the instructor prior to the first class. Also, PLEASE take your child to the restroom before class begins. We will take the children to the restroom during the 2-3 hour class as a group and then as needed. It is very helpful if children can use the restroom just once during the session when the entire group goes. This cuts down on the interruption of an instructor taking children throughout the session.

10. TV Viewing

On occasion, the Early Learning Program will watch a video related to the theme being studied. This film will have been previewed by the teachers. A parent or guardian will be asked to sign a permission slip to allow the child to view the videos.

11. Complaints

Complaints regarding suspected licensing violations must be reported to the Colorado Department of Human Services Division of Child Care. The address is 1575 Sherman St, Denver, Co. 80203-1714 (phone 303-866-5958)

Complaints regarding child abuse: 720-887-2271.

Complaints regarding the classroom programs need to be reported to: Kim Evelsizer, Early Learning Supervisor at 303-460-6911 or kevelsizer@broomfield.org.



City and County of Broomfield Early Learning 2012-2013 Family Calendar



September 2012						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

October 2012						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

November 2012						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

December 2012						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

January 2013						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

February 2013						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28		

March 2013						
S	M	T	W	Th	F	S
		1	2			
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

April 2013						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

May 2013						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Key:

No School

September 3rd: Labor Day

November 19th-23rd: Thanksgiving Break

December 17th-January 1st: Winter Break

January 21st: Martin Luther King Jr. Day

February 18th: President's Day

March 25th-28th: Spring Break

Open House (45 min only)

September 4th (7th Classes and Journey)

September 5th (MWF Classes)

School Starts:

September 5th: Journey

September 6th: 7th Classes

September 7th: MWF Classes

Family Day Events

September 4th & 5th-Open House/Family Craft

October 4th & 5th: Bike Day/FLEET Visit

October 11th & 12th: Pumpkin Patch (No School)

October 30th & 31st: Fall Festival (last 45 min)

December 15th: Holiday Program

January 17th & 18th: Popcorn and Pajamas

February 13th & 14th: Valentine's Celebration

March 14th & 15th: St. Patrick's Celebration

May 2nd & 3rd: Field Day

Community Helpers

February 19th-22nd

Lil Angels Pictures

November 5th-9th: Individuals

April 4th & 5th: Whole class

Assessments Home to Parents

December 13th & 14th (3s and Journey)

May 14th & 15th (3s, PreK and Journey)

Graduation-May 16th & 17th

All dates and events are subject to change. Notice will be given in a timely manner.

In case of severe weather, please watch the local news for Boulder Valley (BVSD) closures. If they close the schools, we will be closed.

303-460-6901 PDRC Front Desk
303-464-5501 BCC Front Desk

Kim Evelsizer 303-460-6911
Early Learning Supervisor

Diane Sorge 303-464-5545
Preschool Director



CITY AND COUNTY OF BROOMFIELD
EARLY LEARNING
EMERGENCY INFORMATION SHEET

1. Child's Name: _____ Nickname: _____

2. Sex: ___ Age: ___ Date of Birth: _____ Hair Color _____
Phone (hm) # _____ - _____ - _____ Cell # _____ - _____ - _____

3. Home Address: _____

4. Father's Name: _____ Phone #(if different) _____ - _____ - _____
Father's Address (if different): _____
Place of Employment: _____
Address _____ Phone# _____ - _____ - _____

5. Mother's Name: _____ Phone # (if different) _____ - _____ - _____
Mother's Address (if different): _____
Place of Employment: _____
Address _____ Phone# _____ - _____ - _____

6. Child's Physician: _____ Phone # _____ - _____ - _____
Address of Physician: _____

Name of Child's Dentist: _____ Phone# _____ - _____ - _____
Address of Dentist: _____
Name of Preferred Hospital: _____

7. Person to contact when parent cannot be reached: _____
Home phone# _____ - _____ - _____ Work phone# _____ - _____ - _____
Relationship to child: _____

8. Person(s) authorized to pick up child:

Name	Relationship	Phone#	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. Person(s) NOT authorized to pick up child:

Early Learning Programs Parent Agreement

Child's Name _____ **Phone** ____ - ____ - _____

Date of Birth _____ **Address** _____

Parents please read, initial, and sign the following agreement form.

- ____ 1. I understand all information given to me for enrollment purposes and agree to comply with the rules and regulations of the Early Learning Programs.
- ____ 2. I agree to give my child permission to participate in all program activities and use all of the equipment provided by the Early Learning Programs.
- ____ 3. I agree to comply with the procedures regarding program hours. I understand that I need to bring and pick up my child promptly from class.
- ____ 4. I agree to give the teachers in the program information regarding my child's health such as allergies, immunization records, etc.
- ____ 5. I agree with the registration policy that states that if my child attends at least half of the classes, I will not be reimbursed for that class session.
- ____ 6. I agree with the snack policy, knowing that I need to provide a snack and drink for my child daily. "Special treats" for the class will be store bought.
- ____ 7. I agree to let my child take walking field trips near the recreation center. My child will not be transported for field trips.

Guardian Signature

Date

Children with Disabilities

THIS FORM MUST BE SIGNED BY ALL ENROLLING PARENTS

The City and County of Broomfield policy is to accept all children in compliance with the ADA, Americans with Disabilities Act. This organization provides and implements regulations concerning services for the disabled through federal, state and/or local laws.

During the time of enrollment, The City and County of Broomfield management staff can review and interview the parent/guardian about the child joining our center. At this time, the guardian/parent and management staff can discuss and/or discover any special needs to which your child may have. It is the obligation of the guardian/parent to inform management during such time as to any known disabilities coinciding with his/her emotional, physical, cognitive and/or social abilities.

Through consideration of both long-term and immediate care for the child, the center director and guardian/parent of the child can meet terms in a schedule that would best accommodate the child and his/her best interest in regards to his/her disability. If enrollment is established the guardian/parent is required to meet with the child's teacher on a weekly basis to evaluate progress and/or other issues regarding the child.

If for any reason the child is unable to adjust to a group setting, whether he/she requires medical supervision and/or treatments or if he/she poses a risk for the health and safety of the other children and/or the atmosphere is not meeting the best interests of the child and his/her disabilities, The City and County of Broomfield reserves the right to give a week's notice prior to disenrollment.

I hereby have read, understood and agree to follow and comply with The City and County of Broomfield Disability and Procedures policy.

Guardian Signature _____ Date _____

Director Signature _____ Date _____

Sunscreen Permission Slip

The Early Learning Program asks that parents apply sunscreen before class. In the event that the Early Learning Program applies sunscreen, parents will provide the labeled sunscreen and sign below stating that permission is given.

I give my permission for the Early Learning Programs to apply the brand _____ of sunscreen to my child as needed.

Television and Movie Policy

As part of the Early Learning Program policy, we periodically watch videos which are related to the curriculum theme. All videos are rated G and are only shown for a maximum of thirty minutes. Television is not part of the Early Learning Program curriculum.

I give my permission to allow my child to watch videos related to the theme at the Early Learning Programs.

Early Learning Programs Photography and Video Permission Slip

I give my permission for the Early Learning Program to photograph and/or video tape my child during class. I understand that there is no compensation paid by the Early Learning Program or any other party to my child, myself, and/or any person on behalf of my child with the respect of the usage of my child's images. I understand that the photographs may be used as promotional usage including, but not limited to, advertising purposes.

Taking Walks with the class near the center

I will allow my child to participate in supervised walks within a one mile area surrounding the recreation center.

By signing this form, you are allowing permission for all of the above activities.

Please contact the instructor if you do not wish to sign.

Child's Name

Parent Signature

COLORADO LAW REQUIRES THAT THIS FORM BE COMPLETED FOR EACH STUDENT ATTENDING COLORADO SCHOOLS

Name _____ Date of Birth _____

Parent/Guardian _____

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT—CERTIFICATE OF IMMUNIZATION

Vaccine		Enter the month, day and year each immunization was given					
Hep B	Hepatitis B						
DTaP	Diphtheria, Tetanus, Pertussis (pediatric)						
DT	Diphtheria, Tetanus (pediatric)						
Tdap	Tetanus, Diphtheria, Pertussis						
Td	Tetanus, Diphtheria						
Hib	Haemophilus influenzae type b						
IPV/OPV	Polio						
PCV	Pneumococcal Conjugate						
MMR	Measles, Mumps, Rubella						
Varicella	Chickenpox						
Vaccines recorded below this line are recommended. Recording of dates is encouraged.							
HPV	Human Papillomavirus						
Rota	Rotavirus						
MCV4/MPSV4	Meningococcal						
Hep A	Hepatitis A						
TIV/LAIV	Influenza						
Other							

THIS SECTION CAN BE COMPLETED BY CHILD CARE/SCHOOL/HEALTH CARE PROVIDER

- A) Child Care Up to Date**
Up to date through 6 months of age for Colorado School Immunization Requirements _____ Update Signature _____ Date _____
- B) Child Care Up to Date**
Up to date through 18 months of age for Colorado School Immunization Requirements _____ Update Signature _____ Date _____
- C) Child Care/Pre-school/Pre-K***
Up to date for Child Care/Pre-School/Pre-K for Colorado School Immunization Requirements _____ Update Signature _____ Date _____
- D) Complete for K–5th Grade**
Up to date for K–5th Grade for Colorado School Immunization Requirements _____ Update Signature _____ Date _____

* If age 4 years and fulfills Requirements for Pre-School & Kindergarten, check BOTH Boxes C and D.

HAS MET ALL IMMUNIZATION REQUIREMENTS FOR COLORADO SCHOOLS (6TH GRADE OR HIGHER)

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

STATEMENT OF EXEMPTION TO IMMUNIZATION LAW (DECLARACIÓN RESPECTO A LAS EXENCIONES DE LA LEY DE VACUNACIÓN)

IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS MAY BE SUBJECT TO EXCLUSION FROM SCHOOL AND TO QUARANTINE.
SI SE PRESENTA UN BROTE DE LA ENFERMEDAD, ES POSIBLE QUE A LAS PERSONAS EXENTAS SE LES PONGA EN CUARENTENA O SE LES EXCLUYA DE LA ESCUELA.

MEDICAL EXEMPTION: The physical condition of the above named person is such that immunization would endanger life or health or is medically contraindicated due to other medical conditions.

EXENCIÓN POR RAZONES MÉDICAS: El estado de salud de la persona arriba citada es tal que la vacunación significa un riesgo para su salud o incluso su vida; o bien, las vacunas están contraindicadas debido a otros problemas de salud.

Medical exemption to the following vaccine(s):

La exención por razones médicas aplica a la(s) siguiente(s) vacuna(s):

Signed (Firma) _____ Date (Fecha) _____
Physician (Médico) _____
 Hep B DTaP Tdap Hib IPV PCV MMR VAR

RELIGIOUS EXEMPTION: Parent or guardian of the above named person or the person himself/herself is an adherent to a religious belief opposed to immunizations.

EXENCIÓN POR MOTIVOS RELIGIOSOS: El padre o tutor de la persona arriba citada, o la persona misma, pertenece a una religión que se opone a la inmunización.

Religious exemption to the following vaccine(s):

Exención por motivos religiosos de la(s) siguiente(s) vacuna(s):

Signed (Firma) _____ Date (Fecha) _____
Parent, guardian, emancipated student/consenting minor
(Padre, tutor, estudiante emancipado o consentimiento del menor)
 Hep B DTaP Tdap Hib IPV PCV MMR VAR

PERSONAL EXEMPTION: Parent or guardian of the above named person or the person himself/herself is an adherent to a personal belief opposed to immunizations.

EXENCIÓN POR CREENCIAS PERSONALES: Las creencias personales del padre o tutor de la persona arriba citada, o la persona misma, se oponen a la inmunización.

Personal exemption to the following vaccine(s):

Exención por creencias personales de la(s) siguiente(s) vacuna(s):

Signed (Firma) _____ Date (Fecha) _____
Parent, guardian, emancipated student/consenting minor
(Padre, tutor, estudiante emancipado o consentimiento del menor)
 Hep B DTaP Tdap Hib IPV PCV MMR VAR

**EARLY LEARNING
HEALTH STATEMENT**



Children who enroll in the Early Learning program must submit a signed and dated statement of the child's health status which indicates the child's abilities and/or limitations to participate in the regularly scheduled activities associated with the program. This report is to be filled out by a physician or other health care professional who has seen the child in the last twelve months. **You must attach a copy of your immunization records to this form.**

Child's Name: _____ Sex: _____ D.O.B. _____

Physician's Name: _____

Physicians Address: _____ Phone: _____

MEDICAL HISTORY	ALLERGIES	IMMUNIZATIONS
(check off illness child has had)	(nature & prescribed routine)	(month/year of last booster)
<input type="checkbox"/> Chicken Pox <input type="checkbox"/> Measles <input type="checkbox"/> Rubella <input type="checkbox"/> Hay Fever <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Asthma <input type="checkbox"/> Epilepsy <input type="checkbox"/> Mumps <input type="checkbox"/> Poliomyelitis <input type="checkbox"/> Whooping Cough <input type="checkbox"/> Diabetes	<input type="checkbox"/> Food _____ _____ <input type="checkbox"/> Penicillin _____ _____ <input type="checkbox"/> Insect Bites _____ _____ <input type="checkbox"/> Other Drugs _____ _____	DPT _____ MMR _____ Polio _____ TB Test _____ Other _____

Surgery/Accidents/Illnesses/Chronic Health Problems: _____

Is the child on any medications? _____ (explain) _____

Physical limitations _____ Describe _____

Dietary limitations _____ Describe _____

Vision _____ Hearing _____

I will not allow my preschool child to attend if he/she becomes exposed to any contagious disease or if, for any reason, I do not consider my child to be in good physical condition.

Signature of parent or guardian

Date

Date of most recent examination of child: _____

Signature of Licensed physician

Date

EARLY LEARNING AUTHORIZATION FOR ADMINISTRATION OF MEDICATION
OPTIONAL FORM



For children who need to take over the counter or prescription medication during day camp, this form needs to be completed in its entirety by a parent/guardian and physician before any medication can be given by staff members. If the form is incomplete or not on file, the parent will be asked to return to Early Learning to administer the medication regardless of the child's age.

Health Care Provider Authorization to Administer Medication

Child's Name _____ Medication _____
Dosage _____ Time(s) given (we cannot use "as needed") _____
Duration _____ Special Instructions _____
Purpose of Medication _____
Side effects that need to be reported _____
Special Instructions _____
Licensed Prescriber's Name: _____ Phone # _____
Physician/Health Care Professional Signature _____ Date _____

Parents, Please Complete This Section

The parent/guardian of _____ ask that the preschool staff give the
(child's first & last name)
following medication _____ at _____
(Name of medication, one medication per sheet) (Time)

to my child, according to the Health Care Provider's signed instructions on this form.

Prescription medications must come in the original container labeled with: child's name, name of medicine, time medicine is to be given, dosage, and date medicine is to be stopped and licensed health care provider's name. Pharmacy name and phone number must also be included on the label. Ask your pharmacist for a separate medicine bottle to keep at camp.

Over the counter medication must be labeled with child's name. Dosage must match the signed health care provider authorization, and medicine must be packed in the original container.

By signing this document, I give permission for my child's health care provider to share information about the administration of this medication with the preschool staff.

(Parent/Guardian Printed Name) (Parent/Guardian Signature) (Date)

(Home Phone) (Work Phone) (Cell Phone)