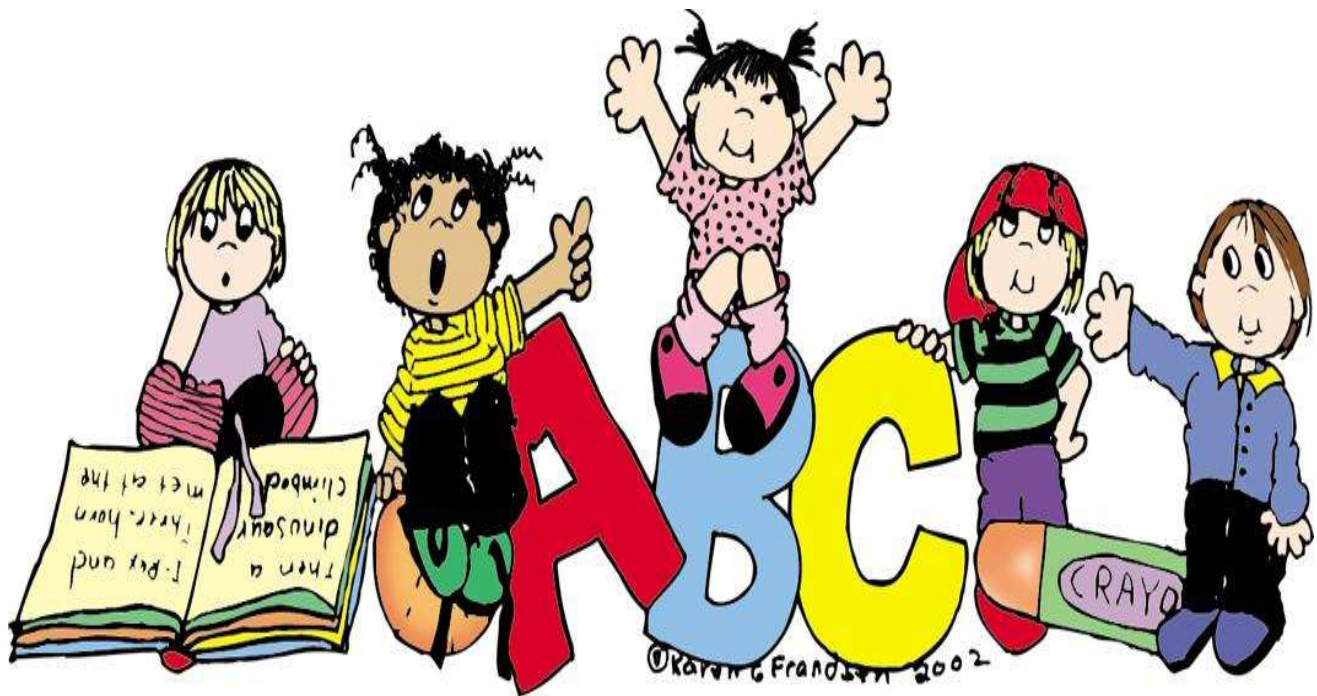


# 2021-2022 Enrollment Packet



## Kremmling Preschool

715 Kinsey Avenue

P.O. Box 636

Kremmling, CO 80459

(970) 724-9483

[www.kremmlingpreschool.org](http://www.kremmlingpreschool.org)

Dear Parents,

We are happy to welcome you and your child to the Kremmling Preschool! We hope to make your experience here positive and rewarding. Enclosed in this packet, you will find all the forms needed for your child to enroll for the 2021-2022 school year. Included are:

1. Enrollment Form
2. Enrollment contract and agreement
3. General Health Appraisal (required by law...this **must** be signed by a physician or other medical professional)
4. Consent Form
5. Release
6. Toileting Policy
7. Parent Handbook (please keep this at home to refer back to for the year)

Please fill out each form completely and return to the director. **These forms must be accompanied with a registration fee of \$25. Remember, this \$25 fee holds your spot on the class roster.**

We thank you for your participation and look forward to having your child in the Preschool this year.

Respectfully,

Your Preschool Board

# ENROLLMENT FORM

Date of Enrollment: \_\_\_\_\_

**Parent/Guardian First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_ POB: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

Employer Address: \_\_\_\_\_

**Parent/Guardian First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_ POB: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Are Parents Living Together:      Yes    No

\*\*\*Anyone who **MAY NOT** pick up your child: \_\_\_\_\_

\*\*\*Anyone who **MAY** pick up your child: \_\_\_\_\_

Emergency Contact Name & Address	Phone Number	Relationship to Child	Authorized to Pick Up Child?	
			Yes	No
			Yes	No
			Yes	No
			Yes	No

**Child enrolling:**

**First Name:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **Last:** \_\_\_\_\_

**Gender:**    Male                  Female      **Race:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**\*\*\*Must be 3 years or older on or before September 1<sup>st</sup> to enroll in preschool\*\*\***

**Programs:** 3 y/o **Morning Half Day** Session (7:50am-11:00am) Days: **M T W Th**  
4 y/o **Afternoon Half Day** Session (12:15pm-3:45pm) Days: **M T W Th**  
4 y/o **Full Day Extended** Session (7:50am-3:45pm) Days: **M-Th attendance only**

**Middle Park Health, 214 S. 4<sup>th</sup> St., is the hospital we will use in the event of an emergency.**

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Any Known Allergies: \_\_\_\_\_ Severity: \_\_\_\_\_

Treatment: \_\_\_\_\_

Any Medical Concerns: \_\_\_\_\_

Other Children in the Family: \_\_\_\_\_ Ages: \_\_\_\_\_

\_\_\_\_\_ Ages: \_\_\_\_\_

Does your child have any previous experience in group care? **Yes** **No**

Child usually goes to bed at \_\_\_\_\_ p.m. and gets up at \_\_\_\_\_ a.m.

Child: **Does** **Does Not** take a nap Child's appetite is: **Good** **Variable** **Poor**

Language spoken at home: \_\_\_\_\_

Please provide any information or medical concerns that might be helpful for your child's experience at the Kremmling Preschool.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This application MUST be accompanied with a signed General Health Appraisal (physical medical statement) and current immunizations.**

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

## Enrollment Contract and Tuition Agreement

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Age: \_\_\_\_\_

Children must enroll a **minimum of two days for the half day sessions and all four days for the extended full day session**. Three-year old's must have turned three (3) on or before September 1<sup>st</sup>, and pre-kindergarteners must have turned four (4) on or before September 1<sup>st</sup>. Please **CIRCLE** the choice of days you would **LIKE** your child to attend preschool (**availability may be limited**). **These days are not guaranteed.**

Morning Class Session (3-year old's):	Monday	Tuesday	Wednesday	Thursday
Afternoon Class Session (Pre-K):	Monday	Tuesday	Wednesday	Thursday
Full Day Extended Session (Pre-K):	Monday through Thursday (required)			

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I choose to enroll my child in the Kremmling Preschool with the understanding that I will pay a monthly tuition fee, less any tuition assistance I am awarded, and that I will help fundraise at least **eight hours (8)** during the preschool year. The cost of preschool is as follows: (no debit or credit cards accepted)

<u>Morning Classroom:</u> (3 by September 1 <sup>st</sup> )	2 days/week = \$95 per month
	3 days/week = \$145 per month
	4 days/week = \$190 per month

<u>Afternoon Classroom:</u> (4 by September 1 <sup>st</sup> )	2 days/week = \$115 per month
	3 days/week = \$170 per month
	4 days/week = \$225 per month

<u>Full Day Extended Class:</u>	4 days/week = \$400 per month
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If your child is four (4) years old on or before September 1<sup>st</sup> this year, you may choose the full day extended session. If your child's preschool tuition is being paid by CPP (Colorado Preschool Program) or BOCES (children with an IEP), and you opt to enroll your child in the extended full day session, there will be an additional charge to the parent of \$175 per month, as CPP/BOCES only cover the charge for half-day session.

**\*\*\*There is a \$25 registration fee to enroll\*\*\* Tuition is due on the 1<sup>st</sup> of each month.** A late charge of \$15 will be assessed after the 5<sup>th</sup>. I understand that my child will be dropped from enrollment if tuition is not paid by the 15<sup>th</sup> of the month. I understand that there are no discounts if my child misses one or more of his/her normally scheduled days. I also understand that I will be charged \$15 for the first one to fifteen minutes I am late picking my child up from preschool and \$5 for each additional five minutes after that. These late charges will be added to your next tuition statement. I understand that my child will not be allowed to return to preschool if these late charges are not paid on my next tuition statement. I also understand that I will be charged \$120 or \$15/hour (and agree to pay) for **eight hours (8)** of fundraising, **due on or before the first day of school, August 31, 2021.** I understand that as I work the required **eight (8) fundraising hours** and have them documented by the office; I will be credited \$15/hour up to the \$120 I initially put on my account. The first four fundraising hours should be completed by the end of December. The remaining four fundraising hours are due by the end of April. You may complete all eight hours at one time if available. Any credit from these hours may be used toward May's tuition. I understand that if I am receiving a tuition scholarship or special funding, a refund check will be issued back to me if I have a credit from fundraising hours. I have read this entire document and understand what is expected of my child and me, by choosing to enroll him/her in the Kremmling Preschool. I agree to the terms listed above.

The undersigned represents and warrants that I am the natural parent or legal guardian of the minor child; that I have the authority to enroll my child in the Kremmling Preschool; and that all of the information given to the Kremmling Preschool is true and accurate.

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Parent or Legal Guardian Signature

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Date

## Consent Form

### **1. Parent's Agreement**

I consent to the enrollment of my child \_\_\_\_\_ in the Kremmling Preschool (the Preschool), and I agree that the Preschool is not responsible for sickness or accidental injury to my child while in attendance at the Preschool, or for any liability arising out of any untrue statements made by me

### **2. Authorization of Emergency Medical Care**

I give permission to the Preschool, in its sole discretion, to contact a doctor, ambulance service, emergency room, hospital service, or dentist for medical or surgical care for my child should an emergency arise, and to provide such health care provider with my insurance information. I understand and agree that the expenses of emergency medical treatment or care will be my responsibility.

### **3. Permission for trips & special activities**

I give permission for my child to go on trips away from the premises of the Preschool, in the company of the Staff, on foot or in an insured vehicle that abides by all state laws. Staff will maintain supervision during the entire activity.

### **4. Permission for developmental screening**

I give permission for my child to be screened by professionals in the areas of language, hearing, and vision. I also give permission for my child to be screened for potential developmental and behavior problems. I understand there is no cost for this community service.

### **5. Permission for sunscreen**

I give permission for the Staff to apply sunscreen with at least an SPF 15 and/or insect repellent to my child. Failure of the Staff to apply sunscreen and/or insect repellent shall not be cause for any liability on the part of the Preschool or its Staff.

### **6. Video viewing consent**

I give permission for my child to view age appropriate videos on an occasional basis with regular Staff supervision.

### **7. Photo Release/Consent**

I give permission to use pictures of my child taken while in attendance at the Preschool for official use. I understand that my child's photo may be printed and published in newspapers, magazines, social media, and/or miscellaneous publications that are for public relations purposes for the Preschool.

### **8. Snacks**

I understand that foods may be brought in by the families of other children at the Preschool and I agree that such foods, consistent with the provisions of the Preschool Parent Handbook, may be given to my child.

### **9. Discipline**

I understand and agree that my child may be disciplined by the Staff, consistent with the provisions of the Preschool Parent Handbook.

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Parent or Legal Guardian Signature

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Date

# Release

**(THIS IS A LEGAL DOCUMENT WHICH AFFECTS YOUR RIGHTS.  
READ IT CAREFULLY.)**

THE UNDERSIGNED represents and warrants that I am the natural parent or legal guardian of \_\_\_\_\_, (the minor child), and that I am authorized to sign this Release on his/her behalf.

I understand that there are possible risks and danger involved with the attendance of the minor child at the Kremmling Preschool (the Preschool) and in the participation in or as a spectator of any of the programs in the Preschool. Such risks and dangers include possible injuries, illness, or death or damage to or loss of personal property. Regardless of such risks and danger, I have voluntarily chosen to enroll the minor child in the Preschool.

In consideration of having the minor child enrolled in the Preschool and being permitted to participate in or being a spectator at its programs, I hereby release, discharge, waive, and covenant not to sue, for myself, the minor child attending the Preschool and my heirs, personal representatives, successors and assigns, the Kremmling Preschool, Incorporated, its officers, Directors, representatives, agents, employees, instructors and assistants from any and all liability of any nature whatsoever for any loss damage, injury to persons or property, illness, death, expense, or costs in any way arising out of or in any way connected with the attendance of the minor child at the Preschool, his/her participation in or as a spectator at any programs offered by the Preschool whether on the Preschool premises or otherwise.

The undersigned hereby assumes full responsibility for any injury to, illness of, or death of the minor child, or injury to, damage or destruction of, or loss of personal property.

I HAVE READ AND UNDERSTAND THIS RELEASE, I execute it voluntarily, and I agree for myself, the minor child, my heirs, personal representatives, successors and assigns to be bound by its terms.

Signed this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
(Print Name)

## Policy Agreement

As a parent member of the Kremmling Preschool, I agree to the following expectations:

\_\_\_\_\_ I (and/or my spouse) will attend the Parent Meetings held by the Preschool.

\_\_\_\_\_ I have read, understand, will conscientiously abide by the policies outlined in the Preschool Parent Handbook.

\_\_\_\_\_ I will maintain up-to-date, complete and accurate records in my child's information file. I understand that the **signed** medical statement, immunization records and personal telephone numbers are particularly important.

\_\_\_\_\_ I will help out with projects such as children's holiday parties, snack time, etc.

\_\_\_\_\_ I understand how important parental involvement is for the quality of the Preschool.

\_\_\_\_\_ I will work the eight (8) hours each school year for fundraising events, or forfeit all or part of the \$120 (\$15 an hour)/child credit for non-completed fundraising hours I put on my account when school started.

\_\_\_\_\_ I will keep a credit balance on my child's account to accommodate his/her milk/lunch purchases. No balances on account will be carried for this purpose.

\_\_\_\_\_ I will not leave my vehicle unattended in the fire lane at any time.

By signing this Policy Agreement, I, the parent/guardian, agree to follow, accept the conditions of, and give authorization and approval for the activities described in the policies and procedures.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date



## **Toileting Policy**

All children are required to be toilet trained when first enrolled, unless they are not toilet trained due to a diagnosed disability referencing toilet training. However, sometimes problems arise later. The following procedure has been designed to deal with each specific problem.

### **Step 1**

When a toilet problem is first noticed by a Staff member, contact will be made with the child's parents to decide on the best remedial course of action. At this time, it may also be suggested that the child be examined by a physician to determine if the problem is medical in origin.

### **Step 2**

The remedial program agreed upon by both parents, the child, and all Staff will be put into action for a two-week period.

### **Step 3**

At the end of the two-week period, the Staff, child, and parents will meet to determine the success of the program.

### **Step 4**

If the child has made no noticeable progress at the conclusion of the two weeks, the parents will be asked to temporarily withdraw their child from the Preschool for a minimum of two weeks. The child will be welcomed upon return to the Preschool when properly toilet trained. If there is a waiting list, the child will be placed on the waiting list after being withdrawn.

I agree to this Toileting Policy.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date



# GENERAL HEALTH APPRAISAL FORM

## **1-PARENT** *Please complete, date and SIGN.*

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Allergies:  None OR  List food/medication: \_\_\_\_\_

Diet:  Age appropriate  Special-Describe: \_\_\_\_\_

Skin Care:  Sunscreen/creams may be applied as requested in writing by parent unless skin is broken or bleeding.

I, \_\_\_\_\_, give permission for my child's healthcare provider to share this form, health concerns, and applicable attachments with my child's school, childcare. Contact information for the person to receive this form:

Michele DeSanti  
Kremmling Preschool Director

EMAIL: michele@kremmlingpreschool.org  
FAX: (970) 724-9052

\_\_\_\_\_  
**Parent or Legal Guardian signature**

\_\_\_\_\_  
**Date**

## **2-HEALTH CARE PROVIDER** *Please complete after parent section has been completed*

Date of most recent health appraisal: \_\_\_\_\_ Age: \_\_\_\_\_

Physical Exam:  Normal  Abnormal-describe: \_\_\_\_\_

Allergies:  None OR  List food/medication: \_\_\_\_\_ Type of Reaction: \_\_\_\_\_

Current Medications:  None OR  List: \_\_\_\_\_

A separate medication authorization form is required for medications given in school, childcare. To print form, go to: <https://drive.google.com/file/d/0B689O6uDomvTd0VWWWxldkhVVERHUjlldWNtb01vVEpYQnc0/view>

Current Diet:  Age appropriate  Special-describe: \_\_\_\_\_

A separate diet statement is required for food provided at school, child-care. To print form, go to: [https://www.colorado.gov/pacific/sites/default/files/PF\\_CACFP\\_Special-Diet-Statement-Revised.pdf](https://www.colorado.gov/pacific/sites/default/files/PF_CACFP_Special-Diet-Statement-Revised.pdf)

Tuberculosis:  Not at risk OR Test Result:  Normal  Abnormal

Screens Performed:

Vision:  Normal  Abnormal  Hearing:  Normal  Abnormal

Oral Health:  Normal  Abnormal  Developmental:  ASQ  PEDS

Other: \_\_\_\_\_ Development Concerns: \_\_\_\_\_

Health Concerns:  Severe Allergies  Asthma  Seizures  Diabetes

Hospitalizations  Behavior Concerns  Developmental Delays  Vision

Hearing  Oral Health  Other: \_\_\_\_\_

Explain above concerns (if necessary, include instructions to care providers): \_\_\_\_\_

**PLEASE ATTACH A COPY OF CHILD'S IMMUNIZATION RECORDS TO THIS FORM. THIS IS MANDATORY. Thank you.**

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

\_\_\_\_\_  
Healthcare Provider PRINTED Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature of Healthcare Provider

\_\_\_\_\_  
Date

**OFFICE STAMP**  
Or write Address & Email