

THE GARDEN PRESCHOOL



Registration Form 2022-2023

For office use only

Start Date: _____
Application Date: _____
Reg. Fee Paid: _____

Child Information:

First & Last Name: _____ Name Child is called: _____
Date of Birth: _____ Age as of 10/01/22 _____ Gender: _____
Home Address: _____ City: _____ Zip: _____
Home Phone: _____
Mother's Email: _____ Father's Email: _____

Parent Information:

Parent Name: _____ Relationship to child: _____ Jewish: Yes No
Address: (if different then above) _____ City: _____ Zip: _____
Occupation: _____ Employer: _____
Employer Address: _____
Cell Phone: _____ Work Phone: _____

Parent Name: _____ Relationship to child: _____ Jewish: Yes No
Address: (if different then above) _____ City: _____ Zip: _____
Occupation: _____ Employer: _____
Employer Address: _____
Cell Phone: _____ Work Phone: _____

During the hours your child is at the Garden Preschool & Early Learning Center, the best way to reach me is: _____

Marital Status of Parents: _____
Family Synagogue Affiliation: _____
Languages spoken at home other than English: _____

Siblings:

Name: _____ Age: _____ Name: _____ Age: _____
Name: _____ Age: _____ Name: _____ Age: _____

Previous Day Care or Schooling Experience:

School/Day Care Center _____ From: _____ To: _____

Student is applying for admission to:

Infant (6 weeks – 12 months) Toddler (12 months– 24 months) 2's 3's 4's

Desired Days of Week:

Mon/Wed/Fri Tues/Thurs Mon-Friday Other _____
 Full Day Half Day Early Care (7:30-9:00am) After Care (3:00-5:30 pm)

Please Note: There is a \$250 annual registration fee + tuition deposit due with registration.

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The following people are authorized to pick up my child from school:
Please fill out completely.

Name: _____
Address: _____
Home Phone: _____ Cell Phone: _____

Name: _____
Address: _____
Home Phone: _____ Cell Phone: _____

Name: _____
Address: _____
Home Phone: _____ Cell Phone: _____

Emergency Contact Information

*****Licensing requires that we have 3 emergency contacts on file (please include name, relationship, address and phone number).*****

If neither parent can be reached in an emergency, you may contact:

Name: _____ Relationship: _____
Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____
Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____
Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

Signature of Parent or Guardian

Date

THE GARDEN PRESCHOOL

Medical and Emergency Form 2022-2023



Grandparent Information:

Name: _____ Maternal/Paternal: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Maternal/Paternal: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Maternal/Paternal: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Maternal/Paternal: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Medical Information:

Doctor's Full Name: _____ Phone: _____

Name of Practice: _____

Address: _____ City: _____ Zip: _____

In case of an emergency, my preferred hospital is: _____

Address: _____

Phone: _____

Does your child have medical insurance? Yes No

Dentist's Name: _____ Phone: _____

Name of Practice: _____

Address: _____ City: _____ Zip: _____

Is your child taking any medication at home? Yes/No

If yes, please specify: _____

Does your child have any known allergies (food, season, insects, etc.)? _____

If yes, please specify the reaction and treatment: _____

Has your child been diagnosed with a medical or learning concern? If yes, please describe. _____

Is there anything special we should know about your child? _____

THE GARDEN PRESCHOOL

Statement of Authorization 2022-2023



I hereby give my permission for the school to call a doctor for medical care for my child, _____ should an emergency arise or for medical consultation. It is understood that a conscientious effort will be made to locate me or my spouse before any action will be taken. If it is not possible to locate us, we will accept this expense.

Initials: _____

I understand that tuition is due one month in advance.

Initials: _____

I hereby give permission to The Garden Preschool to post my child's allergy information in classrooms in a visible area so that it is accessible to all staff.

Initials: _____

I hereby give permission for The Garden Preschool to print our address and phone number on the class list, which will be distributed to my child's class and in the Preschool Phone Directory which will be distributed to all Preschool families.

Initials: _____

I understand that if it becomes necessary to withdraw or change my child's schedule, notice must be given in writing one month in advance. Tuition will be charged for one month after the date of notification of the withdrawal or change.

Initials: _____

I hereby give permission to The Garden Preschool to take photographs and/or video of my child to be utilized for preschool publications, newsletters, and special projects. I understand that pictures will not be utilized outside of the Preschool without my consent.

Initials: _____

I have read the Parent Handbook. I understand all of the policies and procedures and agree to abide by them.

Signature: _____ Date: _____

THE GARDEN PRESCHOOL

6100 E. Bellevue Ave., Greenwood Village, CO 80111

Office: 303-694-9119 | Fax: 877-387-9483

www.GardenPreschool.com



General Health Appraisal Form 2022-2023

Parent: *Please complete*

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

Allergies: _____

Type of Reaction: _____

Any special Diet: _____

Preventive Creams/ointments/sunscreen may be applied as requested in writing by parent, unless skin is broken or bleeding.

Sleep: Your health care provider recommends all infants less than 1 year of age be placed on their back for sleep.

I, _____ give consent for my child's health provider and childcare provider = to discuss my child's health concern.

Parent or Legal Guardian Signature

Date: _____
(Authorization expires 365 days after this date)

Health Care Provider: *Please complete after parent section has been completed*

Date of Last Exam: _____ **Recent Weight:** _____

Physical Exam: Normal Abnormal (see explanation of significant health concerns)

Significant Health Concerns: None Reactive Airways Disease Seizures Diabetes Developmental Delays Vision Hearing Hospitalizations Severe Allergies Other

Explain above concerns (if necessary, include instructions to childcare providers) _____

Current Medications/Special Diet: None Describe: _____

(Separate medication authorization form required for medications given in Child Care)

Immunizations: Up to date See attached immunization record Administered today: _____

Next well visit at age: _____

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

Signature of Health Care Provider

Date

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	<i>Haemophilus influenzae</i> type b						
IPV/OPV	Polio						
PCV	Pneumococcal Conjugate						
MMR	Measles, Mumps, Rubella					Healthcare Provider Documentation Date	Lab Verification Data
Varicella	Chickenpox						
Vaccines recorded below this line are recommended. Recording of dates is encouraged.							
HPV	Human Papillomavirus						
Rota	Rotavirus						
MCV4/MPSV4	Menigococcal						
Hep A	Hepatitis A						
TIV/LAIV	Influenza						
Other							

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

<input type="checkbox"/> A) Child Care Up to Date Up to date through 6 months of age of Colorado School Immunization Requirements	Update Signature _____ Date _____
<input type="checkbox"/> B) Child Care Up to Date Up to date through 18 months of age for Colorado School Immunization Requirements	Update Signature _____ Date _____
<input type="checkbox"/> 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 _____
<input type="checkbox"/> D) Complete for K-5th Grade Up to date for K-5 th Grade for Colorado School Immunization Requirements *If age 4 years and fulfills Requirements for Pre-School & Kindergarten, check BOTH Boxes C and D	Update Signature _____ Date _____

STATEMENT OF EXEMPTION TO IMMUNIZATION LAW

IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS MAY BE SUBJECT TO EXCLUSION FROM SCHOOL AND TO QUARANTINE.

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

Signed _____ Date _____
 Physician

Medical exemptions to the following vaccine(s):

Hep B DTaP Tdap Hib IPV PCV MNR VAR

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

Signed _____ Date _____
 Parent, guardian, emancipated student/consenting minor

Religious exemption to the following vaccine(s):

Hep B DTaP Tdap Hib IPV PCV MNR VAR

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

Signed _____ Date _____
 Parent, guardian, emancipated student/consenting minor

Personal exemption to the following vaccine(s):

Hep B DTaP Tdap Hib IPV PCV MNR VAR



Sunscreen Permission Form

Date _____

Name of Child _____

Name of Sunscreen and the SPF Number _____

Your child's child care provider will assist with applying sunscreen to bare surfaces including the face, tops of ears and bare shoulders, arms, legs and feet 15-30 minutes before outdoor activities. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian. It is the parent's responsibility to provide sunscreen with a minimum SPF of 15.

Special Instructions

In the event that my child's sunscreen is not readily available, my child may use the Sunscreen provided by the school. _____

(Name of Sunscreen and SPF)

I do not want my child to use any other sunscreen other than the one he or she brings.

Parent / Guardian Signature