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## Preschool Registration Checklist



We are happy to welcome you and your child to Jefferson County Public School Preschools. Please take a few minutes to read the registration and enrollment information provided.

The Colorado Department of Human Services requires the following forms to be completed **prior** to the child's attendance in our preschool program. (*Rules Regulating Child Care Centers and the General Rules for Child Care Facilities, Section 7.702.101*)

Access **Jeffco Connect** to enter parent and student contact information at the following URL: <https://jeffcoconnect.jeffco.k12.co.us>

### Jeffco Connect Student Information Summary

New Families: *Print from Jeffco Connect with an July 1 or later date*

Returning Families: *Check information and resubmit for digital submission signature with a July 1 or later date*

Federal Free and Reduced Application submission  
<https://lunchapps.jeffco.k12.co.us/>

### Due at registration

Copy of Birth Certificate

Current Immunization Record

Registration fee \$60 individual/\$85 family

Enrollment Materials (included)

Signatures required to complete school file

### Parent Information

Enrollment Agreement

Tuition Schedule

Parent Jeffco Connect Letter

Jeffco Connect - Quick Reference Guide

Sunscreen Information



Completed Packet Returned Date_____ Time_____
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**Preschool Session Preference**

Child's Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

Parent Contact Information: Phone \_\_\_\_\_

Email address \_\_\_\_\_

Does your child receive Special Education services under an IFSP or IEP? \_\_\_\_\_

Has your child attended another Jefferson County Preschool? \_\_\_\_\_

If yes, please name the preschool \_\_\_\_\_

Registration Fee:

Paid by Check # \_\_\_\_\_ on \_\_\_\_\_

Please indicate below your 1<sup>st</sup> and 2<sup>nd</sup> preference for preschool. We will do our very best to accommodate your first **4 Day session** preference:

Morning Session
3 hour - Tues.- Fri.

Afternoon Session
3 hour - Tues.- Fri.

Contact specific Preschool for session times.

You are reserved a spot in a preschool classroom only after completing the following:

1. Jeffco Connect Student Information completed online
2. Paid your registration fee
3. Copy of birth certificate/immunizations

*Statement of Physical Condition due first day of school*

4. Return all completed registration forms as requested

While we try to honor your preference, we are unable to guarantee placement. Based on the current openings, all families are eligible to attend our programs and will be contacted based on the order in which the completed registration packet was returned.

**Tuition Assistance Available for Qualifying Families**



## Emergency Contact Information

### Student information

Name: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ County Student resides \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name:			
Contact Numbers	Work ( )	Cell ( )	Other ( )
Employer Name			
Work Address			
Occupation		City	Zip Code

Shared Parenting Responsibility \_\_\_\_\_ No Shared Parenting Responsibility \_\_\_\_\_  
 Is there a court order restricting a parent access to this student? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, provide a copy of the court order to the school.

Parent/Guardian Name:			
Contact Numbers	Work ( )	Cell ( )	Other ( )
Employer Name			
Work Address			
Occupation		City	Zip Code

Shared Parenting Responsibility \_\_\_\_\_ No Shared Parenting Responsibility \_\_\_\_\_  
 Is there a court order restricting a parent access to this student? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, provide a copy of the court order to the school.

### Person(s) OTHER THAN PARENT

#### Authorized to pick-up student or contact in an emergency

Authorized pick-up person full name:			
Contact Numbers	Work ( )	Cell ( )	Other ( )
Address			
City		Zip Code	

Authorized pick-up person full name			
Contact Numbers	Work ( )	Cell ( )	Other ( )
Address			
City		Zip Code	

Authorized pick-up person full name:			
Contact Numbers	Work ( )	Cell ( )	Other ( )
Address			
City		Zip Code	

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

August 16, 2018  
 Date



## Military Connected

Student has a parent or guardian who is an active duty member of the Armed Forces or on full-time National Guard duty.

- The term "**armed forces**" means the Army, Navy, Air Force, Marine Corps, and Coast Guard.
- The term "**active duty**" means full-time duty in the active military service of the United States. Such term includes full-time training duty, annual training duty, and attendance, while in the active military service, at a school designated as a service school by law or by the Secretary of the military department concerned. Such term does not include full-time National Guard duty.
- The term "**full-time National Guard duty**" means training or other duty, other than inactive duty, performed by a member of the Army National Guard of the United States or the Air National Guard of the United States in the member's status as a member of the National Guard of a State or territory, the Commonwealth of Puerto Rico, or the District of Columbia under section 316, 502, 503, 504, or 505 of title 32 for which the member is entitled to pay from the United States or for which the member has waived pay from the United States.

Please list all student names and student ID numbers whose parent or guardian is an active duty member.

Student #	Student Name

Student #	Student Name



Age as of Oct. 1 _____
Risk Factors # _____
Director Initial _____

## Jefferson County Public Schools Colorado Preschool Program Application

The Colorado Preschool Program serves at-risk children by providing quality early childhood education. The information you provide will remain **confidential** and will help us determine if your child is eligible to participate in the Colorado Preschool Program. Please respond to each question.

Child's Name (please print) \_\_\_\_\_

Child's Birth Date \_\_\_\_\_ Phone \_\_\_\_\_

Parent names (please print) \_\_\_\_\_

Please circle the information that best describes the child's family size and gross income:

**Circle the number of people, including the child, living in the home**

1	2	3	4	5	6	7	8
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Circle **ONE** income (either Yearly, Monthly or Weekly gross incomes)

**Yearly Income**

\$22,311	\$30,044	\$37,777	\$45,510	\$53,243	\$60,976	\$68,700	\$76,442
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**Monthly Income**

\$1860	\$2504	\$3149	\$3793	\$4437	\$5082	\$5726	\$6371
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**Weekly Income**

\$430	\$578	\$727	\$876	\$1024	\$1173	\$1322	\$1471
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Please answer the following questions with **YES or NO**

Is the child's family currently living in any of the following circumstances: <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Shelter <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Campground/RV Lot/Car <input type="checkbox"/> With Relatives/Friends due to Economic Hardship	Yes	No
Are there circumstances in the child's home that would cause the child to be exposed to domestic violence?	Yes	No
Are there circumstances that would cause the child to be exposed to the abuse of drugs or alcohol in the child's home?	Yes	No

Student's Name \_\_\_\_\_

Was either of the child's parents less than 18 years of age and unmarried when the child was born?	Yes	No
Do either of the child's parents need to complete high school or the equivalent?	Yes	No
Has the child's family relocated to new residences three or more times during the last year due to hardship?	Yes	No
Does the child experience difficulties getting along with others? Does the child have difficulty following directions from adults? Has the child been excluded from schooling, childcare or other group situations because of behavior issues?	Yes	No
Does the child have difficulty using language to communicate needs?	Yes	No
Does the child speak a language other than English?	Yes	No
Does the child receive any State or County Services? WIC, CHIP, TANF, CCAP, MEDICAID, CHILD PROTECTION, or FOSTER CARE	Yes	No
Does the family qualify for the FREE/REDUCED LUNCH PROGRAM	Yes	No

What other information would be helpful for us to know about your child?

**Please note:** Notification to parents of qualifying children will be made in June after the State Legislative session has approved funding for the Colorado Preschool Program and before the new school year begins.

Sign here: \_\_\_\_\_ Date \_\_\_\_\_

I certify (promise) that all information provided on this form is true and correct.



## Colorado Preschool Program

### Parent Participation Agreement and Permission to Study the Effects

Child's Name \_\_\_\_\_

I understand that the Jefferson County Colorado Preschool Program (CPP) is a nine-month program that operates four days a week. I further understand that **regular and consistent attendance** is required for my child to continue in the Colorado Preschool Program. I will notify the school when my child is absent. I understand my participation in my child's preschool experience helps my child to be successful, and I agree to participate by:

1. Asking the teacher about my child's performance in school.
2. Reading to my child on a daily basis.
3. Asking about my child's school achievement.
4. Talking to my child about his/her day.
5. Participating in Parent Conferences.
6. Completing questionnaires and surveys concerning the program and my child's progress throughout the school year.

In addition, as needed, I will:

1. Volunteer in my child's classroom.
2. Attend events with my child's class.

I further agree to participate in a study of the benefits of the Colorado Preschool Program. This study could include reports of student performance at later grades. Neither my name nor my child's name will be used in any reports. Only group information will be reported. I understand that I can withdraw at any time.

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

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date



## Parent Permission Forms

Student's Name \_\_\_\_\_

Parent Completing Permission Form \_\_\_\_\_

### Permission to Attend Field Trips

I give permission for my child to attend field trips with his/her class. I understand that the field trips may be walking or by school bus. I will be notified and will sign a permission slip for each field trip.

Yes \_\_\_\_\_ (initials)                      No \_\_\_\_\_ (initials)

### Permission to Videotape and Photograph

There will be times during the year when we may videotape and photograph our classrooms and students. The videos and photographs will be used for staff training, parent workshops, medical publication, and to inform legislators, educators and other parents about our programs.

I give permission for my child named above to be videotaped and or photographed for the above reasons.

Yes \_\_\_\_\_ (initials)                      No \_\_\_\_\_ (initials)

### Permission to View Video Movies

I give permission for my child to occasionally watch a children's video at preschool that connects with the curriculum. I understand that all movies viewed will be rated "G" and the title of any video shown will be posted in the classroom.

Yes \_\_\_\_\_ (initials)                      No \_\_\_\_\_ (initials)

### Procedure for Transportation in a Medical Emergency

In the event of a medical emergency, my child will be transported by ambulance to the nearest hospital. Parent/Guardian will be responsible for any costs associated with emergency transportation and medical care of the child.

Please complete the following medical information

	Name	Address	Phone
Physician			
Dentist			
Hospital			

The school will attempt to reach one of the contacts provided for the student, but if none of them can be reached, school personnel have my permission to use discretion in securing medical aid in an emergency, following the District 911 Calling Guidelines. IT IS UNDERSTOOD THAT THE SCHOOL, THE DISTRICT, NOR THE PERSON RESPONSIBLE FOR OBTAINING MEDICAL AID WILL BE RESPONSIBLE FOR ANY EXPENSES INCURRED. To the best of my knowledge, the information provided is correct. I agree to and approve all information provided in this and all registration documents.

Parent signature \_\_\_\_\_ August 16, 2018





## Parent Responsibility Summary

Child's Name \_\_\_\_\_

The parent or guardian responsibilities of children enrolled in a Jefferson County Public Preschool program shall be as follows:

Please initial beside each statement after reading.

- Read and agree to the Preschool Enrollment Agreement*
- Turn in required paperwork on time.
- Update all Student and Contact Information on Jeffco Connect throughout the year*
- Pay all tuition and fees on time as required.
- Adhere to drop off and pick up session times for your child
- Notify the school of any absences
- Understand that late pickup will result in a late fee charge. Excessive late pickups may result in termination of enrollment from the program.
- All outstanding fees due upon withdrawal or termination.
- Ensure an authorized person 18 years old or older signs the child in and out on a daily basis
- Notify the staff of any illness the child may be experiencing
- Dress your child appropriately for all activities and the expected weather
- Free/Reduced application submitted (if applicable)

Copies of the Parent Preschool Handbook and the Board of Education Policies on Student Discipline and the [Student Conduct Code/Discipline](#) are available from the preschool director or by browsing the link.

I read and understand the above Parent Responsibility Summary along with the other materials connected with my child's registration in this preschool program.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

# Jefferson County Public Preschool Programs Sunscreen Permission Slip

Please return the permission slip stating the sunscreen expectations for parents and guardians to the director.

Child's Name \_\_\_\_\_

As the parent or guardian of the above child, I recognize that increased exposure sunlight may increase my child's risk for skin cancer later in life.

\_\_\_\_\_ (initial) I understand that I am expected to apply or use another form of sun protection for my child before entering the classroom. I will acknowledge this action by initialing the Sun Protection column on my child's sign-in page.

If I am unable to supply a form of sun protection, I give my permission for the Jefferson County Public Schools Preschool staff to apply Rocky Mountain Sunscreen to my child, as specified below, when he or she will be playing outside. UV rays are most intense between the hours of 10:00am and 4:00pm.

In addition, sunscreen will be reapplied as directed by the product label to children attending longer than 3 hours.

I further understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose, bare shoulders, arms, and legs.

I have checked all applicable information regarding the type and use of sunscreen for my child:

\_\_\_\_\_ YES      Staff may apply Rocky Mountain Sunscreen

\_\_\_\_\_ NO      Do not apply Rocky Mountain Sunscreen to my child. I will provide the preschool with appropriate sunscreen protection for my child.

\_\_\_\_\_  
Parent/Guardian Full Name (Please Print)

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

\_\_\_\_\_  
Date

**\*\*\*Please see attached for ingredients\*\*\***



# JEFFERSON COUNTY SCHOOLS HEALTH INVENTORY (Parent Completes)

STUDENT NAME \_\_\_\_\_ DOB \_\_\_\_\_

HEALTH CONCERNS	YES	N O	MEDICATION (Name, Dosage)	ACTIVITY RESTRICTIONS	COMMENTS
ASTHMA/ RESPIRATORY					
ALLERGIES				List:	Reaction:
DIABETES					
SEIZURES/ NEUROLOGICAL					
HEART/BLOOD					
MUSCLES/BONES/ JOINTS					
BLADDER/KIDNEY					
STOMACH/ INTESTINES					
SKIN					
HEARING					Frequency of infections:
Ear Infections?					
Tubes/Date?					
VISION					
Eye glasses?					
Eye surgery?					
SPEECH					
PSYCHOLOGICAL					
HEADACHE					
DENTAL					

Routine or daily medications (not listed above):  
Other concerns:

Illnesses and dates:

Hospitalizations/reason/dates:

Accidents/Injuries and dates:

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

August 16, 2018  
DATE

**Statement of Physical Condition**

Student's Name: \_\_\_\_\_ was given a physical examination within the last 12 months on: \* \_\_\_\_\_

Immunization records are up-to-date (Please attach record) \_\_\_\_\_ Yes \_\_\_\_\_ No

Next health care visit due by \_\_\_\_\_

Chronic medical Conditions: (List)

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

Restrictions: (List)

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

Allergies:

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

\_\_\_\_\_ Cleared for age appropriate activities

\_\_\_\_\_ Cleared for preschool attendance. \_\_\_\_\_ Date



Doctors are Rx-tra Special

\_\_\_\_\_  
**\*\*Physician Name (Signature)**

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone



## Preschool Conference Information

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Parent/Guardian Completing Form \_\_\_\_\_

Families are asked to meet with their child's teacher/s to discuss the student's progress throughout the year as requested. Because it is important for teachers and parents to work together, we ask parents to provide input as teachers begin to establish individual student goals for the school year.

My child's strengths are:

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My child learns best by (Check one):

Hands-on Likes to use objects, toys, books, etc. to learn new concepts

Auditory Listens to directions and seems to learn quickly when spoken to

Visual Learns quickly when seeing a sample of what needs to be done or is shown what to do

During the Preschool Conference you and the teacher will have a chance to share information about your child's development. Please list goals you would like to see your child accomplish as teachers begin gathering data for the coming year.

Three goals for my child are:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

Thanks for your help