

W
e
l
c
o
m
e

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
(Wait until after July 1 to submit 2018-2019 F & R Application)

<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_____

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 1st and 2nd 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
---	---	---	---	---	---	---	---

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
----------	----------	----------	----------	----------	----------	----------	----------

Monthly Income

\$1860	\$2504	\$3149	\$3793	\$4437	\$5082	\$5726	\$6371
--------	--------	--------	--------	--------	--------	--------	--------

Weekly Income

\$430	\$578	\$727	\$876	\$1024	\$1173	\$1322	\$1471
-------	-------	-------	-------	--------	--------	--------	--------

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



Jefferson County Preschools Student Discipline Procedures

The Board of Education recognizes that effective Student discipline is a major contributor to the creation of a positive and productive environment for all students. It is the further belief of the Board that the prime objectives of the discipline program should be to:

1. Assist students in the development of the ability to discipline themselves.
2. Assist students in the development of behavior that is socially acceptable, respectful and mindful of the dignity of others.
3. Ensure the right of others to learn.

For preschool students the following procedures will be implemented when disciplinary action is required to address student behavior. Prior to implementing these steps the staff will work carefully and thoughtfully to assist the student in gaining control of his/her behavior.

- First incident will necessitate a phone call home informing the parent of the situation.
- Second incident will require the child to be picked up from school by the parent or guardian. The child will be removed from the classroom situation until the parent arrives.
- Third incident will result in a one-day suspension from school, in addition to the child being sent home. The student will not be readmitted until a parent conference has been conducted.
- Fourth incident will result in a two-to-five day suspension from school. A student will not be readmitted until a parent conference has been conducted.
- Any further incidents will result in immediate revocation of enrollment for a period of one year at any Jefferson County Public Preschool. Readmission to the program in subsequent years will be on the condition that there are no further problems.
- If readmission is granted and further problems occur, immediate and permanent revocation of enrollment will occur.

My signature indicates that I have read and understand the above Student Discipline Procedures.

Parent or Guardian Signature

Date

Copies of all Board of Education Policies on Student Discipline and the Student Conduct Code are available from the preschool director or by browsing <http://jeffcoweb.jeffco.k12.co.us>

Jefferson County Public Preschools
Enrollment-Signed copy to Parents

2018-2019
School Name



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 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

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*****

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:

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