

Preschool Enrollment Form

Date of Enrollment: _____

Child's name: _____
First Middle Last

Child's Date of Birth: _____ Gender: M or F

Current Physical Address: _____
Street City State Zip

Current Mailing Address: _____
Street or PO Box City State Zip

Parent(s) with whom child lives:

Parent Name Email Home Phone Cell Phone

Parent's employer and address Employer Phone

Parent Name Email Home Phone Cell Phone

Parent's employer and address Employer Phone

Any Special Instructions on how parents and/or guardians can be reached:

Non Custodial Parent Information:

Parent Name Address Home Phone Cell Phone

Parent's Employer Name and Address Phone

Authorized Pickup Contact Information:

Pickup person name/Relationship	Address	Home Phone	Cell Phone
Pickup person name/Relationship	Address	Home Phone	Cell Phone
Pickup person name/Relationship	Address	Home Phone	Cell Phone
Pickup person name/Relationship	Address	Home Phone	Cell Phone
Pickup person name/Relationship	Address	Home Phone	Cell Phone

Emergency Contact Information: Listed in the order we should contact:

Emergency Contact Name/Relationship	Address	Home Phone	Cell Phone
Emergency Contact Name/Relationship	Address	Home Phone	Cell Phone
Emergency Contact Name/Relationship	Address	Home Phone	Cell Phone

Emergency Medical Information:

Child's Physician Name	Address	Phone
Child's Dentist Name	Address	Phone
Preferred Hospital	Address	Phone

Plateau Valley Preschool



Philosophy

A caring and nurturing preschool environment is essential to student growth. We recognize that students are individuals with their own interests, learning styles, attitudes, cultural backgrounds, and abilities of their own. It is important to recognize and work with children at their developmental levels in order to get them socially, emotionally, academically, and physically ready for success. Language development will be emphasized strongly in this active learning environment. Parents should always feel welcome in the preschool classroom since they are the children's first teachers. Our preschool environment is safe, enjoyable, challenging, and enhances learning in a variety of ways.

Colorado Preschool Program (CPP)

The Colorado Preschool Program is funded by Colorado Department of Education (CDE) and must follow CDE's requirements. It is a preschool program for at risk children. We are required to have a district council which consists of parents, community members, school staff and administrators. The District Council monitors the quality of the preschool program and helps develop the plan of service.

Licensing and Inspections

The preschool program is licensed by the Department of Human Services and must follow their rules and regulations. The program is also inspected by the Health Department and must follow their rules and regulations. The program also has its fire inspections. Quarterly fire drills, shelter in place and lock downs are required.

CUSTODY STATEMENT

Name Student Uses: _____
Last First Middle

Name as shown on birth certificate: _____
(Attach copy of birth certificate) Last First Middle

Who has legal custody or major decision making responsibility:
Mother _____ Father _____ Both _____ Other _____

Does a current legal custody agreement exist? Yes _____ No _____
If yes, please attach a copy of the agreement.

Who does the student live with during the school year:
Mother _____ Father _____ Other _____

Attendance, grades, etc., may be released to the following persons, if requested:
Mother _____ Father _____ Other _____

If both parents share joint decision-making regarding educational decisions and are unable to reach an agreement for the child, or in the absence of parent authorization, the school will make a decision based on the best interest of the child. Under the Privacy Act of 1974, parents are entitled to copies of their child's records, unless the courts have terminated their rights or the District has received a court restraining order specifically requesting we not release student records to the requesting parent.

PLEASE NOTE: If possible, both parents **must sign** this statement indicating they agree with the above information. If there is only one signature, the District requires an explanation as to why there is only one signature.

Parent Signature: _____ Parent Signature: _____

Date: _____ Date: _____

If only one signature, please explain why:

The federal government, which requires all states to collect this information, has developed a new way to report ethnicity and race that includes new categories:

Student Name: _____

Grade: _____

Two-Part Question:

Note: Both Part A and Part B of the question must be answered.

Part A: Is this student Hispanic / Latino? (Choose only one.)

- ☐ No, not Hispanic / Latino
- ☐ Yes, Hispanic / Latino A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

The above question is about ethnicity, not race or ancestry. No matter what you selected above, please answer the question below by marking one or more boxes to indicate your student's race or races.

Part B: What is the student's race? (Choose one or more)

- ☐ American Indian or Alaska Native: A person having origins in any of the original peoples of North America, including Mexico, and South and Central America, and who maintains tribal affiliation or community attachment.

Examples: Azteca, Zapotec, Maya, Nahuatl, Aymara, Kichwa, Lakota, Navajo, Guarani.
- ☐ Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including the peoples of Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ Black or African American: A person having origins in any of the black racial groups of Africa.
- ☐ Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Examples:

Middle Eastern A person having origins in any of the original peoples of Egypt, Israel, Iraq, Jordan, Lebanon, Palestine, Syria, or Turkey.

Spanish A person having origins in any of the peoples of Spain.



Susana Wittrock
Migrant Director
2115 Grand Avenue
Grand Junction, CO 81501
(970) 254-5272 ~ Office
(970) 254-5234 ~ Fax
Susana.wittrock@d51schools.org

Student Name (Nombre del Estudiante): _____

School (Escuela): _____ **Telephone (Teléfono)** _____

Does your Family qualify as Migrant?

If the answers to the following four questions are YES, your child qualifies for the Migrant Education Program.

1. Did the child move (alone, with, or to join a parent, spouse, or guardian) within the last 36 months? _____
2. Was the move from one school district to another? _____
3. Was the purpose of the move to obtain work that is (1) temporary or seasonal AND (2) agricultural, fishing, or dairy? _____
4. Was the work an important part of providing a living for the worker and his or her family? _____

Please return the following sheet to the Migrant Office on 2115 Grand Avenue or to your child's school if you have answered yes to all questions.

If you have questions, please call 254-5272.

Thank you,

Susana Wittrock, Migrant Director

¿Califica su Familia como Migrante?

Si las respuestas a las siguiente cuatro preguntas son Sí, su niño califica para el Programa de Educación Migrante.

1. ¿Dentro de los últimos 36 meses, el niño se mudó (solo, con, o para reunirse con su padre(s), esposo, o guardián)? _____
2. ¿El cambio fue de un distrito escolar a otro? _____
3. ¿El propósito del cambio fue para obtener trabajo que es (1) temporal o de la cosecha Y (2) agrícola, pesca, o lechería? _____
4. ¿El trabajo fue una parte importante en proveer una mejor vida para el obrero y su familia? _____

Si usted ha contestado sí a todas las preguntas, por favor devuelva la hoja a la Oficina Migrante al 2115 Avenida Grand o a la escuela de su niño/a.

Si usted tiene preguntas, favor de llamar al 254-5272.

Gracias,

Susana Wittrock, Directora del Programa Migrante

Plateau Valley School District 50
56600 Highway 330, Collbran, CO 81624
970-487-3547

Home Language Questionnaire

School: _____ Teacher : _____

Our school needs to know the language(s) spoken and heard at home by each child. This information is needed in order for us to provide the best instruction possible for all students. Please answer the following questions and have your child return this form to his/her teacher. Thank you for your help.

Name of child: _____
Last First Middle Grade Age

1. Which language did your child first learn to speak? _____
2. What language does your child use most often at home? _____
3. What language do you most often use to speak to your child? _____
4. In what country was your child born? _____
5. If your child was not born in the USA, what date did they enter the USA? _____

Signature of Parent or Guardian

Date

Preguntas del Lenguaje Hablado en Casa

Escuela: _____ Profesor/a: _____

Nuestra escuela necesita saber el lenguaje y oído en casa por cada niño/a. Esta información es necesaria para proveer la mejor instrucción posible para todos los alumnos. Por favor de contestar las siguientes preguntas y regrese esta forma con su hijo/a al profesor. Gracias por su ayuda.

Nombre del alumno: _____
Apellido Primer nombre segundo Grado Edad

1. Que idioma comenzó su hijo/a hablar primero? _____
2. Que idioma usa más su hijo/a en la casa? _____
3. Que idioma usa usted con más frecuencia para hablar con su hijo/a? _____
4. En que país nació su hijo? _____
5. Si no nació en los EEUU en qué fecha entró su hijo/a a los EEUU? _____

Firma del Padre o Guardian

Fecha

During the year, I like to take pictures of the children on field trips, at our parties, during guest speaker presentations, and of our classroom plays. I need your permission to take and display these pictures in our classroom.

I give my permission for pictures and/or videos to be taken of my child,
_____, for the classroom and for "Thank You" notes sent to
guest speakers.

Signature of Parent/Guardian: _____

Date: _____

2016-2017 Family Economic Data Survey

Complete one application per household. Please use a pen, do not use a pencil.

Purpose: This form will be used to determine whether the school district is eligible for additional funding on the behalf of the student(s) listed below. By filling out this form, you are helping to ensure that the school district receives additional state funding to which it is entitled based on the population of students served by the school district.

STEP 1 List ALL Household Members who are infants, children and students up to and including grade 12 (if additional names are required, attach another sheet of paper)

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."

Children in **Foster care** and children who meet the definition of **Homeless, Migrant or Runaway** are eligible for additional funding for the School District. Read **How to Complete Family Economic Data Survey** for more information.

Child's First Name

MI

Child's Last Name

Student?
YES NO

Foster Child
Head Start, Homeless, Migrant, Runaway

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No

If you answered **NO** > Complete STEP 3.

If you answered **YES** > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number:

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2) (if additional names are required, attach another sheet of paper)

Please read **How to Complete Family Economic Data Survey** for more information. The **Sources of Income for Children** section will help you with the **Child Income** question. The **Sources of Income for Adults** section will help you with the **All Adult Household Members** section.

A. Child Income

Sometimes children in the household earn income. Please include the TOTAL income earned by all Household Members listed in STEP 1 here.

Child income
\$

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Weekly	Bi-Weekly	2x Month	Monthly
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	Public Assistance/ Child Support/Alimony	Pensions/Retirement/ All Other Income
	WeeklyBi-Weekly2x MonthMonthly	WeeklyBi-Weekly2x MonthMonthly	WeeklyBi-Weekly2x MonthMonthly
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Total Household Members
(Children and Adults)

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STEP 4 Contact information and adult signature

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal, State, and/or Local Educational Programs funds, and that school officials may verify (check) the information. Specifically I understand the school district may get additional state funding based on the information I have provided. By signing below I agree that my child(ren)'s eligibility status may be shared for these specific purposes and as allowed by law without specific notice and/or consent.

Street Address (if available)	Apt #	City	State	Zip	Daytime Phone and Email
Printed name of adult completing the form		Signature of adult completing the form			Today's date

DISTRICT USE ONLY. DO NOT WRITE BELOW THIS LINE.

Annual Income Conversion: Weekly x 52; Bi-Weekly x 26; 2 Times per Month x 24; Monthly x 12

Application Type:

☐ Total Household Income: \$_____ Household Size:_____
Household Income Frequency - ☐ Weekly ☐ Bi-Weekly ☐ 2x/Month ☐ Monthly ☐ Yearly

☐ Categorical Eligibility - ☐ SNAP ☐ FDPIR ☐ TANF ☐ Foster
☐ Homeless/Migrant/Runaway/Head Start

Application Status:

Approved - ☐ Free ☐ Reduced

Denied - ☐ Over Income Guidelines ☐ Incomplete/Missing:_____

Notes:_____

Determining Official Signature:

Approval/Denial Date:

Notification Sent:

HOW TO COMPLETE THE FAMILY ECONOMIC DATA SURVEY

Please use these instructions to help you fill out the Family Economic Data Survey. You only need to submit **one** application per household, even if your children attend more than one school in **[School District]**. The application must be filled out completely.

This form will be used to determine whether the school district is eligible for additional funding on behalf of the student(s) listed. By filling out the form, you are helping to ensure the district will receive the additional state funding to which it is entitled based on the population of students served by the district.

Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact **[School/school district contact here---phone & email preferred]**.

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12

Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.

Who should I list here?

When filling out this section, please include **all** members in your household who are:

- Children age 18 or under **and** are supported with the household's income;
- In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth;
- Students attending **[school/school system here]**, regardless of age.
- Students under 18 attending other schools, outside of **[school system]**.

A) List each child's name. For each child, print their first name, middle initial and last name. Use one line of the application for each child. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.

B) Is the child a student at [name of school/school system here]? Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend **[name of school/school district here]**. If a child is a student, but does not attend **[name of school/school district here]**, mark **'No'**.

C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. **Foster children who live with you may count as members of your household and should be listed on your application.** If you are *only* applying for foster children, after completing STEP 1, skip to STEP 4 of the application and these instructions.

D) Are any children homeless, migrant, runaway or participating in Head Start? If you believe any child listed in this section may meet this description, please mark the "Homeless, Head Start, Migrant, Runaway" box next to the child's name and **complete all steps of the application.**

STEP 2: DO ANY HOUSEHOLD MEMBERS (INCLUDING YOU) CURRENTLY PARTICIPATE IN ONE OR MORE OF THE FOLLOWING ASSISTANCE PROGRAMS: SNAP, TANF, OR FDPIR?

Circle Yes if anyone in your household participates in the assistance programs listed below:

- The Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF/Colorado Works - Basic Cash Assistance or State Diversion)
- The Food Distribution Program on Indian Reservations (FDPIR)

A) IF NO ONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:

- *Circle 'NO' and skip to STEP 3 on these instructions and STEP 3 on your application.*
- *Leave STEP 2 blank.*

B) IF ANYONE IN YOUR HOUSEHOLD PARTICIPATES IN ANY OF THE ABOVE LISTED PROGRAMS:

- **Circle 'YES' and provide a case number for SNAP, TANF, or FDPIR.** You only need to write **one** case number. If you participate in one of these programs and do not know your case number, contact: **[State/local agency contacts here]**. You **must** provide a case number on your application if you circled "YES".
- *Skip to STEP 4.*

STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS

A) Report all income earned by children. Refer to the chart titled "Sources of Income for Children" in these instructions and report the combined gross income for **ALL** children listed in Step 1 in your household in the box marked "Total Child Income." Only count foster children's income if you are applying for them together with the rest of your household. It is optional for the household to list foster children living with them as part of the household.

What is Child Income?

Child income is money received from outside your household that is paid **directly** to your children. Many households do not have any child income. Use the chart below to determine if your household has child income to report.

Sources of Income for Children

Sources of Child Income	Example(s)
<ul style="list-style-type: none">• Earnings from work	<ul style="list-style-type: none">• A child has a job where they earn a salary or wages.
<ul style="list-style-type: none">• Social Security<ul style="list-style-type: none">◦ Disability Payments◦ Survivor's Benefits	<ul style="list-style-type: none">• A child is blind or disabled and receives Social Security benefits.• A parent is disabled, retired, or deceased, and their child receives social security benefits.
<ul style="list-style-type: none">• Income from persons <i>outside</i> the household	<ul style="list-style-type: none">• A friend or extended family member <i>regularly</i> gives a child spending money.
<ul style="list-style-type: none">• Income from any other source	<ul style="list-style-type: none">• A child receives income from a private pension fund, annuity, or trust.

FOR EACH ADULT HOUSEHOLD MEMBER:

Who should I list here?

When filling out this section, please include **all** adult members in your household who are:

- Living with you and share income and expenses, *even if not related and even if they do not receive income of their own.*

Adult members include your children age 18 and over who do not attend **[name of school/school district here]**.

Do **not** include people who:

- Live with you but are not supported by your household's income **and** do not contribute income to your household.
- Children and students already listed in Step 1

How do I fill in the income amount and source?

FOR EACH TYPE OF INCOME:

- Use the charts in this section to determine if your household has income to report.
- Report all amounts in **gross income** ONLY. Report all income in whole dollars. Do not include cents.
 - Gross income is the total income received before taxes or deductions.
 - Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay.
- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will be counted as zeroes. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have known or available information that your household income was reported incorrectly, your application will be verified for cause.
- Mark how often each type of income is received using the check boxes to the right of each field.

B) List Adult Household member's name. Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." **Do not list any household members you listed in STEP 1.** If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.

C) Report earnings from work. Refer to the chart titled "Sources of Income for Adults" in these instructions and report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.

What if I am self-employed?

If you are self-employed, report income from that work as a **net** amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

D) Report income from Public Assistance/Child Support/Alimony. Refer to the chart titled "Sources of Income for Adults" in these instructions and report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the value of any cash value public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only **court-ordered** payments should be reported here. Informal but regular payments should be reported as "other" income in the next part.

E) Report income from Pensions/Retirement/All other income. Refer to the chart titled "Sources of Income for Adults" in these instructions and report all income that applies in the "Pensions/Retirement/All Other Income" field on the application.

F) Report total household size. Enter the total number of household members in the field “Total Household Members (Children and Adults).” This number **MUST** be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household determines your income cutoff for eligibility for the school district to receive additional funding.

Sources of Income for Adults		
Earnings from Work	Public Assistance/Alimony/ Child Support	Pensions/Retirement/All Other Income
<ul style="list-style-type: none"> Salary, wages, cash bonuses Net income from self-employment (farm or business) Strike benefits <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> Basic pay and cash bonuses (<i>do NOT include combat pay, FSSA or privatized housing allowances</i>) Allowances for off-base housing, food, and clothing 	<ul style="list-style-type: none"> Unemployment benefits Worker’s compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veteran’s benefits 	<ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private Pensions or disability Income from trusts or estates Annuities Investment income Earned interest Rental income <i>Regular</i> cash payments from outside household

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. **Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.**

A) Provide your contact information. Write your current address in the fields provided if this information is available. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

B) Sign and print your name. Print your name in the box “Printed name of adult completing the form.” And sign your name in the box “Signature of adult completing the form.”

C) Write Today’s Date. In the space provided, write today’s date in the box.

Plateau Valley School

Nursing Office

56600 Hwy 330
Collbran, CO 81624
(970) 487-3547b
FAX (970) 487-3876

Dear Preschool Parent:

Welcome to Plateau Valley Preschool! Please find below the necessary health and age verification paperwork that we need before your child attends school.

- ☐ Copy of physical examination within the last 12 months
- ☐ Certificate of Birth (Original, not the hospital certificate)
- ☐ Immunization records – required immunizations include:
 - ☐ DTaP (Diphtheria, Tetanus, Pertussis): 4 doses
 - ☐ Polio: 3 doses
 - ☐ MMR: (Measles, Mumps, Rubella): 1 dose, which must be given on or after the first birthday
 - ☐ Hepatitis B: 3 doses
 - ☐ Varicella: (Chickenpox): 1 dose, which must be given on or after the first birthday or documented history of the disease from a doctor's office
 - ☐ Hib: (Haemophilus influenzae type b): 1,2, or 3 doses

The well-child exam and immunizations may be obtained at your family physician's office. Immunizations may be obtained at the Mesa County Health Department in Grand Junction. The Health Department phone number is 248-6900, appointments are required.

If your child was born out of state, the County Seat in the area your child was born may be contacted to obtain a Certificate of Birth. Children born in Colorado may obtain their birth certificate at Mesa County Health Department, 510 29 ½ Road, Grand Junction. There will be a cost for this certificate.

If you have additional questions, please contact the School Nurse.
Thank you,

Plateau Valley School Nurse

Plateau Valley School District #50
Preschool Health Information and History

(to be completed by parent/guardian)

Student Name: _____ Date of Birth _____ Grade _____

Physician Name _____ Telephone # _____

Date of last physical exam _____

Overall health of student: () Excellent () Good () Chronic health issues

Does your child take any medications on a regular basis? (Including medication for asthma or ADHD):

() At Home () Needs to take at school

Medication(s): _____

Time(s) given: _____

Reason for taking medication: _____

ALLERGIES

Allergies to Medications: _____

Environmental Allergies: _____

Food Allergies: _____

MEDICAL HISTORY (Please mark all that apply)

- | | | | |
|---|------------------------|---------------------|---------------------------------|
| () Frequent Headaches | () Frequent colds | () Asthma | () Frequent ear infections |
| () Seizures | () Diabetes | () Anemia | () Frequent Strep Throat |
| () Meningitis | () German Measles | () Rheumatic fever | () Hayfever/Seasonal Allergies |
| () Heart problems | () Liver Disease | () Kidney disease | () Skin rashes/hives/eczema |
| () Wears glasses or contacts | () Vision problems | () Measles | () Chicken Pox:When? |
| () Hearing problems | () Wears hearing aids | () ADD/ADHD | () Autism/Aspergers |
| () Pneumonia (RSV, Whooping Cough, other severe respiratory illness) | | | |
| () Other health problems or chronic health concerns (please list) | | | |

Any physical limitations or need special equipment? () Yes () No

If yes, please describe: _____

Past hospitalization/surgeries? () Yes () No

If yes, please describe and include dates: _____

() Yes () No As parent or legal guardian of the above named student, I give permission for trained staff to provide basic first aid for my child. (bandaids, minor cuts or scrapes and bleeding, checking temperature). I also give permission for trained staff to call 911 in the event of a serious or life-threatening illness or injury. (All efforts possible will be made to notify a parent if 911 is called)

() Yes () No As parent or legal guardian of the above named student, I give permission for the school to share immunization records with my child's health care provider or with public health officials.

*****If your child needs to take ANY medication at school, please contact the office for the necessary forms. Parent/Guardian AND Health Care Provider consent are required for medications to be administered at school.**

*****Please keep all information regarding emergency contacts and who your child may be released to up to date with the school office.**

Parent/Guardian Signature

Date

Plateau Valley School District #50

56600 Hwy 330 Collbran CO (970)487-3547 fax: (970)487-3876

PRESCHOOL PHYSICAL EXAM FORM (to be completed by the child's health care provider)

State regulations require that all children attending an early childhood program, including preschool, have on file verification of a well-child exam within the past 12 months. Please provide this information to the school before your child attends preschool. This form may be used or other documentation from your child's health care provider that an exam has taken place within the past 12 months.

Child Name: _____ DOB: _____ Sex: _____

Parent Name: _____ Phone: _____

Health Care Provider Name: _____ Phone: _____

Date of Examination: _____

Allergies: _____

Wt: _____ %	Ht: _____ %	BMI	T	P	R	BP
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Physical Exam: ☐ Normal ☐ Abnormal (please explain) _____

Significant Health Care Concerns: ☐ None

☐ Reactive Airway Disease/Asthma ☐ Seizures ☐ Diabetes ☐ Developmental Delays
☐ Vision ☐ Hearing ☐ Severe Allergies ☐ Other (dental, nutrition, behavior)

Health Care Needs/Instructions/Suggestions: _____

Medications: _____

Diet: ☐ Regular ☐ Special: _____

Immunization Status: ☐ Up-to-Date ☐ Administered Today: _____

Health Care Provider Signature _____

Date _____

Permission for Photographs to be Taken