

Little Learners Preschool
Berthoud United Methodist Church
Enrollment Packet
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Child Enrollment Form: Vital information regarding family history and contact information, pick-up information, allergy history and treatment.

Child Information Form: This gives us your perspective of the goals and abilities of your child, and a self-portrait of the child.

Student Health Record: A required state letter and form that must be completed by your child's doctor after a physical examination. The exam must occur within six months of your child starting school. Student Health Record is required by the first day of school.

Colorado Department of Public Health Certificate of Immunization: Must use state form and must be completed by an authorized medical person. Form needs to be completed by first day of school.

Emergency Contact Information Card and Consent to Treat: All emergency information along with a recent photo of your child. Must be completed before first day of school.

Liability Release and Field Trip Permission Form: Must be signed prior to any field trips or parent helping in the classroom.

Little Learners Preschool
 Berthoud United Methodist Church
Emergency Information

For our staff to assure the safety of your child, we will not release him/her to anyone except those listed below unless written notice by parent gives permission to do otherwise and it is approved by the director.

Child's Name:	Nickname:
Date of Birth:	Age by 10/01/17:
Address:	
City:	Zip:
Home Phone:	Primary Cell Phone:
Secondary Cell Phone:	Email:
Father or guardian's name:	
Occupation:	Cell Phone:
Employer:	Employer Address:

Mother or guardian's name:	
Occupation:	Cell Phone:
Employer:	Employer Address:

Emergency Contact (Other than Parents)

Emergency Contact:	Phone:	
Address:	City:	Zip:

Preferred Hospital:		Phone:	
Address:	City:	Zip:	
Physician:		Phone:	
Address:	City:	Zip:	
Dentist:		Phone:	
Address:	City:	Zip:	

Release from School: (Adults other than parents authorized to pick child up from school.)

Name:	Relationship:	Phone:
Address:	City:	Zip:
Name:	Relationship:	Phone:
Address:	City:	Zip:
Name:	Relationship:	Phone:
Address:	City:	Zip:

Little Learners Preschool
Berthoud United Methodist Church
Child Information Form

1. What special interests or hobbies does your child have?

2. List any fears or behavior problems which re-occur enough to cause you some concern:

3. Briefly describe the strongest personality traits of your child: (quiet, outgoing, slow-to-warm, active, easy, fearful, etc)

4. List any goals that you wish us to focus upon for your child.

5. Has your child ever had any previous preschool experience or large group activity prior to enrollment here? Was it positive or negative experience?

6. Primary reason I want a preschool experience for my child (for example, social emotional, skills)

7. Are there any issues with food or drink (may make your child gag)?

8. May we use your child's picture, without his/her name, in photos on Facebook, our website, and/or on posters to advertise at the preschool fair or on preschool wall? Yes No

Names of Siblings in the family and their ages

Name:	Age:	Name:	Age:
Name:	Age:	Name:	Age:

8. Please have your child draw a self-portrait below:

Little Learners Preschool
 Berthoud United Methodist Church
Student Health Record – completed by Doctor’s Office

Child’s Name:	Sex:	Date of Birth:
Physician:	Phone:	
Address:	City:	Zip Code:
Dentist:	Phone:	
Address:	City:	Zip Code:

Health Care Provider (Please complete this section)

Know Allergies:
Current Medications:
Any Special Diet:
Any Chronic Health Conditions:
Physical Exam: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Health Concerns: <input type="checkbox"/> Seizures <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Allergies <input type="checkbox"/> Heart or Respiratory Conditions
<input type="checkbox"/> Physical Disabilities/Other:
Any other concerns:
Information and instructions on any health issues:
Next scheduled exam date:

Current Immunization Form must also be completed and on file before the first day of school.

Physician’s Signature _____

Date: _____



Certificate of Immunization for Electronic Records

You may type in the boxes and print using the free Adobe Acrobat Reader.
To save the completed form, you must have the full Acrobat program or Reader version 7 or greater.

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						Titer Date
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							
Measles	Measles							
Mumps	Mumps							
Rubella	Rubella							
Varicella	Chickenpox					Provider Documentation Date of Disease	Positive Screen Date	
Vaccines recorded below this line are recommended. Recording of dates is encouraged.								
HPV	Human Papillomavirus							
Rota	Rotavirus							
MCV4/MPSV 4	Meningococcal							
Hep A	Hepatitis A							
Flu	Influenza							
Other								

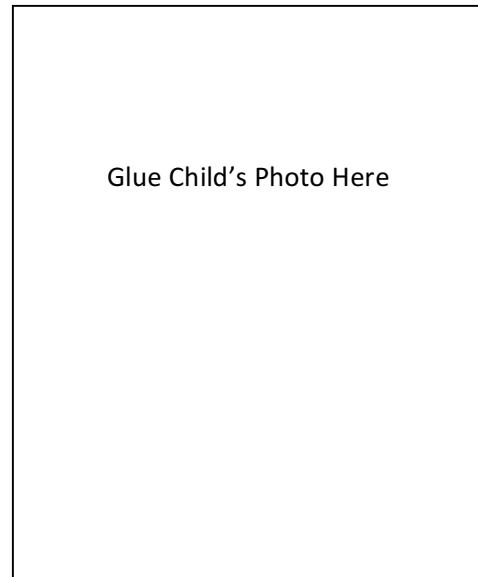
THIS SECTION CAN BE COMPLETED BY CHILD CARE/SCHOOL/HEALTH CARE PROVIDER

- A) Child Care Up to Date**
Up to date through 6 months of age for Colorado School Immunization Requirements Update Signature _____ Date _____
- B) Child Care Up to Date**
Up to date through 18 months of age for Colorado School Immunization Requirements Update Signature _____ Date _____
- 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 _____
- D) Complete for K–5th Grade**
Up to date for K–5th Grade for Colorado School Immunization Requirements Update Signature _____ Date _____

* If age 4 years and fulfills Requirements for Pre-School & Kindergarten, check BOTH Boxes C and D.

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EMERGENCY CONTACT INFORMATION CARD

Child's Name	Weight:	Height:
Birthday:		
Mother's Name:	Phone number:	
Father's Name:	Phone number:	
Address:	City:	Zip:
Additional Contact:	Phone number:	
Address:	City:	Zip:
Relationship to child:		



Are there any known physical conditions such as seizures, medications, illnesses, allergies or food we must avoid?
Treatment for allergies:

Little Learners Preschool
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Consent to treat child form

I _____, parent or legal guardian of _____, do hereby give my permission to the staff of Little Learners Preschool @Berthoud United Methodist Church to call a doctor or emergency medical service and for the doctor, hospital, or medical service to provide emergency medical or surgical care for my child should an emergency arise. It is understood that the staff at Little Learners Preschool will make a conscientious effort to locate the emergency contact listed on the registration documentation, before any action will be taken. If it is not possible to locate the emergency contacts listed, I/we will accept the expense of emergency medical or surgical treatment.

 Parent/Guardian Signature

 Date

 Parent/Guardian Signature

 Date

Little Learners Preschool
Berthoud United Methodist Church

Medicine Policy

It is the policy of Little Learners Preschool at Berthoud United Methodist Church to neither give nor store medicines for children unless the need is either an emergency or the child requires medication more than every 3.5 hours

I acknowledge the information provided is true and correct.

Parent/Guardian Signature

Date