STEELE SCHOOL FOR EARLY LEARNING

5030 Carr Street

Arvada, CO 80002

303-431-5653

Date of Enrollment:_____

Child's Name_____ Nickname_____

Home Address:_____

City _____ State:_____ Zip Code: _____

Home Phone:_____ Sex: M F Age:_____ DOB_____

Family Members:_____

Mother or Guardian's:

Name:_____

Address if different from child's:_____

Home Phone:_____ Cell:_____

Email address:_____

Name of employment:_____

Occupation_____

Address of employment:_____

Work Phone:_____

Father or Guardian's:

Name:_____

Address if different from child's:_____

Home Phone:_____ Cell:_____

Email address:_____

Name of employment:_____

Occupation_____

Address of employment:_____

Work Phone:_____

Special instructions for reaching parent or guardian:_____

Emergency Contacts

Name_____ Home Phone_____ Cell_____

Address_____

Work phone_____ relationship to child_____

Name_____ Home Phone_____ Cell_____

Address_____

Work phone_____ relationship to child_____

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EMERGENCY INFORMATION & AUTHORIZATION FOR TREATMENT & TRANSPORTATION

Child's Name_____ Date of Birth_____

Home address_____

City_____ State_____ Zip code_____

Parent/Guardian_____

Home Phone_____ Cell_____ Work_____

Employer_____ Address_____

Parent/Guardian_____

Home Phone_____ Cell_____ Work_____

Employer_____ Address_____

Alternate Emergency Contact

Name_____ Home Phone_____ Cell_____

Address_____

Work phone_____ relationship to child_____

Name_____ Home Phone_____ Cell_____

Address_____

Work phone_____ relationship to child_____

Health care facility (must be provided)

Name_____

Address:_____

Allergies or restrcitions_____

Chronic illness/special needs_____

Medications_____

Insurance information_____

AUTHORIZATION FOR EMERGENCY CARE AND TRANSPORTATION

In the event of an emergency I hereby give my permission for child care staff to access emergency medical services for my child, including transportation to the nearest health care facility, to receive emergency medical or surgical care and treatment. It is understood that a conscience effort will be made to locate me, and I accept the expense of care and transport.

Parent/guardian signature_____ Date_____

Parent/guardian signature_____ Date_____

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Child's name _____

CHILD PICK UP INFORMATION

Persons authorized for pick up MUST show a photo ID

Name_____ Home Phone_____ Cell_____

Address_____

Work phone_____ relationship to child_____

Name_____ Home Phone_____ Cell_____

Address_____

Work phone_____ relationship to child_____

Name_____ Home Phone_____ Cell_____

Address_____

Work phone_____ relationship to child_____

Name, address and phone number of child's doctor_____

_____

Name, address and phone number of child's dentist_____

_____

Hospital of preference (must be complete)

Name_____ Address_____

City_____ State_____ Zip_____

Phone number_____-

Chronic Medical Conditions Yes or No. explain_____

_____

Does your child have a health care plan? YES or NO. If yes explain_____

_____

Is your child fully immunized? YES or NO. Must provide complete immunization records on first day of care.

Food allergies?_____

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Child's name_____

Health History

Chronic or reoccurring/nature of reaction

Health History

Ear infections_____

Diabetes_____

Heart disease/defect_____

Convunsion/seizures_____

Asthma_____

Nosebleeds_____

Measles/mumps_____

Chicken pox_____

Flu or flu shot_____

Allergies

Hay fever_____

Plant poisoning_____

Insect Sting_____

Penicillin_____

Other drugs_____

Animals_____

Food_____

Other_____

Operations or serious injuries (dates)_____

Is the child on any medications? YES or NO. if yes, explain_____

_____

Physical limitations? YES or NO. if yes, explain_____

Dietary limitations? YES or NO. if yes, explain_____

Vision_____ Hearing_____

Are there any activities you would prefer your child NOT participate in? if yes, explain_____

_____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I hereby give my permission to Steele School for Early Learning 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.

Parent/guardian signature_____ date_____

It is understood that the child care provider will make a conscience effort to locate the parent/guardian and emergency contacts listed on registration document before any action will be taken. If it is not possible to locate emergency contacts listed treatment will not be delayed. I/we will accept the expense of emergency transportation, medical or surgical treatment.

Parent/guardian signatures

_____ date_____

_____ date_____

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PARENTAL AUTHORIZATION TO ADMINISTER TOPICAL MEDICATION

The parent/guardian of _____ ask school staff give the following medication

_____ at _____ to my child.

Topical ointment and medications my not be administered if skin is broken, only as a preventative.

Parent/Guardian_____

Date_____ Daytime Phone_____

PARENTAL AUTHORIZATION TO ADMINISTER TOPICAL MEDICATION

The parent/guardian of _____ ask school staff give the following medication

_____ at _____ to my child.

Topical ointment and medications my not be administered if skin is broken, only as a preventative.

Parent/Guardian_____

Date_____ Daytime Phone_____

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Consent and Release

I hereby certify my consent and submission to all governing policies of the school. It is understood that the services of the school are engaged by mutual consent: and that, either I or the school reserves the right to terminate any or all services at any time. I agree to keep my tuition payments current and in accordance with Steele School policy. I have received a copy of the parent handbook location on www.arvadapreschool.com and acknowledge it is my responsibility to read this and understand its contents.

I understand and agree with the video and television policy of the school, which is stated in the parent handbook.

I authorize use of my child's photograph in any Steele School publication including but not limited to Steele School brochure, newsletters and websites.

I understand and give permission for my child to participate in all activities sponsored by Steele School for Early Learning both on and away from campus.

Child's name_____Date_____

Parent's signature_____

Administrator signature_____

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Rates:

Infant age 6 weeks to 18 months.

Daily $75.00 Weekly $ 292.00 Monthly $1168.00

Toddlers 18 months till potty trained.

Daily $66.00 Weekly $253.00 Monthly $1011.00

Preschool ages 3—5

Daily $59.00 Weekly $225.00 Monthly $899.00

Before and after school

Before only	Daily $15.00	Weekly $60.00	Monthly $200.00
After only	Daily $ 20.00	Weekly $100.00	Monthly $360.00
Before and After	Daily $35.00	Weekly $150.00	Monthly $ 500.00

Annual fees are payable September 1 of each year. Registration fee $75.00 with a student insurance fee of $30.00 for a total of $105.00 yearly.

Tuition:

Tuition is always due in advance of the first day of attendance. We accept cash money orders and checks as well as VISA and Master card. We do NOT accept American Express. Tuition may be paid online through the "Make A Payment" tab on the website. The annual registration fee must be paid to start enrollment. If a student withdraws at any point the fee is non-refundable and non-transferable. Tuition is non-refundable.

Child care hours:

The childcare center is in session Monday through Friday 7am to 5:30pm. Our doors open at 6:45 and close promptly at 5:45. Staff will stay with children until all are picked up. Parents who fail to pick up their child/children
By 5:30 will be charged a fee of $2.00 per minute/per child starting at exactly 5:31.**This fee will be payable in cash at time of pick up.** Frequent violations of this policy will result in termination and late fees will be charged from 5:30.

Rates:

Once you have chosen a payment plan (i.e. weekly or monthly) we ask that you remain on that schedule.

PLEASE NOTE

You are required to pay for the full number of days each week that your child is scheduled to attend. There is no reduction in tuition for holidays, absences, illness, teacher training days or snow days.
Two weeks vacation is available to families after the first year of attendance: see parent handbook for details. Two weeks written notice is required.

I have read and agree to comply with the tuition guidelines above. I understand that non-payment of tuition as outlined is cause for termination of my child's enrollment.

Parents Signature_____SS#_____Date_____

Administration Signature_____Date_____

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STUDENT HEALTH RECORD

STUDENT NAME	DATE OF BIRTH MONTH - DAY - YEAR
ADDRESS CITY / STATE / ZIP	SEX ☐ M ☐ F
MOTHER'S NAME	**FATHER'S NAME**

MEDICAL INFORMATION

CHECK ILLNESSES CHILD HAS HAD AND GIVE APPROXIMATE DATES	☐ RUBEOLA	☐ RUBELLA	☐ CHICKEN POX	☐ SCARLET FEVER	☐ MUMPS	☐ STREP THROAT
	☐ RHEUMATIC FEVER	☐ HAY FEVER	☐ DIABETES	☐ WHOOPING COUGH	☐ EPILEPSY	☐ POLIO MYELITIS
	☐ OTHER	☐ ASTHMA				

THIS CHILD IS PHYSICALLY OR EMOTIONALLY ABLE TO PARTICIPATE IN THE CHILDCARE / SCHOOL PROGRAM NAMED ABOVE. ☐ YES ☐ NO

PARTICIPATION IS APPROVED FOR ACTIVITY IN A PHYSICAL EDUCATION PROGRAM AND / OR AN ELEMENTARY SPORTS PROGRAM (I.E., SOCCER, BASKETBALL, ETC.) ☐ YES ☐ NO

CONTACT WITH T.B? ☐ YES ☐ NO	TUBERCULIN TEST GIVEN? ☐ YES ☐ NO	RESULTS OF T.B. SKIN TEST
ANY SURGERIES OR ACCIDENTS? ☐ YES ☐ NO	EXPLAIN	
OTHER ILLNESSES OR SPECIAL PROBLEMS? ☐ YES ☐ NO	EXPLAIN	

MEDICATIONS PRESCRIBED:

PHYSICAL FINDINGS:

VISION (IF TESTED):	HEARING (IF TESTED)

SPECIAL INFORMATION

DRUG REACTIONS? ☐ YES ☐ NO	EXPLAIN
ALLERGIES? ☐ YES ☐ NO	EXPLAIN

SPECIAL DIET? (EXPLAIN)

DESCRIBE ANY PHYSICAL CONDITION REQUIRING SPECIAL ATTENTION BY STAFF:

RECOMMENDATIONS AND COMMENTS TO SCHOOL PERSONNEL:

DATE OF MY MOST RECENT EXAMINATION OF THIS CHILD:

PLEASE PRINT

NAME AND ADDRESS OF PHYSICIAN:	**NAME AND ADDRESS OF DENTIST**
PHONE NUMBER	**PHONE NUMBER**
Signature of Physician or Nurse Practitioner Date	

PLEASE RECORD IMMUNIZATIONS AND DATES ADMINISTERED ON THE COLORADO DEPARTMENT OF HEALTH CERTIFICATE OF IMMUNIZATION AND ATTACH TO THIS FORM (IF APPLICABLE).

REV. 2/16

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Enrollment and attendance agreement

Child's name_____

My child will be attending

Monday Tuesday Wednesday Thursday Friday

My child will arrive at _____
And be picked up at _____

Please keep in mind that you are agreeing to pay for these times and days of the week.