

STEELE SCHOOL FOR EARLY LEARNING

5030 Carr Street
Arvada, CO 80002
303-431-5653

Intended Start date _____ Actual Start Date _____ Amount & date of Reg fee (new starts): _____

Child's Name/Baby last name _____ Nickname _____

Home Address: _____

City _____ State: _____ Zip Code: _____

Home Phone: _____ Gender: M F Age: _____ DOB/ due date _____

Family Members: _____

Parent or Guardian's Name: _____

Address if different from child's: _____

Home Phone: _____ Cell: _____

Email address: _____

Name of employment: _____

Occupation _____

Address of employment: _____

Work Phone: _____

Parent 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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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 _____

***Additional people may be listed on the back**

Name, address and phone number of child's doctor _____

Name, address and phone number of child's dentist _____

Hospital of preference (must be completed)

Name _____ address _____

City _____ State _____ Zip _____ Phone number _____

Chronic Medical Conditions Yes or No. Explain _____

Does your child have a health care plan(action plan for Chronic condition, ex; asthma)? YES or NO.

If yes, explain and provide a copy _____

Is your child fully immunized? YES or NO. complete immunization records and health appraisal signed by doctor must be provided on first day of care. Steele School requires all children to be fully vaccinated.

Food allergies? _____

Food preferences? Ex; vegetarian, vegan _____
(parents provide all meals. See parent handbook.)

(parents

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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 _____

Name _____ Home Phone _____ Cell _____

Address _____

Work phone _____ relationship to child _____

Health care facility- hospital (must be provided)

Name _____

Address: _____

Allergies or restrictions _____

Chronic illness/special needs _____

Medications _____

Insurance information _____

Parent/guardian signatures

_____ date _____

_____ date _____

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Child's name _____

Health History

Chronic or recurrent/nature of reaction

Health History

Ear infections _____

Diabetes _____

Heart disease/defect _____

Convulsion/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 CARE AND TRANSPORTATION

In the event of an emergency, I hereby give my permission for Steele School 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 conscious effort will be made to locate me, and I accept the expense of care and transportation. 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 and/or surgical treatment.

Parent/guardian signatures

_____ date _____

_____ date _____

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This form must be filled out in order to apply over the counter lotion, sunscreen, and/or diaper cream

PARENTAL AUTHORIZATION TO ADMINISTER TOPICAL MEDICATION

The parent/guardian of _____ ask school staff apply the following preventative medication _____ to my child when _____ .

Topical ointment and medications may 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 apply the following preventative medication _____ to my child when _____ .

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

Parent/Guardian _____ Date _____

Daytime Phone _____

I give consent for staff at Steele School for Early Learning to administer non-emergency first aid to my child. This is considered basic first aid and may be reported to administration with an accident report to be signed by the parents. Administration will call parents, if necessary.

Parent/guardian signatures

_____ date _____

_____ date _____

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Consent and Release

Child's name _____

initial _____ 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 and Highly Infectious Disease Preparedness Plan Including Pandemic Flu / Emergency Preparedness Plan located on www.arvadapreschool.com . I acknowledge it is my responsibility to read these and understand their content.

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

initial _____ 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.

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

initial _____ I **DO NOT** authorize the use of my child's photograph in any Steele School publication including but not limited to Steele School brochures, newsletters and websites.

Parent/guardian signatures

_____ date _____
_____ date _____

Administrator signature _____

Rates:

Revised April 2020

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6 weeks -18 months

Weekly-\$365 Monthly- \$ 1400

19 months- Potty Trained

Weekly-\$325 Monthly- \$ 1235

Potty Trained- School age

Weekly-\$290 Monthly- \$ 1117

* Potty-trained is defined as 4 weeks clean and dry. Must also meet State Licensing Standards. See parent handbook for further details.

There will be a 2% increase yearly in tuition.

Once you have picked a payment schedule (weekly, bi-monthly, or monthly) we ask that you remain on that schedule. Please circle your choice of payment schedule. If this needs to change please see the owner.

Reserving future enrollments:

Future enrollment fees are due upon reservation to secure a spot. To secure a spot is equal to one full week tuition. A 30 day notice is required to cancel my reservation of future enrollment, if less than 30 days, I agree to pay 1 month tuition. I understand that this fee is non-refundable and does not apply towards my tuition. I understand my spot is not guaranteed if my child does not start within 1 week of the given start date. See parent handbook for further details.

Registration fees:

A fee of \$120.00 is due the day you start. These fees are non-refundable and do not apply towards tuition. The annual registration fee of \$120.00 is due on September 1st for every family, regardless of start date.

Tuition:

Tuition is due on or before the first day of attendance. We accept cash, money orders, and checks. Credit card payments are available through the website (except American Express). Tuition is non refundable and non transferable. Please see the parent handbook about applicable late fees. I understand that non-payment of tuition as outlined is cause for termination of my child's enrollment.

Child name: _____ DOB: _____

Parent signature _____ SSN(required) _____ Date _____

Administration signature _____ Date _____

Hours:

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We are open Monday - Friday from 7am- 5:30 pm. Children picked up after 5:30 will be charged a late fee of \$3.00 per minute, per child. **This fee is due in exact cash the next day.** If late fees are not paid within 2 days this may result in suspension of care.

Attendance:

Full time (5 days) is required. You are required to pay for the full number of days your child is scheduled to attend. This includes sick days, snow days, holidays, any unplanned closure days, and teacher training days that occur on your child's scheduled days.

Emergency Preparedness Plan:

In the case of a Public health crisis, emergency, natural disaster or shut down of operations, I understand and agree to follow the Emergency Preparedness Plan. I understand and agree to the tuition requirements outlined in the Emergency Preparedness Plan.

Vacation:

5 days of vacation is offered to families after 1 year of continuous enrollment. This resets every September. Two week written notice is required.

Withdrawing:

We understand that life happens. People move and great opportunities arise. We are always sad to see students and families leave us, however, we understand. If you find yourself in the position that you need to withdraw your student from Steele School for Early learning, a written two weeks notice must be given and what their last day of attendance will be. The two weeks after the date of written notice, are required to be paid for, whether in attendance or not.

If you find yourself in a position of wanting to enroll again. This considered a broken enrollment. Your registration fee and annual fee will be due upon re enrollment. This also resets the 1 year continuous enrollment period required to accrue and use vacation time.

Discounts 5%: (circle) Military discount? Y/N Service job discount? Y/N Sibling discount? Y/N

*Discounts may not be combined. Sibling discount is 5% off of the oldest child's

I have read and agree to comply with the tuition and fee agreement and guidelines outlined here and in the parent handbook.

Child name: _____ DOB: _____

Parent signature _____ SSN(required) _____ Date _____

Administration signature _____ Date _____