

Ignacio Early Learning Program

Child's Name _____ Male ____ Female ____
First Middle Last

Name to be used at school _____ Date of Birth _____

Mother/legal guardian _____ Relationship _____
Address _____ Zip Code _____
Home Phone _____ Cell Phone _____ Work Phone _____
Occupation _____
Email Address _____

Father/legal Guardian _____ Relationship _____
Address _____ Zip Code _____
Home Phone _____ Cell Phone _____ Work Phone _____
Occupation _____
Email Address _____

Requested Schedule: (please circle the days you would like your child to attend) ** Ignacio Early Learning Program does not provide ½ days

Monday Tuesday Wednesday Thursday Friday

Please select your household income level

\$20,000 and under \$20,000- \$35,000 \$40,000-\$55,000 \$60,000-\$75,000 \$80,000-up

Please write any group experience that your child has had:

List any health problems or allergies your child has (indicate none if applicable). Be specific as to what types of reaction occurs and if your child is on a health plan.

What else does Ignacio Early Learning Program need to know to provide the best possible care for your child?

For official use only:

Classroom _____ Schedule _____ Start Date _____

Completion of ethnicity and race information is only used for USDA funding requirements. The data collected is maintained for "Statistical Use Only" and is protected in accordance with the Privacy Act (93-579), OMB Circular A-108, and DoD Directive 5400.11.

ETHNICITY (Mark one)

_____ **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

_____ **NOT Hispanic or Latino.**

RACE (Mark one or more)

_____ **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

_____ **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, 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.

_____ **White.** A person having origins in any of the original peoples of Europe, the Middle East, or North 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.

_____ **Other – Please list** _____

Emergency Waiver 2019 School Year

The Ignacio Early Learning Program Staff under the guidance of the Executive Director have my permission to make emergency health care decisions for my child

_____ in the event that I cannot be reached.

Date _____ Parent/Guardian Signature _____

Emergency Medical Info: (drug allergies, food allergies, etc.):

Child's Doctor _____

Doctor Phone _____ Address _____

Child's Dentist _____

Dentist Phone _____ Address _____

My child may take supervised walks off of Ignacio Early Learning Program property.

Initials _____

EMERGENCY CONTACTS who may pick up my child from Ignacio Early Learning Program:
(please advise all persons picking up they must provide a photo ID)

Name _____

Phone _____

Relationship _____

Name _____

Phone _____

Relationship _____

Name _____

Phone _____

Relationship _____

In the event of a child's illness/injury or emergency, it is the responsibility of the parent to make sure that either a parent or emergency contact is available by phone each day **at all times**.

Children must be picked up at the Ignacio Early Learning Program by 5:30pm. You will incur a \$5.00 charge per ¼ hour if you pick up your child after these closing times. If you are not present to pick up your child by 5 minutes after closing time, Ignacio Early Learning Program will call you. In the event you cannot be reached we will begin calling your emergency contacts. If neither you, nor your emergency contacts can be reached and your child has not been picked up by 1/2 hr. after closing time, a call will be made to the Ignacio Police Department.

Parent/Guardian Signature _____ Date _____

Ignacio Early Learning Program Financial Agreement

Required for Enrollment

The following agreement is made between Ignacio Early Learning Program and

Parent/Legal Guardian's Name _____

Relationship _____

Home _____ Cell _____ Work _____

Home address _____

Place of Employment & Address _____

Social Security Number _____

Parent/Legal Guardian's Name _____

Relationship _____

Home/Cell _____ Work _____

Home address _____

Place of Employment & Address _____

Social Security Number _____

Social Security Numbers are **ONLY used if sent to collections.*

Ignacio Early Learning Children's Program accepts payments in the form(s) of: check, cash, or money orders or processing. Please make out checks to Ignacio Early Learning Program.

1. Tuition is due the 1st of every month and is considered late on the 15th day of that month. There is a \$20 charge if payment is not received by the 15th day of the month. In addition, a finance charge of 1% will be applied for all balances outstanding on the 28th.
2. Payment obligation is based on the hours you agree to use child care, not on actual hours of attendance. Payment is due if you have agreed to use blocks of time whether or not the child actually attends during those hours. This will include the child's holidays and sick days that fall on regularly scheduled days of care.
3. When fees are not current, children may not be admitted and normal charges will accrue while children are excluded.
4. If you are participating in a subsidized child care payment program, by signing this agreement, you are financially responsible for all complementary fees incurred by you if for any reason Ignacio Early Learning Program does not receive payment.
5. In the event this account becomes delinquent, you agree to pay any and all costs of collection. You will be contacted via email and phone to remind you of your outstanding balance by the 10th of the month. If you do not pay with that notice before the 15th, you will receive a second call, and then after 45 days from the due date, your account will be sent to Collections.
6. If you intend to make a schedule change or withdraw your child from the Ignacio Early Learning program, one month (30 days) notice is required; if under one month notice is given you will be charged for 30 days from the date you gave notice of the schedule change or withdraw.
7. Ignacio Early Learning Program reserves the right to terminate this agreement with no notice for violations of child care rules and policies listed in the parent handbook.

Parent/Legal Guardian's Signature _____ Date _____

Parent/Legal Guardian's Signature _____ Date _____

Photo Permission

I understand that while at Ignacio Early Learning Program, my child may be photographed during activities in their classroom, on the playground, or on a field trip.

Child's Name _____

I grant Ignacio Early Learning Program permission to share my child's photograph internally (i.e. posted within the center; or attached to an internal email).

Yes No _____ init

I grant Ignacio Early Learning program permission to share my child's photograph in promotional materials such as the brochure and the website.

Yes No _____ init

I grant Ignacio Early Learning program permission to share my child's photograph in promotional materials through Ignacio Early Learning Program social media.

Yes, No _____ init

Sunscreen Permission

Name of Sunscreen and SPF # _____

Your child's care provider will assist with applying sunscreen to bare skin including the face, tops of ears, shoulders, arms, legs, and feet 15-30 min before outdoor activity. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian.

_____ int. I understand that sunscreen will be applied to my child before outdoor activities.

_____ int. I do not want my child to use any sunscreen other than the one that she/he brings.

_____ int. In the event that my child's sunscreen is not readily available, my child may use the sunscreen provided by the school.

I have read, acknowledge, understand, and agree to the photo and sunscreen permission forms as outlined in the above.

Parent/Legal guardian signature _____ Date _____

General Health Appraisal Form

Portions of this report are to be filled out by a health care professional who has seen the child in the last twelve months.

Name of Facility: _____

To be filled out by Parent

Child's Name _____ Sex _____ Date of Birth _____

Address _____

I, _____ give consent for my child's health provider to discuss my child's health concerns with appropriate school personnel.

Parent/Legal Guardian Signature _____

To be filled out by Health Care Provider

Past Illnesses - Check those that the child has had and give approximate dates:

Chicken Pox _____ Roseola _____ Rubella _____

Rheumatic Fever _____ Asthma _____ Hay Fever _____

Diabetes _____ Mumps _____ Epilepsy _____

Whooping Cough _____ Poliomyelitis _____ Other _____

Comments _____

Surgery/Accidents/Illnesses/Chronic Health Problems _____

Describe any physical condition requiring the facilities special attention _____

Medication(s) Prescribed: _____

Allergies: _____

If tuberculin test given: Date _____ Result _____

If chest x-ray given: Date _____ Result _____

Vision: _____ Hearing _____

Please record immunizations and dates administered on the Colorado Dept. of Health Certificate of Immunization SCHOOL FORM and attach.

Date of my most recent examination of this child _____

Signature of licensed Physician or other health care professional _____

Date _____

Name of Physician

Address

City

State