



Application Packet for the 2019 Summer Program

Director Melanie Brunson

Assistant Director Lisa Ruybal

535 Candelaria Drive

Ignacio CO. 81137

970-563-0681

Schedule

Session 1

June 3rd-28th

Session 2

July 8th-26th

Session 3

August 5th-16th

Weeks between these sessions will be vacation weeks for children and In-service weeks for teachers.

IDENTIFICATION AND EMERGENCY INFORMATION

Name of Child _____
Last First Middle

Date of Birth: _____ M F

Physical Address: _____ Zip _____
City State

Mailing Address: _____ Zip _____
City State

Phone # _____ Preferred Email Address: _____

Mother or guardian: _____

Physical Address: _____ Zip: _____
City State

Mailing Address: _____ Zip: _____
City State

Phone: _____ Cell: _____

Employment _____ Phone: _____

Work Email Address (if any): _____

Father or guardian: _____

Physical Address: _____ Zip: _____
City State

Mailing Address: _____ Zip: _____
City State

Phone: _____ Cell: _____

Employment: _____ Phone: _____

Work Email Address (if any): _____

List persons to be called in case of emergency, IN CASE PARENTS CANNOT BE REACHED:
(Be sure to include someone other than yourself who will usually know your whereabouts).

Name: _____ Relationship to child: _____

Address: _____

Phone: _____ Cell: _____

Name: _____ Relationship to child: _____

Address: _____

Phone: _____ Cell: _____

Child's physician: _____ Phone: _____

Clinic: _____ Address: _____

Child's dentist: _____ Phone: _____

Clinic: _____ Address: _____

Emergency hospital preference: _____

NOTICE OF NON-DISCRIMINATORY POLICY

Ignacio Early Learning Program admits students of any race, color, gender, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, gender, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

Ignacio Early Learning Program

PERMISSION TO PARTICIPATE IN SCHOOL ACTIVITIES AND TO RECEIVE EMERGENCY MEDICAL CARE

I hereby grant permission for my child, _____, to use all of the play equipment and participate in all of the activities of the school and to leave the school premises under the supervision of a staff member for neighborhood walks or field trips.

I hereby grant permission for the Director or Assistant Director to take whatever steps may be necessary to obtain emergency medical care. These steps may include, but are not limited to, the following:

1. Attempt to contact a parent or guardian, the child's physician, or the persons listed on the emergency information form.
2. If we cannot contact you or your child's physician we will do one or both of the following:
(a) call another physician or paramedics (b) have the child taken to an emergency hospital in the company of a staff member.
3. Any expenses incurred under two (2) above will be the responsibility of the child's family.
4. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

Parent/Guardian Signature

Date

Ignacio Early Learning Program

SUNSCREEN APPLICATION

As the parent/guardian I recognize that too much sunlight may increase my child's risk of getting skin cancer someday. Therefore, I give my permission for IELP teachers and staff to apply sunscreen when my child will be playing outside. I understand that sunscreen may be applied to exposed skin, including but not limited to face, tops of ears, nose, bare shoulders, arms, and legs.

As with any topical medication or cream, the first application of any brand of sunscreen should be applied at home in order to evaluate your child's possible allergic reaction to that product.

I will provide sunscreen for my child, _____(name). I will label the bottle with my child's name and personally hand it to my child's teacher.

Parent/Guardian Signature: _____ Date: _____

MOVIE/VIDEO RELEASE FORM

Although movies and videos are not part of IELP's learning environment, occasionally "G" rated movies and videos are shown. This may happen when recess is not advised due to weather conditions.

I consent to my child _____(name) watching a "G" rated movie/video when recess is not advised due to weather conditions.

Signature of parent/guardian _____ Date _____

Name of Child _____

Ignacio Early Learning Program SECURITY CODE and RELEASE of CHILD

Under no circumstances will a child be released to anyone without authorization from parent(s) or guardian(s).

IMPORTANT INFORMATION:

- Person(s) picking up child must be 18 years old (including siblings).
- Security codes are only given to parents/guardians and authorized persons. *An authorized person is someone you list on the table below. Only person(s) on this form with a code have authorization to enter IELP's building and to pick up a child. NO EXCEPTIONS.*
- Codes cannot be given to unauthorized persons. A breach of security results when parents give out their code to someone **not** authorized to pick up their child. If this happens, a parent's current code will be canceled out and a new code will be issued. ***There will be a \$50.00 processing fee.***

BACKUP PLAN:

It is recommended that parents/guardians have a "backup plan" in case of emergency. Create a backup plan by having authorized persons on this form pick up your child.

SPECIAL CIRCUMSTANCE:

If a special circumstance arises where neither parent/guardian nor authorized person(s) on this form can pick up a child then do the following:

1. Call school and inform the Director or child's teacher.
2. Give the Director or teacher the name of person you are authorizing to pick up your child. (Picture I.D. will be required to verify name parent gives.)
3. Person will need to push the doorbell located outside the door, or call 970-563-0681, and talk directly to the teacher or the Director.
4. The Director or Teacher will come to door, check ID, then allow person to enter building and release your child to them.

AUTHORIZATION INFORMATION:		
Parent/Guardian:	Phone:	Address
Parent/Guardian:	Phone:	Address
Authorized person:	Phone:	Address
Authorized person:	Phone:	Address

Authorization Signature

Date

Note: It is legal for either parent to pick up a child unless we have a copy of a court order restricting visitation or a restraining order.

Ignacio Early Learning Program

HEALTH HISTORY (MUST BE COMPLETED!!)

Child's Name: _____ Date of Birth: _____

ALLERGIES (Food, insects, medicines, etc.) Please explain severity and symptoms:

1. Is your child in good health at this time? Yes No
If no, please explain

2. Is your child generally healthy most of the time? Yes No
If no, please explain

3. Does your child tolerate normal exercise? Yes No

4. Do any siblings have health problems? Yes No

5. Does your child have difficulty hearing? Yes No

6. Does your child have problems with diarrhea or constipation? Yes No

7. Has your child ever had problems with wheezing or asthma? Yes No

8. Has your child been under a physician's care in the last 12 months? Yes No

If yes, please explain

9. Does your child have to limit his/her activities for health reasons? Yes No

If yes, how and why?

Is your child taking medication now? Yes No

Is this for long term medication administration?

If yes, contact the office.

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1. Attempt to contact a parent or guardian, the child's physician, or the persons listed on the emergency information form.
2. If we cannot contact you or your child's physician we will do one or both of the following: (a) call another physician or paramedics (b) have the child taken to an emergency hospital in the company of a staff member.
3. Any expenses incurred under two (2) above will be borne by the child's family.
4. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

Parents must sign below.

Signed (Parent or Legal Guardian)

Date

Ignacio Early Learning Program
Hours of Operation and Fee Schedule
Summer 2019

TUITION INFORMATION for _____

Child's Name

Summer Application Fee:

- Initial Registration Fee for 1 child: \$10 (For newly enrolled children)
- Initial Registration Fee for 2+ children: \$20 (For newly enrolled children)
- Ignacio Early Learning Program is open Mon-Fri from 7:30am-5:30pm. The daily tuition base rate covers care from 7:30am to 5:30pm. The tuition rate is \$36.00 per day for preschoolers and \$38.00 per day for toddlers. IELP does not offer vacation credit.
- Tuition is invoiced for an upcoming month by the 20th of the current month. Tuition payments are due on the 1st day of the month. If payments have not been received by the 5th a \$20 late fee will be issued unless you have worked out prior arrangements with the Division Director.

Please Circle the days you want and we will do our best to accommodate you:

Days of Operation: Monday Tuesday Wednesday Thursday Friday

(A two day minimum is required.)

Summer Day: 7:30am – 5:30pm

TUITION DISCLOSURE

Tuition is due the first day of each month. A late fee of \$20.00 will be added to tuition not paid by the 15th day of the month; a 1% finance charge applies to balances due for the current month on the 28th of the current month. If tuition is 30+ days overdue, your child may be asked to leave the program and your account balance may be assigned to a collection agency. We accept cash, check and money order.

LATE PICK-UP

When a child has not been picked up on time, parents will be contacted immediately. **Our hours are 7:30 AM to 5:30 PM. If your child (ren) is not picked up by 5:30 PM, you will be charged a late fee of \$5.00 every 15 minutes.** In the event an emergency has occurred preventing the family from picking up the child, the emergency contact provided will be called. If no person authorized to pick up the child has arrived within 30 minutes after closing, and no family or emergency contacts have been reached, Child Protection will be called to assume responsibility for the child, an action mandated by Colorado State Law.

DUE TO STAFFING REGULATIONS, IT IS IMPORTANT THAT CHILDREN ARE PICKED UP PROMPTLY

If it is necessary for you to withdraw your child from the program, the school must receive a two weeks written notice prior to leaving. Otherwise, tuition payment for the two weeks is required.

All children attending Summer Camp must rest in a specified classroom and parent must provide their child with a nutritious lunch and water bottle. Please no soda pop style beverages or candy.

Ignacio Early Learning Program

Tuition

Preschool Age (3-5 yrs) \$36.00 per day

Toddler Age (2-3 yrs) 38.00 per day

I, understand, as the parent/guardian of

, that tuition is due on or before the 1st day of the month. A late fee of \$20.00 will be added to tuition not paid by the 15th day of the month; a 1% finance charge is applied to balance due for the current month on the 28th of the current month. If tuition is 30+ days overdue, your child may be asked to leave the program and your account balance may be assigned to a collection agency. We accept cash, check and money orders.

A \$15 nonsufficient funds fee is assessed for those payments that are returned as NSF (for checks).

Parent/Guardian: _____ Date: _____

Signature of Mother

Parent/Guardian: _____ Date: _____

Signature of Father

HEALTH RECORDS

Please submit with your application a copy of your child's most current health appraisal and immunization record. Colorado law requires that IELP have these documents on file before your child can attend our program.

Ignacio Early Learning Program

Phone: 970-563-0681

CHILD'S STATEMENT OF HEALTH STATUS FOR ENROLLMENT IN A CHILD CARE FACILITY

The child care facility must obtain for every child who enrolls in child care programs a signed and dated statement of the child's current health status which indicates the child's abilities and/or limitations to participate in a regularly scheduled child care program. This report is to be filled out by a licensed physician or other health care professional who has seen the child. Health appraisal forms are to be done on a yearly basis according to AAP recommendations.

Name of Facility: Ignacio Early Learning Program

Type of Facility: Preschool

Child's Name: _____ Sex: _____ Date of Birth: _____

Address: _____

Past Illnesses - check those 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 facility's special attention:

Are you currently taking any medications?

Allergies:

Food _____ Reaction _____

Drug _____ Reaction _____

If chest x-ray taken: Date _____ Result: _____

Vision: _____ Hearing: _____

Please record immunizations and dates administered on the Colorado Department of Health Certificate of Immunization and attach to this form.

Immunizations given today:

Date of my most recent examination of the child: _____

Date of next scheduled exam _____

Height: _____ Weight: _____

Signature of licensed physician or other health care professional

Date

Please Print:

Doctor:		Clinic:	
City:	State:	Zip:	Phone:

Please record immunizations and dates administered on the Colorado Department of Health Certificate of Immunization and attach to this form.