



Registration Packet

2021/2022

Ignacio Early Learning Program

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

Name to be used at school _____ Date of Birth _____

Guardian Name _____ Relationship _____

Physical Address _____ Zip Code _____

Mailing Address _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Occupation _____ Employer _____

Email Address _____

Guardian Name _____ Relationship _____

Physical Address _____ Zip Code _____

Mailing Address _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Occupation _____ Employer _____

Email Address _____

Child resides with Mother and Father ____ Mother Only ____ Father Only ____ Other ____

Requested Schedule: (please check the days you would like your child to attend) ** Ignacio Early Learning Program does not provide ½ days) Monday Tuesday Wednesday Thursday Friday

Please check 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:

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.

Allergy and Medical Information

Please list ANY allergies your child has:

Is this allergy life threatening?

What are the reactions to this allergy?

Please list any medications your child is currently taking:

Please tell us anything else we should know about your child's medical condition and/or history:

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 2020 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 _____ Guardian Signature _____

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

Child's Doctor _____

Doctor Phone _____ Address _____

Child's Dentist _____

Doctor Phone _____ Address _____

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 5:00pm. You will incur a \$5.00 charge per ¼ hour if you pick up your child after 5:00 pm. If you are not present to pick up your child by 5:05pm 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 6pm a call will be made to the Ignacio Police Department

Guardian Signature _____ Date _____

Ignacio Early Learning Program Financial Agreement

Required for Enrollment

The following agreement is made between Ignacio Early Learning Program and:

Legal Guardian's Name _____
Relationship _____
Home/Cell _____ Work _____
Home address _____
Place of Employment & Address _____
Social Security Number _____

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 2nd day of that month. There is a \$25 charge if payment is not received by the 2nd day of the month.
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. A late fee of \$25 will be charged for payment not received by the 2nd day of the month. When fees are not current, children will 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 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 call to remind you of your outstanding balance by the 5th of the month. If you do not pay with that notice, you will receive a second call, and then after 90 days you 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.

Invoice Preference: Hand Out _____ Emailed _____ Postal Mail _____

Legal Guardian's Signature _____ Date _____

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 _____ int.

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 _____ int.

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 _____ int.

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. Sunscreen must be clearly marked and identified for each child. IELP will provide Equate SPF 50 Baby sunscreen.

_____ 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.

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

Legal guardian signature _____ Date _____

Walking Field Trips

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

Initials _____

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 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 _____

Next recommended visit date as per AAP: _____

Signature of licensed Physician or other health care professional _____ Date _____

Name of Physician

Address City State

PARENT HANDBOOK

Acknowledgement Form

2020

Revised: June 17, 2020

Please sign the following acknowledgement and return to the Program Director, this will be filed in your child's file

I _____ have read, acknowledge, understand, and agree to comply with rules, regulations and policies outlined in the Ignacio Early Learning Program Handbook.

Child's Name(s):

Printed Name: _____

Signature: _____ Date: _____

Automated Payment Processing

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT**

I (we) hereby authorize Ignacio Early Learning Program to initiate debit entries to my (our) checking or savings account as indicated below. To properly affect the cancellation of this agreement, I (we) are required to give 10 days' written notice.

Your Name		Phone#		
Address		City	State	Zip
Bank Name (see sample below)	Bank Address	City	State	Zip

Routing Transit # (see sample below) Account # (see sample below)

- ☐ Checking
- ☐ Savings
- ☐ Full Tuition on the 1st of Each Month

Authorized Signature Date

The image shows a sample check stub with the following fields and labels:

- Your Name**
- Your Address**
- Your City, State, Zip**
- DATE**
- Please attach a voided check**
- PAY TO THE ORDER OF**
- DOLLARS**
- BANK NAME**
- BANK ADDRESS**
- MEMO**
- ROUTING NUMBER (ALWAYS 9 DIGITS)**: 123456789
- YOUR ACCOUNT NUMBER**: 1212121212
- 0101**

IEP or IFSP

The Individualized Education Program, also called the IEP, is a document that is developed for each public school child who needs special education. The IEP is created through a team effort, reviewed periodically.

An Individualized Family Service Plan is a plan for special services for young children with developmental delays. An IFSP only applies to children from birth to three years of age. Once a child turns 3 years old, an Individualized Education Program is put into place.

Does your child have an IEP already in place from a previous preschool?

Yes____ **No**____

Does your child have an IFSP already in place from a previous preschool?

Yes____ **No**____



Authorization for the release of Confidential Information

Child's Name _____ Date of Birth _____

I, _____ / _____ (Full name/ relationship to the child) hereby authorize that the following information INITIALED by me may be released or requested by Ignacio Early Learning Program.

____ Medical Records

____ Immunization Records

____ Therapy Reports

____ Screenings/Evaluations (ex: Developmental screenings, ASQ's, etc.)

____ All Records

____ Other (List) _____

This release is voluntary. I understand that I have the right to NOT CONSENT to release this information. I also understand that a copy of the shared information must be provided to me if requested.

This form can be canceled at any time in the form of writing.

Parent/ Guardian: _____

Date: _____



Ignacio Early Learning Program

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: _____

Name (Print) _____

Name (Sign) _____



Help our teachers get to know your child

Tell us one or two things your child enjoys playing with or likes doing? _____

How does your child do with people he/she does not know? _____

How does your child interact with kid their own age and does your child do better playing alone or with a group? _____

Does your child have a hard time expressing wants and needs? If yes please explain. _____

When your child is upset, what can be done to help comfort them? _____

Is your child in diapers or potty training? If potty training does he/she need a pull up during nap?

Does your child take a nap? If so what are some ways to help them relax during nap? _____

Is your child afraid of anything? _____