



# Registration Packet 2022/2023

**Registration Fee**

☐ Paid

☐ Unpaid

## 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 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 circle 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?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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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:

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Is this allergy life threatening?

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What are the reactions to this allergy?

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Please list any medications your child is currently taking:

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

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**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 2022 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 \_\_\_\_\_

### Medical Insurance Information

Medical Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

Name of Insured \_\_\_\_\_

**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 1<sup>st</sup> of every month and is considered late on the 2<sup>nd</sup> day of that month. There is a \$25 charge if payment is not received by the 2<sup>nd</sup> 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 2<sup>nd</sup> 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 5<sup>th</sup> 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

### 2022

Revised: July, 7, 2022

\*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):

\_\_\_\_\_

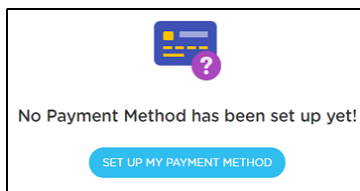
Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date:

\_\_\_\_\_

# Automated Payment Processing

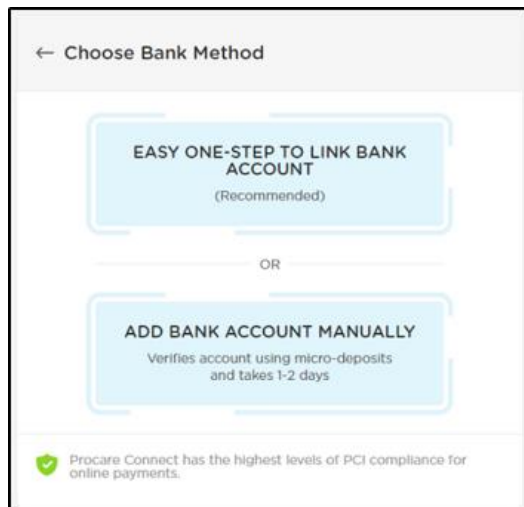
1.



No Payment Method has been set up yet!

SET UP MY PAYMENT METHOD

2.



← Choose Bank Method

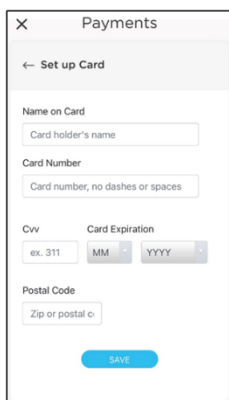
EASY ONE-STEP TO LINK BANK ACCOUNT  
(Recommended)

OR

ADD BANK ACCOUNT MANUALLY  
Verifies account using micro-deposits and takes 1-2 days

Procare Connect has the highest levels of PCI compliance for online payments.

3.



Payments

← Set up Card

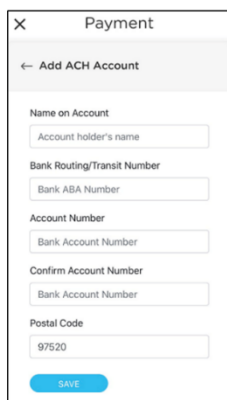
Name on Card  
Card holder's name

Card Number  
Card number, no dashes or spaces

CVV Card Expiration  
ex. 311 MM YYYY

Postal Code  
Zip or postal code

SAVE



Payment

← Add ACH Account

Name on Account  
Account holder's name

Bank Routing/Transit Number  
Bank ABA Number

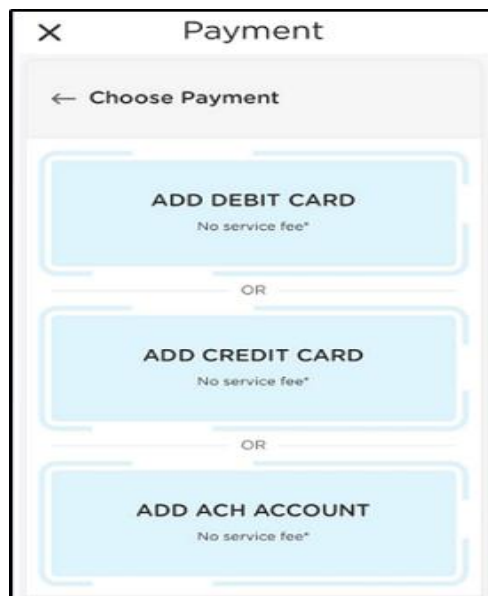
Account Number  
Bank Account Number

Confirm Account Number  
Bank Account Number

Postal Code  
97520

SAVE

4.



Payment

← Choose Payment

ADD DEBIT CARD  
No service fee\*

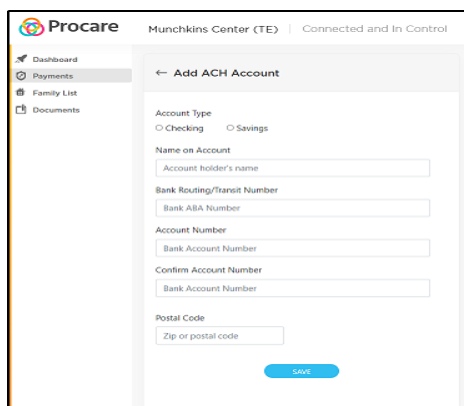
OR

ADD CREDIT CARD  
No service fee\*

OR

ADD ACH ACCOUNT  
No service fee\*

5.



Procare Munchkins Center (TE) | Connected and In Control

Dashboard Payments Family List Documents

← Add ACH Account

Account Type  
☐ Checking ☐ Savings

Name on Account  
Account holder's name

Bank Routing/Transit Number  
Bank ABA Number

Account Number  
Bank Account Number

Confirm Account Number  
Bank Account Number

Postal Code  
Zip or postal code

Save

## **\*\*Additional Transaction Fees:**

**Credit Card** – surcharge of 2.7% of tuition plus ¢ 0.30

**ACH** - \$1.00

## **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? \_\_\_\_\_