

**DENVER PUBLIC SCHOOLS
EARLY CHILDHOOD EDUCATION (ECE)
Parent/Guardian Information and Permissions**

Child's Full Name _____ Date of Birth _____

Child's Home Address _____ City & Zip _____

Date of Enrollment _____

Previous Educational Experience (if applicable) _____

Does your child have health insurance? ___ Yes ___ No

If not, do you want information on health insurance? ___ Yes ___ No

(Teacher: for a list of resources, visit the Early Ed. website, <http://earlyeducation.dpsk12.org/resources-for-staff/>)

For classroom use only:

_____ Birth Certificate (Copy) _____ District Registration Packet (Copy)
_____ Immunization Record (Copy on CDPHE approved form) _____ Current Child's Statement of Health Status Form
_____ Special Diet and/or Health Care Plan (if applicable)

Parent/Guardian Full Name _____

Home Address _____ Phone (Home) _____

City & Zip _____ Phone (Other) _____

Email Address _____ Okay to text? Yes ___ No ___

Place of Employment _____

Employment Address _____

City & Zip _____ Phone (Work) _____

Any special instructions on how to reach parent/guardian during the hours the child is at the center?

Parent/Guardian Full Name _____

Home Address _____ Phone (Home) _____

City & Zip _____ Phone (Other) _____

Email Address _____ Okay to text? Yes ___ No ___

Place of Employment _____

Employment Address _____

City & Zip _____ Phone (Work) _____

Any special instructions on how to reach parent/guardian during the hours the child is at the center?

Child's Name _____

PARENT/GUARDIAN PERMISSIONS

1. List the names, addresses, phone numbers and relationship to your child of ADULTS (18 or over) to whom we may release your child during the school year. Children **WILL ONLY** be released to an ADULT designated in writing.

In an emergency situation, your child may be released to an ADULT for whom you, as parent/guardian, have given verbal authorization. If this person is unknown to the classroom staff, picture identification will be required.

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP TO CHILD

2. In accordance with Colorado Department of Human Services child care licensing requirements, I and any individuals I have designated will sign my child in and out each day with both the **correct time and a complete signature** including both first and last name.

3. In the event that a parent or guardian cannot be reached in an emergency, please list **at least two ADULTS** who will assume responsibility for your child in an emergency situation.

NAME	ADDRESS	PHONE NUMBER	OKAY TO TEXT? Yes or No

4. I give my permission for my child to share in food tasting experiences.

YES NO

Food Allergies/Restrictions _____

5. If I provide my child with a home-made lunch, it will contain only age-appropriate, nutritious foods which do not pose a choking hazard.

6. In compliance with Colorado Department of Human Services child care licensing requirements, I will not send any food or other items with my child to school in a plastic bag of any size.

7. I understand that food prepared at home may not be served to anyone other than my child. I also understand food prepared at home may not be offered for sale.

8. I give my permission for my child to participate with school-approved, age-appropriate computer programs, music, print media, educational videos and G-rated movies if shown in the ECE classroom.

9. I have been advised that Early Childhood Education classrooms in Denver Public Schools accept children that may not be fully immunized.

10. I have received, read and understand the Denver Public Schools Early Education Department Licensing Policies & Procedures.

Child's Name _____

11. I realize my active involvement in my child's education is very important. Therefore, I agree to:

- support my child's education
- attend parent/teacher meetings and conferences at least five times this year and
- send my child to school every day that he or she is not ill.

I have read, understand, and agree to items 1 through 11 as indicated by my signature.

Parent/Guardian Signature

Date

EMERGENCY MEDICAL AUTHORIZATION

Child's Physician _____

Name

Address

Phone

Child's Dentist _____

Name

Address

Phone

Hospital of Choice _____

Name

Address

Phone

In an emergency situation, your child will be transported to the nearest hospital and/or if the parents' hospital of choice is on divert, the Emergency Personnel will select the alternative site.

If a parent or legal guardian cannot be notified and immediate medical care is indicated, the school will call 911. However, the Denver Public Schools will in no case accept financial responsibility for care.

Parent/Guardian Signature

Date

PARENT/GUARDIAN PERMISSION TO APPLY SUNSCREEN

Prior to outdoor play, it is a state licensing regulation that sunscreen must be applied to preschool aged children UNLESS a parent agrees to exempt his/her child from this requirement.

PLEASE SIGN THE FOLLOWING STATEMENT THAT APPLIES TO YOUR FAMILY:

•I agree to exempt my child, named above, from the requirement to apply sunscreen prior to outdoor play.

Parent/Guardian Signature

Date

•I agree to provide sunscreen for my child, named above, to be applied prior to outdoor play. I understand that children who have turned 4 years old may apply sunscreen to themselves under the direct supervision of a staff member.

Parent/Guardian Signature

Date

Please consult with your classroom teacher before signing this option!

•This classroom provides _____ brand sunscreen for ECE students. I agree to allow this product to be applied to my child. I understand that children who have turned 4 years old may apply sunscreen to themselves under the direct supervision of a staff member.

Parent/Guardian Signature

Date

**CHILD'S STATEMENT OF HEALTH STATUS FOR ENROLLMENT
Denver Public Schools (DPS) Early Childhood Education (ECE) Program**

Children in ECE must submit a signed and dated statement of the child's current health status upon admission which indicates the child's ability and/or limitations to participate in a regularly scheduled program in a group of young children. This report is to be completed by a licensed physician or licensed nurse practitioner who has seen the child in the last twelve months.

No later than 30 days after admission, this report or a written verification of a scheduled appointment with a health care provider must be given to the ECE teacher. The ECE program may refuse to admit a child if a statement from an approved health care professional is not submitted.

Child's Name _____ Gender _____ Birth Date _____

Address _____ City & Zip _____

• Date of child's most recent examination: _____ Date next visit is required: _____

• Known allergies _____

• Medications being taken and possible side effects: _____

• Prescribed routine: _____

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

Chicken Pox _____	Rubeola _____	Rubella _____
Rheumatic Fever _____	Asthma _____	Hay Fever _____
Diabetes _____	Mumps _____	Epilepsy _____
Whooping Cough _____	Poliomyelitis _____	Other _____

• If tuberculin test given: Date _____ Result _____

• If chest X ray taken: Date _____ Result _____

• Date of Screening for: Vision _____ Hearing _____ Dental _____

• Surgery/Accidents/Illnesses/Chronic or Handicapping Problems: _____

• Describe any physical condition requiring special attention by staff: _____

• This child is _____ is not _____ physically and/or emotionally able to participate in the DPS ECE program.
Comments: _____

Health Provider Name _____ Phone _____

Address _____ City & Zip _____

Signature of licensed physician or licensed nurse practitioner _____ **Date** _____