

# **Teddy Bear Preschool**

1550 Hillside Avenue (PO Box 727)

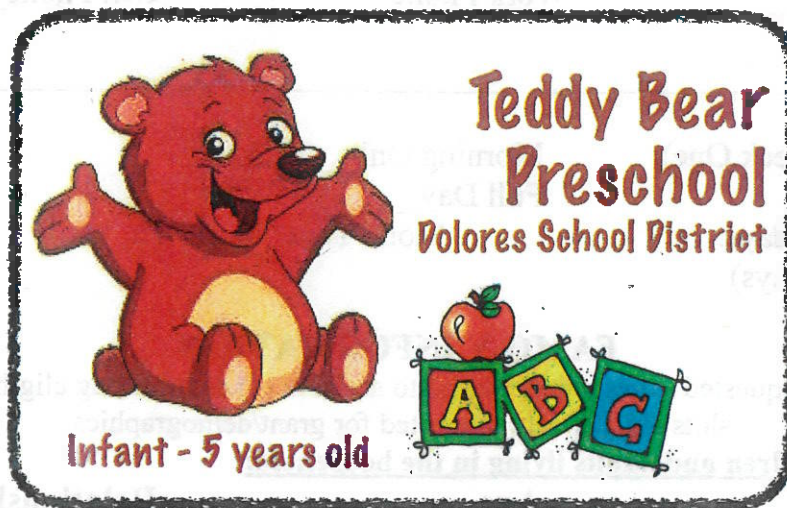
Dolores, CO 81323

970-882-7277

970-882-7922 Fax

970-739-4244 Valiena Cell

**2022-2023**



**All new families must turn in the following documents together with  
no missing pieces to complete enrollment:**

- \*Birth Certificate**
- \*Immunization Record**
- \*Current Physical**
- \*Copy of Child's Medical Insurance Card**
- \*Pink Powerschool Form**
- ASQ SE-2**

**All returning families must turn in ASQ SE-2 and Current Physical  
together with this packet to complete enrollment.**



**Teddy Bear Preschool**  
**2022-2023 Registration**

**Please check which insurance coverage you have on your child:**

Medicaid _____	Child's Policy #: _____
CHP _____	Child's Policy#: _____
Indian Health _____	Child's Policy#: _____
Private Insurance _____	Child's Policy#: _____
None _____	

**AGENCIES INVOLVED WITH YOUR FAMILY:**

\_\_\_\_\_ Public Health  
\_\_\_\_\_ WIC  
\_\_\_\_\_ Social Services  
\_\_\_\_\_ Other

**IMMUNIZATION REGISTRY NOTICE:** Your child's shot information is being entered in the Colorado Immunization Information (CIIS), a confidential, statewide immunization record tracking system. You can choose to exclude your child's shot information from the CIIS at any time. Please ask your school nurse or your health care provider for further information.

**LANGUAGES SPOKEN BY THE FAMILY IN THE HOME (CHECK ALL THAT APPLY):**

\_\_\_\_\_ English  
\_\_\_\_\_ Spanish  
\_\_\_\_\_ Native American  
\_\_\_\_\_ Other-Please Specify \_\_\_\_\_

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**\*Marital status of parent (s) in the household (please check):**

☐ single, never married      ☐ married      ☐ widower  
☐ separated/divorced      ☐ remarried

**\*Custody**

Who has legal custody of the child? ☐ Mom      ☐ Dad      ☐ Other  
(If Other, we are required to have a copy of legal custody orders)

**\*Education of Parents (please circle):**

Mother: K 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 16+

Father: K 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 16+

**\*Which of the following resources are being used by your family?**

☐ Help from extended family in your community  
☐ Case worker from a social agency  
☐ Other community resources (ex: job training, prenatal care, continuing education, vocational Services, recreational services)  
☐ Other-please specify \_\_\_\_\_

**\*Which of the following are current family situations? (check all that apply)**

☐ Transportation  
☐ Healthe/Medical problems  
☐ Marriage/Relationship problems  
☐ Unemployment  
☐ Housing

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\_\_\_\_\_ WIC  
\_\_\_\_\_ Social Services  
\_\_\_\_\_ Other

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\_\_\_\_\_ Spanish  
\_\_\_\_\_ Native American  
\_\_\_\_\_ Other-Please Specify \_\_\_\_\_

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**EMERGENCY PROCEDURE DATA**

Dear Parent/Guardian,

This information is important for accurate and prompt action in the event your child is injured or becomes ill at school.

Child's Name: \_\_\_\_\_

**\*If at any time this information needs to be changed, it is your obligation to make corrections in writing and turn in to the preschool office. IT IS MANDATORY TO HAVE AN EMERGENCY CONTACT NUMBER FOR ILLNESS/ACCIDENT.**

**EMERGENCY NUMBERS:**

Contact Mother:

\_\_\_\_\_  
Mother's Name Phone#

Contact Father:

\_\_\_\_\_  
Father's Name Phone#

Contact Family Physician:

\_\_\_\_\_  
Physician's Name Phone#

Child's Dentist:

\_\_\_\_\_  
Dentist's Name Phone#

**If needed, child will be taken to Southwest Memorial Hospital ---- 565-6666**

**CONSENT TO TREAT:** In the event of a medical emergency involving this child, I hereby give Teddy Bear Preschool permission to render emergency aid including, but not limited to, having him/her transported for care by a doctor if any of the above cannot be contacted. Any member of the staff responsible for the care and education of my child may view my child's health information, as well as state licensing for compliance purposes.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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**PICK UP PERMISSION FORM**

Child's Full Name \_\_\_\_\_

I hereby give permission for my child to leave the Teddy Bear Preschool with the following person(s) named below. I understand that the staff will not allow a person not listed below to pick up my child without written consent. **IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO NOTIFY THE TEDDY BEAR PRESCHOOL OF ANY CHANGES.**

.....

**PLEASE, LIST PARENT NAMES AND PHONE #'S FIRST**

Name	Physical Address	Relationship to Child	Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Names of person(s) who MAY NOT pick up your child:

\_\_\_\_\_

\_\_\_\_\_

**Please list the Custodial**

**Parents:** \_\_\_\_\_

You are required to give Teddy Bear Preschool a copy of the LEGAL DOCUMENTS pertaining to child custody. The school will presume that both parents on the BIRTH CERTIFICATE have equal access to the child when that student is registered in school UNLESS one parent provides the school with OFFICIAL CUSTODY COURT PAPERS.

Your signature grants approval to the following statement: "I hold Teddy Bear Preschool harmless from any liability in releasing my child to the signed authorized pick-up or myself".

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



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**HEALTH SCREENING QUESTIONNAIRE**

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender: M \_\_\_ F \_\_\_

Name of person providing this information: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

1. Has there ever been a concern about the age at which your child began (check all that apply): Crawling \_\_\_ Walking \_\_\_ Talking \_\_\_ Bowel or Bladder training \_\_\_
2. Are there any major health problems in the family? no \_\_\_ yes \_\_\_
3. Does your child have any chronic health condition? no \_\_\_ yes \_\_\_

Circle all that apply:

Diabetes    Asthma    Allergies    Seizure Disorder    Nervous Disorder  
Ulcers    Bronchitis    Frequent Ear Infections    Frequent Strep Infections  
Heart Condition    If checked yes to any of the above:

a) is he/she under treatment? No \_\_\_ Yes \_\_\_

b) can the school health services be helpful? No \_\_\_ Yes \_\_\_

If so please comment \_\_\_\_\_

4. Has your child had any problems with vision? No \_\_\_ Yes \_\_\_  
Has your child had any problems with hearing? No \_\_\_ Yes \_\_\_  
If so please comment: \_\_\_\_\_

5. Is your child on any medication? No \_\_\_ Yes \_\_\_  
If yes, and this medication is to be administered at school, it will be necessary for you to complete A release form (to be signed by the child's physician).

6. Does your child have any special needs/disabilities? No \_\_\_ Yes \_\_\_  
If yes, please explain: \_\_\_\_\_

7. Does your child have a **HEALTH CARE PROVIDER DIAGNOSED** food allergy, insect sting or other

Allergy? \_\_\_\_\_ (PLEASE, let staff know **before** school year starts)

If yes, please explain: \_\_\_\_\_

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**PARENT CONTRACT FOR TUITION PAYMENTS**

I \_\_\_\_\_, the parent/guardian of \_\_\_\_\_  
Understand and agree to the following:

Tuition charges at Teddy Bear Preschool are as follows:

Half Day	\$25.00 per day, Monday through Thursday
Full Day	\$37.00 per day, Monday through Thursday
CPP Funded	\$20.00 per afternoon, Monday through Thursday

**\*You will be charged tuition for each day that you have scheduled your child to be in attendance even if your child is absent.**

**\*Tuition fees are due by the 30<sup>th</sup> of each month.** Payments can be made weekly, bi-monthly, or monthly. Please circle your intended method of payment.

**\*A two week notice is to be given prior to the withdrawal of the child from the program.**

**\*A late fee of \$1.00 per minute will be charged for each child who remains at the center past 4:00, unless prior arrangements have been made with the Director or staff member responsible for closing the center.** If a child has not been picked up or parent has not contacted the school by 4:30 pm, **CHILD PROTECTIVE SERVICES WILL BE NOTIFIED.**

**ATTENDANCE**

**Morning Only: \_\_\_\_\_ (7:30-12:20)**

**Full Day \_\_\_\_\_ (7:30-4:00)**

**Circle requested days:** Monday Tuesday Wednesday Thursday

The purpose of this agreement is to provide protection for the parents as well as the Teddy Bear Preschool. In Order to assure that we provide the service contracted for, it is essential that the financial status of the center be stable. Therefore, this agreement provides a guarantee that you will financially support the enrollment space guaranteed for your child. We follow the current school calendar and you will only be charged for days that we are in school, no holidays, weekends, snow days, etc. A school calendar is included in this packet.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Date

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**“TOWARDS A BETTER UNDERSTANDING OF YOUR CHILD”**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please help me get to know your child: As your child's teacher, I would like this year to be the first of many positive school experiences. The more I know about the children in my class the better I can meet their needs. It would help us greatly if you could answer the following questions:

\*Has anyone else cared for your child: Has your child gone to daycare/preschool before? Were these experiences positive or negative?

\*What frustrates your child: How does your child handle a new task or stressful situations?

\*How do you comfort your child? Does your child have a special blanket or toy?

\*What methods of discipline do you use?

\*How predictable are your child's sleeping and eating habits?

\*To better help your child's entry into our school setting, describe any recent family events or changes (such as death, divorce, new sibling, a move). Please keep staff current on any future changes.

\*Does your child have any fears?

\*Your child's personality?

**\*Your child's speech/language? How does your child communicate with you?**

**\*Your child's self-help/toileting skills?**

**\*Your child's attention span? Is he/she easily distracted?**

**\*Your child's emotional development? How does your child respond to emotions he/she is feeling?**

**\*Your child's physical development? Is he/she able to move appropriately for his/her age?**

**\*Does your child react to noise or certain textures of food or clothing?**

**\*Is there anything else you would like to tell us about your child? (favorite activities, people, places, toys)**

**\*Can you tell us what traditions/celebrations your family observes or participate in?**

**\*What goals do you have for your child this year?**

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Sun Protection

1. The center must obtain the parent/guardian's written authorization and instructions for applying sunscreen to their children's exposed skin prior to outside play. A doctor's permission is not needed to use sunscreen at the center.
2. When applied for an individual child, the sunscreen must be labeled with the child's first and last name.
3. If sunscreen is provided by the center, parents must be notified in advance, In writing, of the type of sun screen the center will use.
4. Children over 3 years of age may apply sunscreen to themselves under the direct Supervision of a staff member.

.....

**If you DO want your child to have sunscreen applied  
please sign and date below.**

I give permission for \_\_\_\_\_ (Name of Child)  
to have sunscreen applied while at Teddy Bear Preschool. I understand that  
I will be given prior notice of the brand of sunscreen to be used.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**If you DO NOT want your child to have sunscreen  
applied, complete, sign and date below.**

I DO NOT want my child \_\_\_\_\_ (Name of Child), to  
have sunscreen applied while at Teddy Bear Preschool.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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**FIELD TRIP PERMISSION FORM**

We believe that educational field trips are beneficial and important to the overall development of the child. All trips will be well planned, organized and supervised. Notices will be sent home one week in advance before attending any field trip.

Please sign the consent below giving us permission to take your child on these excursions.

I give my consent for \_\_\_\_\_ (Name of Child) to participate in walking field trips planned Teddy Bear Preschool. I understand that I will be notified one week in advance of all outings.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**SCREENING/VIDEOTAPING/PHOTOGRAPH PERMISSION  
FORM**

Child's Name \_\_\_\_\_

I give permission for staff to implement developmental screenings with my child.  
(circle one)

Yes

No

I give permission for my child to be photographed or videotaped during the times he/she is involved in the Teddy Bear Preschool program. I understand that commercial use of the photograph may be used (local newspaper, flyers, etc.)  
(Please circle one)

Yes

No

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

**HEARING & VISION SCREENINGS**

I give permission for my child to participate in hearing and vision screenings.

Yes

No

Dolores School District RE-4A does not unlawfully discriminate against otherwise qualified students, employees, applicants for employment, or members of the public on the basis of disability, race, creed, color, sex, sexual orientation, gender identity, gender expression, marital status, national origin, religion, ancestry, or need for special education services. Discrimination against employees and applicants for employment based on age, genetic information and conditions related to pregnancy or childbirth, is also prohibited in accordance with state and/or federal law.

# TEDDY BEAR PRESCHOOL

FOR SCHOOL USE ONLY  
 INFANT \_\_\_\_\_  
 TODDLER \_\_\_\_\_  
 PRESCHOOL \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Primary phone number for automated messages \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

(Please circle the appropriate choice) \_\_\_\_\_ MOTHER \_\_\_\_\_ STEP-MOTHER \_\_\_\_\_ GUARDIAN \_\_\_\_\_

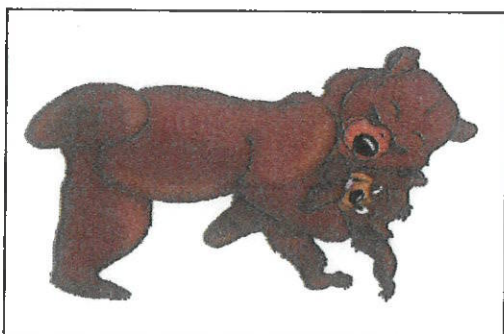
Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

EMAIL \_\_\_\_\_

(Please circle the appropriate choice) \_\_\_\_\_ FATHER \_\_\_\_\_ STEP-FATHER \_\_\_\_\_ GUARDIAN \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

EMAIL \_\_\_\_\_



Are you experiencing homelessness or living with others while in transition? Yes \_\_\_\_\_ No \_\_\_\_\_

**PHOTO/VIDEO PERMISSION:** Please circle either Yes or No whether your child may be photographed or videotaped as part of a school event or program.

**ETHNICITY** Is this student Hispanic/Latino Yes \_\_\_\_\_ No \_\_\_\_\_

Mark the one or more that describes the student's race.

\_\_\_\_\_ White \_\_\_\_\_ Asian \_\_\_\_\_ American Indian or Alaska Native  
 \_\_\_\_\_ Black /African American \_\_\_\_\_ Native Hawaiian / Pacific Islander





Teddy Bear Preschool  
1550 Hillside Avenue  
Dolores, CO 81323

August 28, 2020

Families,

The State licensing and the health department require us and the children to wash their hands multiple times a day; resulting in dry cracked hands. We can provide lotion (Lubriderm) or if you prefer you may bring something else for us to use. We need parental permission to apply lotion so please indicate below your preference.

Thank you

I \_\_\_\_\_ give permission for the Teddy Bear Staff to apply Lubriderm lotion to my  
(Parent legible signature)  
childs hands/face.

OR,

I \_\_\_\_\_ give Teddy Bear Staff permission for the Teddy Bear Staff to apply the lotion  
(Parent legible signature )  
that I have provided, \_\_\_\_\_  
( legible name of lotion provided)





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1550 Hillside Avenue  
P O Box 727  
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(970)882-7277 Fax # (970) 882-7922

## PHYSICAL FORM 22-23

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Health Care Provider

Date of Last Health Appraisal: \_\_\_\_\_ Age at well check: \_\_\_\_\_

Physical Exam: normal unless noted: \_\_\_\_\_

Referrals, if made: \_\_\_\_\_

Allergies: \_\_\_\_\_

Significant Health Concerns, including need for modified diet: \_\_\_\_\_

Current medications: \_\_\_\_\_

### CHILDREN'S INFORMATION

Height at exam: \_\_\_\_\_ Weight: \_\_\_\_\_ B/P: \_\_\_\_\_ Head Circumference (up to 12 months of age): \_\_\_\_\_

Hgb: \_\_\_\_\_ Lead: \_\_\_\_\_ Vision: \_\_\_\_\_ Hearing: \_\_\_\_\_

Risk Assessment: \_\_\_\_\_ Dental: \_\_\_\_\_ TB risk: \_\_\_\_\_

### Provider Statement

This child is free from reportable communicable disease. This child is healthy and may participate in all routine activities in a school or child care program. Any concerns or exceptions are identified on this form.

Next well visit recommended per AAP guidelines\*: \_\_\_\_\_

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

Date of exam: \_\_\_\_\_

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

Date Signed: \_\_\_\_\_

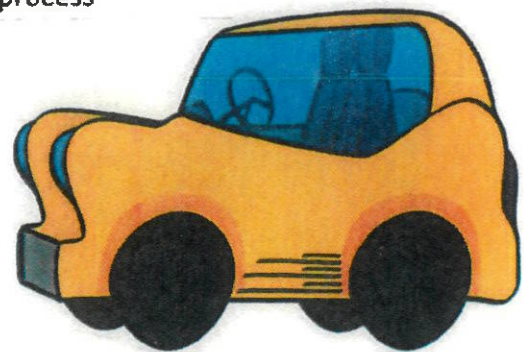
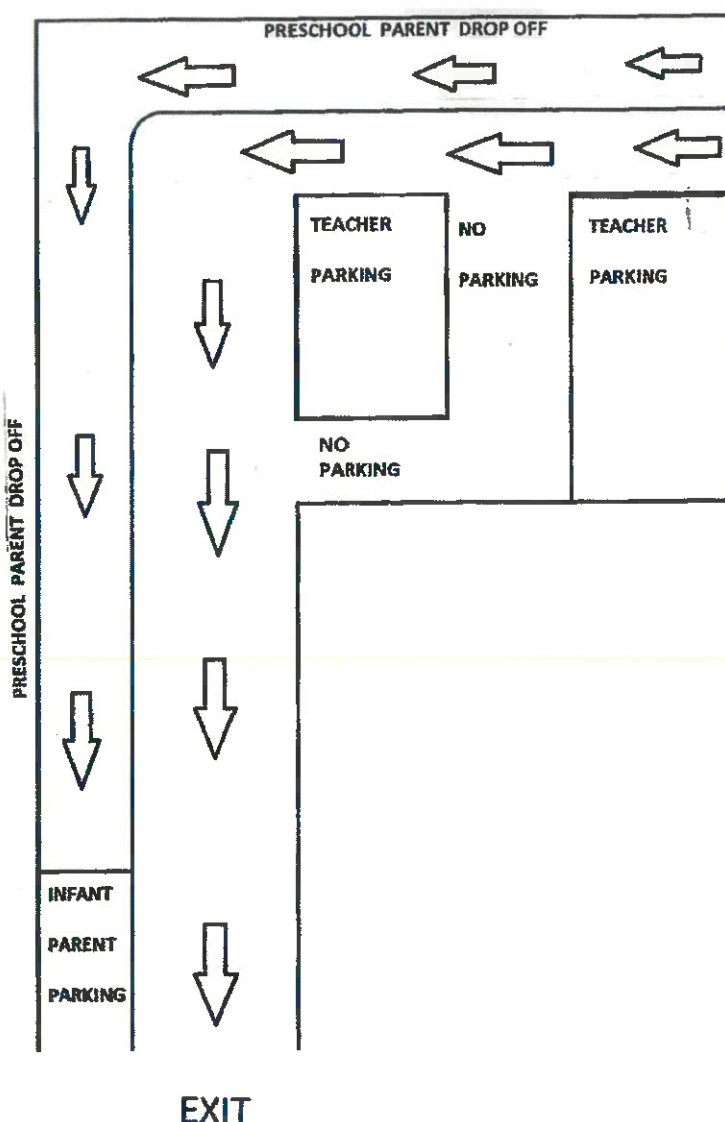
Print Name of Doctor's office: \_\_\_\_\_

\*The American Academy of Pediatrics (AAP) recommends that children have health appraisal visits at 2, 4, 6, 9, 12, 15, 18, and 24 months of age, and yearly thereafter to age 6.



# Families

In order to be able to let everyone drop and pick up their children in our small parking lot we have to have a system in place for the safety of everyone. In order for this system to work and we do not block the street we must move everyone quickly. We have 18 employees, therefore we have to be able to park and get into the building to work and accept your children. Our entrance and exit is one way. Please, when you enter follow the directions that the staff is giving you to park. Pull your vehicle all the way up to the East Playground fence as far to the exit as possible before parking, stop as far to the right as you can but still be able to open your right rear passenger door. We ask that you take your child out on the right side to keep them safe from the traffic of other vehicles. Please take your child out of your vehicle and stand near your vehicle out of traffic and a staff member will come to you and take your child in hand to the building. Thank you for your patience with this whole process





Complete one application per household. Please use a black or blue pen (not a pencil).

Check all that apply. Read How to Apply for Free and Reduced-Price School Meals for more information.

Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF/Colorado Works – Basic Cash Assistance or State Diversion), or Food Distribution Program on Indian Reservations (FDPIR). **Provide case number and skip to Step 4.**

**STEP 3** Report income for ALL household members (skip this step if you provided a case number in STEP 2)

Please include the **TOTAL** income, if any, received by all students listed above.

\$

In the spaces below list all other household members not listed in Step 1 (including yourself) even if they do not receive income. For each household member listed, if they do receive income, report **TOTAL GROSS INCOME (BEFORE TAXES AND OTHER DEDUCTIONS)** for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying that there is no income to report.

### How Often?

**Last four digits of Social Security Number (SSN) or mark “no SSN” of adult signing this form only if Step 3B has been completed.**


Check box if no SSN ☐

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose need benefits, and I may be prosecuted under applicable State and Federal laws."

Home or Cell Phone Number

**SIGNATURE of Adult Household Member (Required)**

The information provided on this application will be used in conjunction with state educational programs and may be shared with Medicaid or State Children's Health Insurance Program (SCHIP) offices. If your students are eligible to receive free or reduced-price meals this information may be shared with the school/district for purposes of waiving school/district program fees that your child(ren) might otherwise be required to pay. The school/district is not permitted to share your information with anyone else. You are not required to consent to the release of your information; this will not affect your student(s) eligibility for school meals. *Your information WILL be shared unless you check one of the boxes below.*

See back of application 



DISTRICT USE ONLY. DO NOT WRITE BELOW THIS LINE.	
Annual Income Conversion: Weekly x 26; 2 Times per Month x 24; Monthly x 12	
Application Type: <input type="checkbox"/> Total Household Income: \$ _____ Household Size: _____ Household Income Frequency - <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2x/Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Categorical Eligibility - <input type="checkbox"/> SNAP <input type="checkbox"/> FDIPIR <input type="checkbox"/> TANF <input type="checkbox"/> Foster <input type="checkbox"/> Homeless/Migrant/Runaway/Head Start	Application Status: Approved - <input type="checkbox"/> Free <input type="checkbox"/> Reduced Denied - <input type="checkbox"/> Over Income Guidelines <input type="checkbox"/> Incomplete/Missing: _____ Notes: _____
Determining Official Signature: _____	Approval/Denial Date: _____ Notification Sent: _____