

Teddy Bear Preschool **Toddler** Center

1550 Hillside Avenue (PO Box 727)

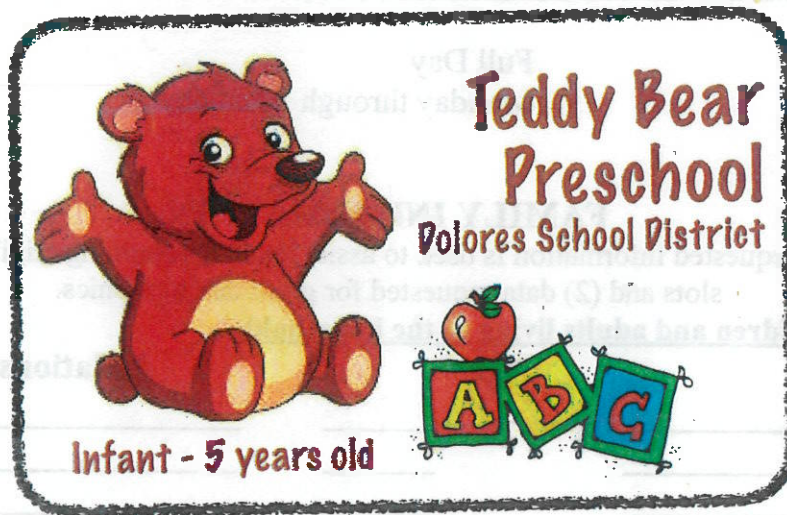
Dolores, CO 81323

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.

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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
 Health/Medical problems
 Marriage/Relationship problems
 Unemployment
 Housing
-

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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#
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Contact Father:

Father's Name	Phone#
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Contact Family Physician:

Physician's Name	Phone#
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Child's Dentist:

Dentist's Name	Phone#
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If needed, child will be taken to Southwest Memorial Hopital ---- 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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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:

Full Day \$40.00 per day

Circle requested days: Mon. Tues. Wed. Th.
(Minimum 2 days)

***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 30th 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 Full Day (7:30-4:00)

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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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

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

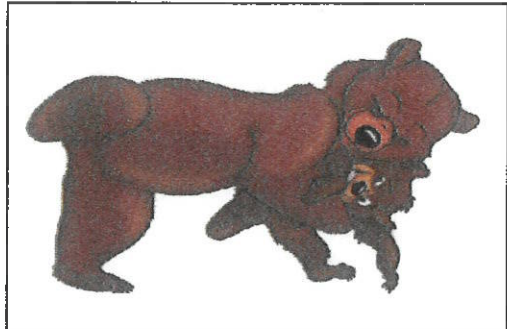
Name _____ Home Phone _____ Work Phone _____ Cell Phone _____

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.

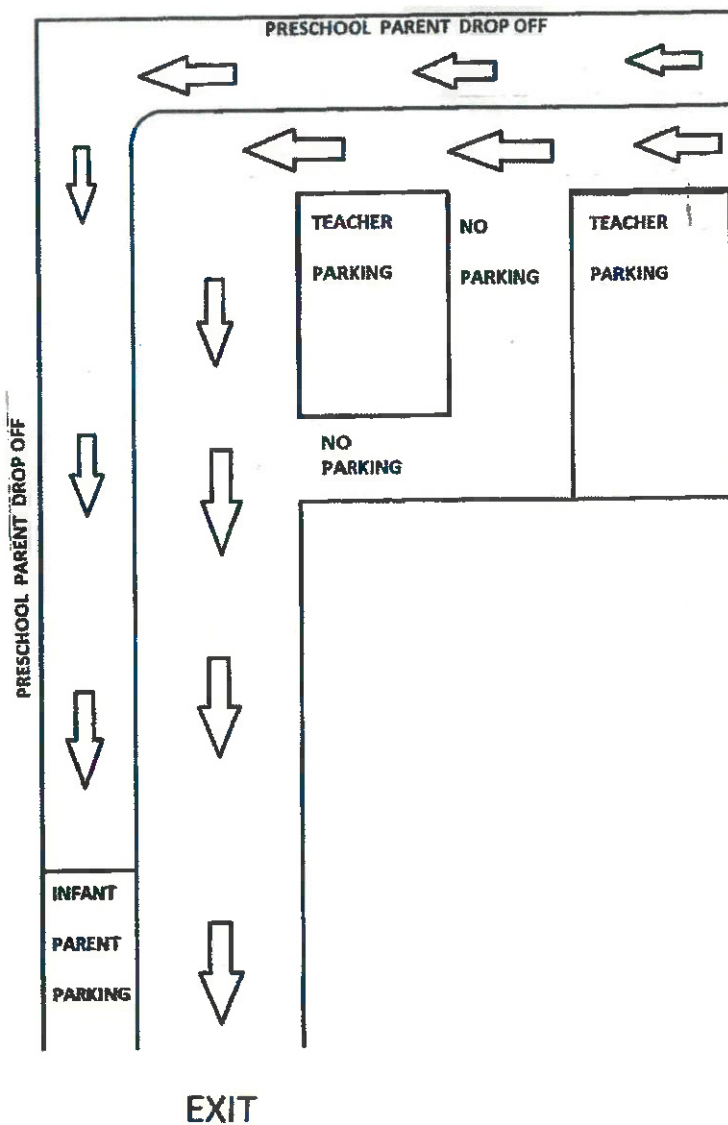
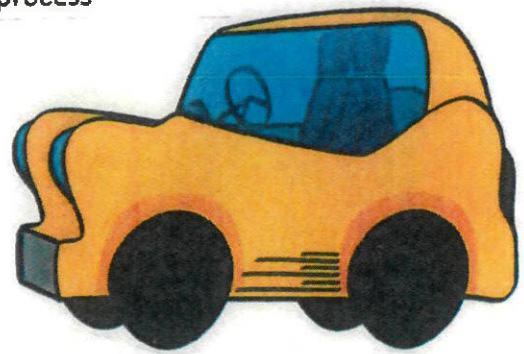
ETHNICITY Is this student Hispanic/Latino Yes _____ No _____

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

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



Toddler Needs and Services Plan
12 months-36 months

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

Does child have allergies? If yes, what? _____

Does child have special diet or feeding needs? _____ Describe: _____

Please include any physician's instructions if any.

Do you use diaper cream (Parent Provided)? _____ What brand? _____

Have you begun toilet training (if applicable)? _____

If so, please complete "Potty Training Contract".

Additional

Instructions: _____

Parent Signature: _____ Date: _____

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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.

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)
child's 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)

