



Teddy Bear Preschool **Toddler** Center

Dolores School District
1550 Hillside Avenue (PO Box 727)
Dolores, CO 81323
970-882-7277
970-882-7922 Fax
970-739-4244 Valiena Cell

2025-2026

All New Families must turn in the following documents together with no missing pieces by the first day of school:

- ☐ Birth Certificate
- ☐ Immunization Record
- ☐ Current Physical
- ☐ Copy of Child's Medical Insurance Card

All Returning Families must turn in a ☐ **Current Physical** with this packet to complete enrollment

Child's Full Name:
Date of Birth:
Date Packet Received:
Additional Comments:

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Mark whether child will be Attending **2 days**_____ or **Full Week** (Mon-Thurs)_____

***If Only Attending TWO days:** Mon & Tues_____ or Wed & Thurs_____

FAMILY INFORMATION

The following requested information is used to assist in (1) determining eligibility for funded slots and (2) data requested for grant/demographics.

Please list all children and adults living in the household:

Name	Age	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(If additional space is needed, please continue on the back of this page)

Father's Name_____ **Birth Place**_____
Birth date_____

Address (if different than child)

Employer name and phone#

Mother's Name_____ **Birth Place**_____
Birth date_____

Address (if different than child)

Employer name and phone #

CHILD'S FULL NAME _____

D.O.B _____

PY: 24/25

EMERGENCY CONTACTS/AUTHORIZED CHILD PICKUP

Emergency contact persons are contacted in the event of an emergency, illness or injury. We must have a valid phone number for all emergency contacts listed. Authorized pick-up persons should be prepared to show picture identification to center staff. These contacts must be kept up to date throughout the year. **WE WILL RELEASE YOUR CHILD ONLY TO THE ADULTS FOR WHOM AUTHORIZATION HAS BEEN GIVEN.**

Parent/Guardian Names	Authorized to pick up? (Circle One)	OK to give Information about my child? (Circle One)	Relationship to Child	Phone Numbers <i>*At least one phone number per contact is required</i>
1.	YES NO	YES NO		1.Primary 2.

Email Address: _____

Physical Address _____

	Authorized to Pick Up? (Circle One)	OK to give information about my child? (Circle One)	Relationship to Child	Phone Numbers <i>*At least one phone number per contact is required</i>
2.	YES NO	YES NO		1.Primary 2.

Email Address: _____

Physical Address _____

*****IF NEEDED, the child will be taken to Southwest Memorial Hospital... 970-565-6666.**

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 _____

Family Physician _____

Child's Dentist _____

Physician's Phone# _____

Dentist Phone # _____

Additional Emergency Contacts: **Please list at least one, if possible**

Name (First and Last)	Authorized to Pick up (Circle One)		OK to give information about my child?		Relationship to Child	Phone Numbers
	YES	NO	YES	NO		
1.						
2.						
3.						
4.						
5.						
6.						

*Additional Notes or Special Instructions (Custody Details, Restraining Orders, etc):

NOTE: 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 pickup or myself."

Parent/Guardian Signature: _____

Date: _____

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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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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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HEALTH SCREENING QUESTIONNAIRE

Child's Full Name _____ Date of Birth _____

Place 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 conditions? No__ Yes__

Circle all that apply:

Diabetes Asthma Allergies Seizure Disorder Nervous Disorder
Ulcers Bronchitis Frequent Ear Infections Frequent Strep Infections
Heart Condition

If you 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 allergy or any other allergy? _____ (**PLEASE**, let staff know **before** school year starts)

If yes, please explain: _____

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PARENT CONTRACT FOR TUITION PAYMENTS
(Please fill out even if you have a funded slot)

I _____, the parent/guardian of _____
understand and agree to the following:

Tuition charges at Teddy Bear Preschool are as follows:

*Child Attending Full Week:

\$920 a Month

\$750 on Months with Breaks (Aug, Nov, Dec, March):

*Child Attending 2 Days:

\$460 a Month

\$375 on Months w/ Breaks

***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. Payments can be made In Person with cash or check(*please make checks payable to Teddy Bear Preschool*), OR you can pay online through the Brightwheel App, (*there is a service fee*).

***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 (7:30-4:00)

Full Week _____

2 Days a Week _____

The purpose of this agreement is to provide protection for the parents as well as the Teddy Bear Preschool. In order to ensure 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 i.e no charge for 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 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 situation?

*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?

*Please describe your child's personality.

*Your child's speech/language: how does your child communicate with you?

*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 participates 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 and in writing, of the type of sunscreen 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 by Teddy Bear Preschool. I understand that I will be notified one week in advance of all outings.

Parent/Guardian Signature

Date

SCREENING PERMISSION FORM

Child's Name _____

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

Yes

No

HEARING & VISION SCREENINGS

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

Yes

No

Teddy Bear Preschool
1550 Hillside Avenue
Dolores, CO 81323

August 14, 2024

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 and/or Dermalis) 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 _____, (Print Parent/Guardian Name), give permission for the
Teddy Bear Staff to apply Lubriderm and/or Dermalis lotion to my child's hands/face.

OR

I, _____,(Print Parent/Guardian Name) give Teddy Bear Staff
permission to apply the lotion that I have provided, _____(Print
Name of Lotion provided)

Parent Signature

Date



Toddler Needs and Services Plan
12 Months- 36 Months

Child's Name _____ Date _____ Birth Date _____

Does your child have allergies? If yes, please describe: _____

Does your child have a 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: _____

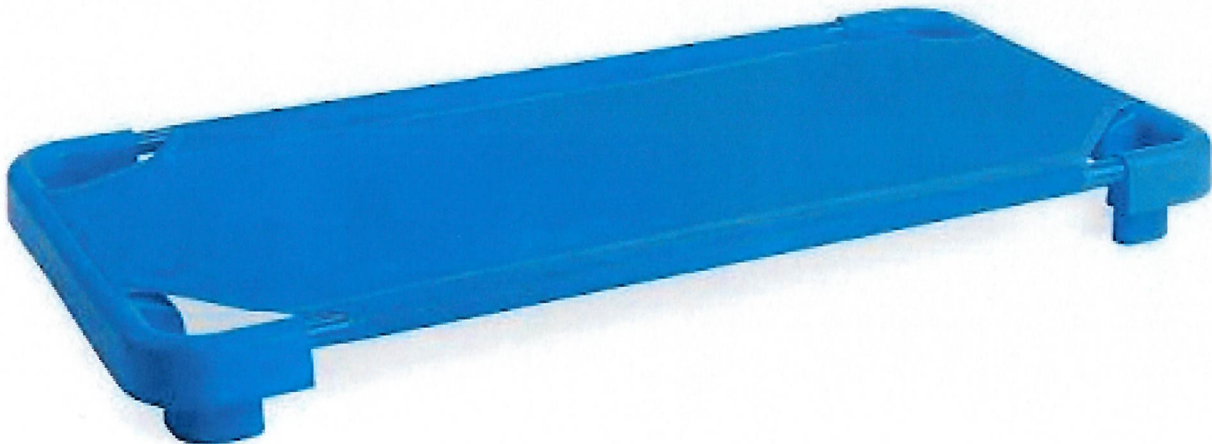
Teddy Bear Preschool
1550 Hillside Ave
PO Box 727
Dolores, CO 81323
970-882-7277

I, _____, give Teddy Bear Preschool staff permission to lay
(Print Parent/Guardian Name)

my child, _____, on a child-size cot for daily naps.
(Print Child's Name)

Parent/Guardian Signature

Date



TEDDY BEAR PRESCHOOL

FOR SCHOOL USE ONLY

TODDLER _____ PRESCHOOL _____

First Name _____ Middle Name _____ Last Name _____

Date of Birth _____ Sex _____ Age _____

Physical Address _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

(Please circle the appropriate choice) _____ MOTHER _____ STEP-MOTHER _____ GUARDIAN

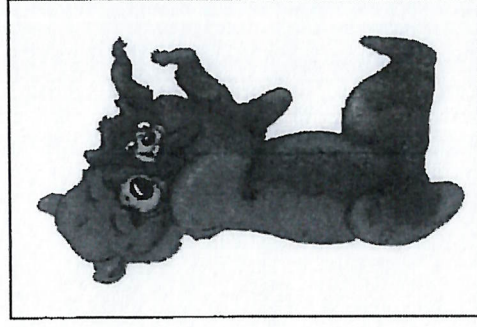
Name _____ Phone _____

EMAIL* Required _____

(Please circle the appropriate choice) _____ FATHER _____ STEP-FATHER _____ GUARDIAN

Name _____ Phone _____

EMAIL* Required _____



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

GENERAL HEALTH APPRAISAL FORM

PARENT

Please complete, date, and SIGN.

Child's Name: _____ Birthdate: _____

Allergies: ☐ None OR ☐ List food/medication: _____

Diet: ☐ Breastfed ☐ Age appropriate ☐ Special-Describe: _____

Skin Care: ☐ Sunscreen/creams may be applied as requested in writing by parent unless skin is broken or bleeding.

Sleep: Your healthcare provider recommends that all infants less than 1 year of age be placed on their back for sleep.

I, _____, give permission for my child's healthcare provider to share this form and applicable attachments with my child's school, childcare, or camp. Contact information for the person to receive this form:

Name: _____ Fax: _____ Email: _____

Parent/Guardian Signature: _____ Date: _____

HEALTH CARE PROVIDER

Please complete after parent section has been completed.

Date of most recent health appraisal: _____ Age: _____ Weight: _____

Physical Exam: ☐ Normal ☐ Abnormal-describe: _____

Allergies: ☐ None OR ☐ List food/medication: _____ Type of Reaction _____

Current Medications: ☐ None OR ☐ List: _____

A separate medication authorization form ([link](#)) is required for medications given in school, childcare, or camp.

Current Diet: ☐ Breastfed ☐ Age appropriate ☐ Special-describe: _____

A separate diet statement ([link](#)) is required for food provided at school, childcare, or camp.

Health Concerns: ☐ Severe Allergies ☐ Asthma ☐ Seizures ☐ Diabetes ☐ Hospitalizations ☐ Behavior Concerns

☐ Developmental Delays ☐ Vision ☐ Hearing ☐ Oral Health ☐ Under/Overweight ☐ Other: _____

Explain above concerns (if necessary, include instructions to care providers): _____

Immunizations: ☐ See attached immunization record or official exemption form ☐ Next vaccine due date: _____

HEALTH CARE PROVIDER

Please complete if appropriate. This information is required by Early Head Start and Head Start Programs per the State EPSDT Schedule.

Height: _____ B/P: _____ Head Circumference (up to 12 months): _____ HCT/HGB: _____

Lead Level: ☐ Not at risk OR ☐ Lead level: _____ TB: ☐ Not at risk OR Test Result: ☐ Normal ☐ Abnormal

Screens Performed: ☐ Vision: ☐ Normal ☐ Abnormal ☐ Hearing: ☐ Normal ☐ Abnormal

☐ Oral Health: ☐ Normal ☐ Abnormal Developmental Screen: ☐ ASQ ☐ PEDS ☐ Other: _____

Developmental Concerns: _____ Recommended Follow-up: _____

PROVIDER SIGNATURE

Next Well Visit: ☐ Per AAP Guidelines* or ☐ Age: _____

This child is healthy and may participate in all routine activities in school, childcare, or camp. Any concerns or exceptions are identified on this form.

Signature of Healthcare Provider (certifying form reviewed)

Date

*The AAP recommends Well Child Visits at 2, 4, 6, 9, 12, 15, 18, 24, and 30 months, and annually after 3 years.

OFFICE STAMP

Or write Name, Address, Phone Number, Email