

**ENROLLMENT / EMERGENCY RECORD**

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

Social Security Number: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

**Medical Information**

Doctor/Clinic Name: \_\_\_\_\_ Dentist/Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ City, State Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Parent/Provider Information**

*(If divorced or separated, please indicate who has legal custody)*

Parent/Guardian Name

Preferred Contact Phone Number

Home Address (Street, City, State, Zip)

If shared custody, describe custodial information  
*Copy of Court Order Custody Decree Must Be Attached*

Employed by (or School Attended)

Hours of Employment

Business Address (Street, City, State, Zip)

Business Phone with Extension

Cell Phone / Pager

Social Security Number (Required)

Driver's License Number (Required)

Email Address

**Parent/Provider Information**

Parent/Guardian Name

Preferred Contact Phone Number

Home Address if Different (Street, City, State, Zip)

If shared custody, describe custodial information  
*Copy of Court Order Custody Decree Must Be Attached*

Employed by (or School Attended)

Hours of Employment

Business Address (Street, City, State, Zip)

Business Phone with Extension

Cell Phone /Pager

Social Security Number (Required)

Driver's License Number (Required)

Email Address

Enrollment Date: \_\_\_\_\_ Schedule: \_\_\_\_\_ Classroom: \_\_\_\_\_

**Emergency /Authorized Pick-Up #1**

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

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Emergency /Authorized Pick-Up #2**

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

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Emergency /Authorized Pick-Up #3**

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

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Emergency /Authorized Pick-Up #4**

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

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

I, the parent or guardian having legal custody of the above-named minor, authorize Iliff Preschool, Inc. to consent to X-rays, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a licensed physician and/or surgeon, or to consent to an X-ray examination, dentist or surgical diagnosis or treatment, and hospital care to be rendered to said minority by a licensed dentist. I further authorize Iliff Preschool, Inc. to have the above-named minor released into the custody of its representative, should hospital care no longer be required.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



## AN ADMISSION CONTRACT BETWEEN PARENTS AND/OR GUARDIANS AND ILIFF PRESCHOOL, INC.

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Child's Name

DOB

**AGES SERVED:** Iliff Preschool, Inc. will accept children, twelve months and walking independently to 12 years of age.

**CRITERIA FOR ADMISSION:** All children may be admitted who benefit from the programs and services offered. We will discuss children with physical, emotional, or mental differences on an individual basis and will make an appropriate decision after discussion with parents and other professionals who may be involved with the child.

**CLASSROOM ASSIGNMENTS:** Are based upon the age of the child in accordance with child care licensing regulations. Iliff Preschool, Inc., may change the child's classroom assignment based upon center enrollment and ratio requirements. Iliff Preschool, Inc., reserves the right to deny any request for schedule change from parent / guardian for any reason within its sole discretion.

**AGREEMENT DURATION:** This agreement will remain in effect as long as your child is enrolled in our center. Any changes in this agreement will be announced in advance in the front office. Parents **must give a two week written notice** of withdrawal from our program.

**PARENT COMMUNICATION:** Our center is committed to improvement of program and services. We will respond immediately to suggestions, problems, concerns, and complaints. Parents and/or guardians are urged to communicate directly with the director or owners. Disputes involving finances, tuition, fees, and/or other charges will be resolved via Small Claims Court.

**PARENTAL VISITS:** Parents and/or guardians have the right to visit any time without an appointment.

**DISCIPLINE:** Children at our center are not subjected to physical, emotional harm, or humiliation. Corporal punishment, food denial, and isolation in closed areas are not permitted. Children are disciplined by being shown positive alternatives rather than just told no. Good behavior is encouraged. A parent conference will be called if incidents of biting, hitting, tantrums, etc., are impacting other children. If the problem is not resolved, parents may be asked to find another center.

**COMMUNITY RESOURCES:** Our center does not provide supplementary services; but we have available for reference: family support groups, health and medical professionals, and screening/evaluation specialists.

**LICENSING:** Our center is licensed by the Colorado Department of Human Services, which issues licenses, monitors, evaluates, and re-licenses. The Department of Human Services has the right to review your child's records and to interview your child.

**EMERGENCY PROCEDURES:** In case of an emergency, disaster, crisis, etc., all children will be kept at the center until an adult is able to pick them up. As telephone contact may be impossible, parents are urged to come to the center immediately. Food, water, first aid, blankets, mats, and other needed materials are available to accommodate most contingencies.

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Signature of Parent/Guardian

Date

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Signature of Parent/Guardian

Date

## Medical Release Form

\_\_\_\_\_  
Effective Date

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

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Last Name

The undersigned, who are the parents or guardians having legal custody of the above named minor, hereby authorize Iliff Preschool, Inc., into whose care the above named minor has been entrusted, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a licensed healthcare provider, or to consent to an x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered to be rendered to said minor by a licensed dentist.

The undersigned further authorizes the above named school to have the above named minor released into the custody of its representative, should hospital care no longer be required.

This form is to be used **ONLY** in an extreme **EMERGENCY** when said parents or guardians cannot be or are unavailable to be contacted.

### MEDICAL INFORMATION

Name of Insurance Company: \_\_\_\_\_

Name of Subscriber: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Dentist Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ City, State Zip: \_\_\_\_\_

**Hospital Choice – Please note that we cannot guarantee this choice when 911 is called. It will be left to the discretion of the first responders which hospital the child will be transported.**

\_\_\_\_\_  
Hospital Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State Zip

\_\_\_\_\_  
Phone

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

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Date



## Enrollment Authorizations and Permissions

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

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
DOB

### **Authorization to Treat Minor Injuries or Accidents**

I authorize Iliff Preschool, Inc., staff to administer first aid for any minor injury or accident while my child is in their care.

### **Field Trip Permission**

I give permission to remove my child from Iliff Preschool Inc., for excursions around the neighborhood, to parks, etc., by means of walking or riding in the busses owned by Iliff Preschool, Inc. Off-site field trips requiring transportation in the busses will be restricted to children over four years of age and will be posted in advance.

### **Permission to Participate**

I grant permission for my child to use all the play equipment and participate in all the activities of Iliff Preschool, Inc., and to include my child in supervised water activities.

### **Permission to Participate in Photographs and Video Recordings**

Permission is given for my child to be photographed or recorded on video for use in scrap books, bulletin boards, children's portfolios and files, or publicity purposes and/or promotions such as brochures, newspaper articles, social media and our Web site. I relinquish all rights, title and interest in the finished photographs, negatives and tapes.

### **Permission to Watch Videos and TV**

I give permission for my child to watch educational and musical videos and an occasional program "just for fun". All programs are previewed to evaluate content and suitability for the age group of the children. I will encourage my child not to bring videos for show and tell.

### **Emergency Care Authorization**

I give permission for emergency care decisions to be made by Iliff Preschool, Inc., staff regarding my child in the event of an emergency that impedes regular school operations and/or in the event that I cannot be reached *immediately*.

### **Illness Authorization**

I authorize staff members to refuse admittance of my child at drop-off if he/she appears ill and that if illness occurs during the day that requires removal of my child from other children. I will pick up my child or make other arrangements for my child to be picked-up *immediately*.

### **Child Protective Services Acknowledgement**

In the event that Iliff Preschool, Inc., has reason to suspect the occurrence of physical, sexual, or emotional abuse, neglect, or exploitation of a child, Iliff Preschool, Inc., will immediately report or cause a report to be made to the Child Protective Services Unit of the county department of human services or a local law enforcement agency where the parent resides.

*Iliff Preschool, Inc., will not resume responsibility for a child who has not been accompanied by a parent, guardian, or authorized person into the center. Children must be accompanied by an adult to/from the classroom or outdoor play area during drop-off and pick-up.*

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**Iliff Preschool, Inc.**

4140 E Iliff Ave \* Denver, CO 80222 \* 303.757.3551 \* Fax: 303.757.1717 \* [www.iliffpreschool.com](http://www.iliffpreschool.com) \* [info@iliffpreschool.com](mailto:info@iliffpreschool.com)



**Medical Authorization**

In case of emergency, as parent or legal guardian of

Child's First Name	Middle Name	Last Name
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- I agree to protect all children enrolled at Iliff Preschool, Inc., by not allowing any medication, chewing gum, ointment, weapons, money, lip balm, cosmetics, etc., to be brought by my child.
- In case of injury or illness, I give consent to Iliff Preschool, Inc., to contact:
  1. (If unable to contact mother, father or guardian) my child's health care provider, or persons listed as emergency contacts on the enrollment form.
  2. Services to transport my child to the office of the health care provider or emergency hospital, understanding that in some situations, the staff will need to contact an emergency resource before the parents, guardian or health care provider.
- I agree to accept any expenses incurred from the above procedures and understand that my insurance (including my dependents) is considered the primary coverage.
- I will notify the office immediately if my child has been exposed to, or contacted a communicable disease such as pink eye, strep throat, hepatitis, chicken pox, etc.
- I will inform Iliff Preschool, Inc., if I have given my child medication (including over-the-counter medications such as Tylenol, Motrin or cough syrup) before drop-off.
- I understand that I must give any medication, either prescribed or over-the-counter, to a staff member upon arrival to Iliff Preschool, Inc.
- I will provide Iliff Preschool, Inc., with a completed *Medication Administration Form* and supply a prescription or written order from my child's health care provider for the administration of any prescriptive or non-prescriptive medication or medical procedure for my child. I will keep the medication in the original container, bearing the original pharmacy label, which shows the prescription number, name of medication, date filled, health care provider's name, child's name, and directions for dosage.
- I agree that my child will not be admitted in the morning if he/she appears ill and that if illness occurs during the day, my child shall be removed from the other children and given supervision until arrangements are made to pick him/her up **IMMEDIATELY**.
- I am aware Iliff Preschool, Inc., is required by law to report any circumstances or conditions which would reasonably result in abuse or neglect to the County Department of Human Services.
- I will not hold Iliff Preschool, Inc., responsible for anything that may happen as a result of false information given at the time of enrollment of my child and hereby release this entity, its agents or employees, from any and all liability claims, demands, actions, or rights of action, which are related to, arise out of, or are in any way connected with my child's participation at Iliff Preschool, Inc., or while on a supervised field trip, including omissions of entity, its agents or employees, for any and all injury, death, illness or disease, and damage to child or the property of said child.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Iliff Preschool, Inc.

4140 E Iliff Ave \* Denver, CO 80222 \* 303.757.3551 \* Fax: 303.757.1717 \* [www.iliffpreschool.com](http://www.iliffpreschool.com) \* [info@iliffpreschool.com](mailto:info@iliffpreschool.com)



## **FIELD TRIP PERMISSION AND LIABILITY RELEASE**

I, \_\_\_\_\_ give permission for my child \_\_\_\_\_  
to attend the field trips offered by Iliff Preschool, Inc.

The undersigned parents, in consideration for having my child participate in student activities requiring transportation away from the premises of the school, agree to release the Iliff Preschool, Inc., its officers, teachers, staff, employees and agents from any and all claims and liability for personal injury, death, or property damage which may occur in conjunction with this transportation.

Name (Please Print) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

\_\_\_\_\_  
Date



## SUNSCREEN PERMISSION FORM

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Child's Name

DOB

You should assist your child in applying sunscreen **BEFORE** arriving at the center. We will reapply sunscreen to bare surfaces including the face, tops of ears, bare shoulders, arms, legs, feet and toes as needed throughout the day. 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.

Iliff Preschool, Inc., will **apply and supply** *Rocky Mountain Sunscreen Sport SPF30* sunscreen for your child throughout the day. The sunscreen includes the following:

- UVA
- UVB
- Greaseless
- Waterproof
- Paba-Free
- *www.rmsunscreen.com*

I ***do not*** want my child to use ***Rocky Mountain Sunscreen Sport SPF30*** and I will provide sunscreen for my child to use at the center.

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Signature of Parent/Guardian

Date



**PERMISSION FORM TO SLEEP ON A COT**  
***FOR CHILDREN UNDER 2 YEARS OF AGE***

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Child's Name

DOB

- I give consent to the staff of your center to allow my child to sleep on a cot. The cot is to be used only by him/her and provided with a suitable covering.
  
- I do not want my child to use any other pillow or blanket other than the one I sent to the center.

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Signature of Parent/Guardian

Date



## **CITY AND COUNTY OF DENVER**

Dear Parent,

Your child is enrolled in a child care program licensed by the Colorado Department of Human Services and by the Denver Department of Excise and Licenses. These licenses indicate that at the time of inspection the provider has met standards needed to operate either a licensed child day care home, center, or school age program including:

- Written policies and procedures for parents
- Communications, emergency, and security procedures
- Personnel requirements for education, experience, training, and supervision
- Requirements including procedures for admissions: health care; personal hygiene; physical care; food and nutrition;
- Discipline; overnight care; field trips and transportation; holiday schedules; and fee policies
- Activities
- Equipment and materials
- Fire and other safety requirements
- Children's records
- Administrative reports and records

In addition to the above standards, all licensed child care providers are required to report suspected physical, emotional, or sexual abuse of any of the children in their care.

As a parent of child/children in licensed child care, you may report any suspected abuse by calling the Child Abuse Hotline at 1-844-264-5437.

If you wish to make a complaint or have a concern regarding your provider you may call the Colorado Division of Child Care at 303-866-5958.

Your provider's State Child Care License and Denver Department of Business and Excise License should be posted and available for you to see at your request. You may also review inspection reports at the facility upon request.

We hope the services you and your child/children receive in this licensed child care facility will be both positive and productive.

Sincerely,

The Department of Environmental Health  
Public Health Inspection Division  
Child Care Licensing Staff

## TEACHER'S INFORMATION

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

***PLEASE GIVE ANY INFORMATION CONCERNING YOUR CHILD WHICH WILL BE HELPFUL TO THE TEACHERS IN CHARGE. ALL INFORMATION WILL BE KEPT CONFIDENTIAL.***

1. Are parents living together, separated, or divorced \_\_\_\_\_

2. List other children in the family (include the name, age, and sex of each child).

\_\_\_\_\_

\_\_\_\_\_

3. Is your child subject to bedwetting, toilet problems or any emotional reaction? \_\_\_\_\_

4. Does your child take medication, go to therapy, etc., on a regular basis? \_\_\_\_\_

5. Are there special needs that you wish your child's teachers to know about? (e.g., learning difficulties, allergies, diet etc.)

\_\_\_\_\_

\_\_\_\_\_

6. If your child has had previous experience in group care: \_

\_\_\_\_\_

(Date)

(Location)

7. List information concerning your child which will be helpful in a group situation:

*If needed, please attach another sheet to this questionnaire.*

Play Habits: \_\_\_\_\_

Eating Behavior: \_\_\_\_\_

Sleeping Patterns: \_\_\_\_\_

Fears: \_\_\_\_\_

Likes & Dislikes: \_\_\_\_\_

Other: \_\_\_\_\_

8. How do you feel your child learns best? \_\_\_\_\_

\_\_\_\_\_

9. What goals do you wish your child to achieve while at the center: \_\_\_\_\_

\_\_\_\_\_

10. How would you like to get involved with our center? \_\_\_\_\_

