



Early Learners' Center Application

This form MUST be completed for each child attending the Early Learners' Center. Information on this form MUST be updated annually.

Please Print

CHILD:

Date of Enrollment: ____-____-____

First Name: _____ Middle Name: _____ Last Name: _____

Birth Date: ____-____-____ Age: ____ Sex: M F

Home Address: _____ City: _____ State: ____ Zip Code: ____

Ethnicity: Asian Hispanic Black Caucasian American Indian/Alaskan Prefer not to answer

PARENT-GUARDIAN:

Relationship to Child: _____ First Name: _____ Last Name: _____

Home Address: _____ City: _____ State: ____ Zip Code: ____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Address: _____ City: _____ State: ____ Zip Code: ____

Occupation: _____ Highest Level of Education Completed: _____

Family E-mail Address: _____

PARENT-GUARDIAN:

Relationship to Child: _____ First Name: _____ Last Name: _____

Home Address: _____ City: _____ State: ____ Zip Code: ____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Address: _____ City: _____ State: ____ Zip Code: ____

Occupation: _____ Highest Level of Education Completed: _____



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Child Lives With **(circle one)** Both Parents Mother Father Guardian Foster Family

Other People Living in the Home:

Name _____ Age _____ Relationship _____
Name _____ Age _____ Relationship _____
Name _____ Age _____ Relationship _____
Name _____ Age _____ Relationship _____
Name _____ Age _____ Relationship _____
Name _____ Age _____ Relationship _____

NUMBER OF MOVES IN LAST THREE YEARS _____

REASONS FOR MOVES _____

TOTAL ANNUAL HOUSEHOLD INCOME (circle one)

<u>Less than 21,590</u>	<u>21,591 to 29,101</u>	<u>29,102 to 36,612</u>
<u>36,613 to 44,123</u>	<u>44,123 to 51,634</u>	<u>51,635 to 59,145</u>
<u>59,146 to 66,656</u>	<u>66,657 to 74,167</u>	<u>more than 74,168</u>

Total number of members in your household (including yourself) _____

Total Gross Annual Income _____

Any history of unemployment of the primary caregivers?

Reason? _____

Length of Time? _____

Frequency? _____

Is the unemployment seasonal? _____

Do you have other sources of financial support? If so, whom? _____



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Please describe your current housing situation (check all that apply):

- We own our home
- We rent
- We are currently seeking housing and have no permanent address
- We are living with family and/or friends
- We have short term housing in a hotel/motel (includes extended stay lodging)

PRENATAL HEALTH

Length of Pregnancy? _____ Weeks
At time of birth, the age of the mother _____ and father _____
Were the mother and father married at the time of birth? _____
Describe any illnesses, bleeding, x-rays, or medications taken during pregnancy?

Smoking or alcohol use during pregnancy? _____

SPECIAL INSTRUCTIONS TO THE CENTER:

Describe how the parents or guardians can be reached during the hours the child is at the center



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AUTHORIZED PERSONS: Choose one option from below

I do not authorize any one else to take charge of my child.

Parent-Guardian signature _____ Date: _____

OR

The following persons are authorized to drop off and pick up my child, as well as have authorization to assume responsibilities for my child in the event of an emergency if we, parents or guardians mentioned above, cannot be reached immediately.

PERSON 1

Relationship to Child: _____ First Name: _____ Last Name: _____

Home Address: _____ City: _____ State: ____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

PERSON 2

Relationship to Child: _____ First Name: _____ Last Name: _____

Home Address: _____ City: _____ State: ____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

PERSON 3

Relationship to Child: _____ First Name: _____ Last Name: _____

Home Address: _____ City: _____ State: ____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Parent-Guardian Signature: _____

Date: _____



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MEDICAL:

Provide the name, address, and telephone number of your child's physician, dentist, and hospital of choice

Physician

First Name: _____ Last Name: _____

Name of Office: _____ Work Phone: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Dentist

First Name: _____ Last Name: _____

Name of Office: _____ Work Phone: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Hospital

Name of Hospital: _____ Work Phone: _____

Address: _____ City: _____ State: ____ Zip Code: _____

HEALTH INFORMATION:

Please help us get to know your child better by sharing any information you would like us to know about your child's health/development. Do you have any concerns in any area of development (language, cognitive, physical, emotional)?

If your child has any known special dietary needs, and/or chronic medical problems/allergies and medication for such medical problems, please indicate below.



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OTHER INFORMATION:

Has your child and family been experiencing any unusual stress recently? (For example, moving, family health problems, death of family members, divorce, loss of employment, etc.)

- | | | |
|---|-----------|----------|
| Any history of emotional or physical abuse or neglect? | _____ Yes | _____ No |
| Is there an abusive adult currently residing in the home? | _____ Yes | _____ No |
| Any history of substance abuse in the home? | _____ Yes | _____ No |
| Is substance abuse currently occurring in the home? | _____ Yes | _____ No |
| Any history of domestic violence? | _____ Yes | _____ No |
| Is domestic violence currently occurring in the home? | _____ Yes | _____ No |

Do you have close family members with history of learning or behavior challenges? ___Yes ___ No
Who? _____ Type of Challenge? _____
For How Long? _____

What is the primary language spoken at home? _____

What would you like us to know about your child? What do they like to do? What are they good at? How do they communicate their wants/needs? What are they still needing support with?



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Has your child had previous experience in childcare/preschool? If so, was it a positive experience?

What do you hope your child will gain as a result of their experience at the Early Learners' Center?

Parent handbook and classroom orientation have been completed by the parent and director.

Director Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____



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AUTHORIZATION FOR EMERGENCY MEDICAL CARE:

Parents or guardians must complete the following for each child.

I (We), _____ (Parent or Guardian), the undersigned parent(s) or person(s) having legal custody or being the legal guardian of _____ (minor) born on _____, do hereby authorize Colorado Mountain College and Early Learners' Center to provide:

(Please mark all boxes that apply.)

- Any routine, elective or urgent (necessary) medical care or treatment requested by the above named minor and determined by a health care provider at _____ (hospital), to be necessary for the health, safety or well being of such a minor. I (We) will be notified as soon as possible after the care has been provided.
- Only emergency transportation, emergency care or treatment and hospital care to the above named minor. I (We) will be notified as soon as possible after the care has been provided
- Notification to me prior to treatment of any routine, elective or urgent medical care requested by the above named minor. I (We) am (are) aware that notification may delay treatment for several days.

In giving this consent, I understand that attempts will be made to contact me regarding my minor child's medical condition but certain situations may arise where my minor child requires immediate medical or hospital care. In such situations, I recognize that I may not be able to knowledgeably evaluate and choose among the available alternative treatments or procedures, if any, or to evaluate the risks associated with a particular treatment or procedure or the lack of treatment. In such situations, I authorize a health care provider to exercise his/her professional judgment, assess potential risks and choose the necessary treatment from any available alternatives and to render such care and perform such treatment as he/she in his/her professional judgment determines to be necessary for the health and safety of my minor child. Transportation to another facility such as a hospital may be necessary to provide other services (x-ray, I.V., rehabilitation), but does not always imply the need for emergency care.

Signature of Parent or Legal Guardian _____

Date _____

Signature of Parent or Legal Guardian _____

Date _____



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If you have questions about the content of this form, please call Colorado Mountain College – West Garfield Campus at (970) 625-1871.



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ASSUMPTION OF RISK, WAIVER AND RELEASE FROM LIABILITY

Child's Name: _____

Activity: Preschool Activities

Date of Birth: _____

Semester of Activity: Fall and Spring

Phone/Contact: _____

I wish for my child to participate in the Colorado Mountain College ("CMC") "Activity" named above. I voluntarily and knowingly choose my child to participate in this Activity despite its risks. In consideration for being permitted to participate in the Activity, I agree as follows:

1. **Risks.** I understand that the Activity involves various risks, hazards and dangers, including risks of physical injury, disability, or death and risk of loss of use or damage to my personal property. I affirm and acknowledge that I have been sufficiently informed of and understand the inherent hazards and risks associated with this Activity. I also understand that injury or loss may result from unknown or unexpected risks. These risks may result from the use of equipment, materials, or facilities owned by CMC or others; from the activity itself; from travel away from CMC campuses; from environmental conditions; from the acts or omissions of others; or from the unavailability of immediate emergency medical care.
2. **Assumption of Risks.** Knowing the risks, **I HEREBY ASSUME ALL RISKS** that may arise out of or result from the Activity, including but not limited to the risks described above.
3. **Release, Waiver, Indemnity.** **I HEREBY RELEASE, WAIVE, DISCHARGE, INDEMNIFY, DEFEND, HOLD HARMLESS, AND AGREE NOT TO SUE** COLORADO MOUNTAIN JUNIOR COLLEGE DISTRICT, ITS BOARD OF TRUSTEES, OFFICERS, INSTRUCTORS, EMPLOYEES, AGENTS, VOLUNTEERS, AND ANY STUDENTS ACTING AS LEADERS, ORGANIZERS OR EMPLOYEES, FROM , FOR, OR AGAINST ANY LIABILITY, CLAIM, DEMAND, SUIT, OR CAUSE OF ACTION OF ANY KIND, FOR ANY PROPERTY DAMAGE, LOSS OR THEFT, PERSONAL INJURY, DEATH, OR DISABILITY, OR OTHER LOSS OR EXPENSE OF ANY KIND ARISING OUT OF OR IN CONNECTION WITH THE ACTIVITY, EXCEPT ONLY FOR DAMAGE, INJURY, OR LOSS CAUSED BY THE GROSS NEGLIGENCE OR WILLFUL MISCONDUCT OF CMC.
4. **Safety, Policies and Procedures.** I understand that CMC takes reasonable efforts to make the Activity safe, but I also recognize that it is impossible for CMC to guarantee my child's safety, to fully protect my child from harm or injury, or to guarantee that the Activity will proceed exactly as planned. I understand and agree that safety is a shared responsibility, and as for my child participant, he or she has a duty to act with reasonable caution, to be observant of unsafe conditions, to report any unsafe conditions to CMC; and to follow all CMC safety and other rules, standards, and instructions for the Activity.
5. **Prerequisite Skills/Abilities.** I affirm that my child has the prerequisite skills, knowledge, and physical ability necessary to properly and safely participate in the Activity and to use the equipment and facilities involved in the activity. If I have any questions or concerns about my child's abilities to participate in the Activity safely, I will ask CMC staff.
6. **Health and Medical Insurance.** I certify that my child has no medical or health-related problems which would preclude or restrict his or her participation in this Activity. I acknowledge that I have been advised to consult with a doctor if I have any concerns about my child's ability to participate in this Activity. I understand that CMC does not carry any insurance that would cover any injuries or losses my child may suffer while participating in this Activity. I acknowledge that I am solely responsible for any and all costs of medical treatment required by my child or on my behalf, I agree to pay for such medical treatment, and I assume all risks of such medical treatment. I certify that I have my own health insurance in effect.



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7. **Consent for Emergency Treatment.** In the event my child is injured or become ill during the Activity, I authorize CMC to authorize or obtain appropriate medical care and treatment for my child, to make medical decisions in my behalf, to place my child in the care of a local medical doctor, or to place him or her in a hospital for any necessary medical treatment, all at my expense.
8. **Binding Effect.** I intend this Release to be fully binding on me and my heirs, successors, assigns, and personal representatives.
9. **General Provisions.** This Release shall be construed in accordance with the laws of Colorado. Venue for any legal action concerning this Release shall be in Colorado. If any term or provision of this Release is held illegal or unenforceable, all remaining provisions of this Release shall remain in full force and effect. I am not relying on any oral or written representation, statement, or promise other than what is set forth in this Release.
10. **Acknowledgment.** **I have fully read and understand this Release and I agree to be bound by it. I realize it relates to surrendering and releasing valuable legal rights. I sign it knowingly and voluntarily and of my own free will.**

I affirm that I am at least eighteen (18) years of age, sole parent or guardian and fully competent to sign this Release on behalf of my child.

PARENT/GUARDIAN: _____ Date: _____
Signature



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PHOTO RELEASE

IN CONSIDERATION FOR VALUE RECEIVED, I HEREBY AUTHORIZE COLORADO MOUNTAIN COLLEGE AND ITS DESIGNATED PHOTOGRAPHER AND/OR OTHER DESIGNEE TO USE, SELL, OR REPRODUCE IN ANY MEDIUM MY PHOTOGRAPH IN CONJUNCTION WITH MY NAME (OR FICTITIOUS NAME) HOWEVER THE PHOTOGRAPHER OR DESIGNEE SEE FIT FOR THE PURPOSE OF ADVERTISING, DISPLAY, AUDIOVISUAL, EXHIBITION, OR EDITORIAL USE.

CHILD'S SIGNATURE _____ DATE _____

IF UNDER 18 YEARS OF AGE, PARENT OR LEGAL GUARDIAN MUST SIGN BELOW

PARENT/GUARDIAN _____ DATE _____

PRINT NAME _____

ADDRESS _____ CITY _____ ZIP _____

PHONE # _____



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SUNSCREEN PERMISSION FORM

Dear Parent or Guardian,

Your child is attending a preschool center that does have a scheduled outside time on a daily basis. Parents/Guardians are strongly encouraged to apply sunscreen to their child before they attend school for the day. Colorado State regulations require written permission from a parent/guardian if sunscreen is to be applied at school. If a parent/guardian decides to provide their own sunscreen for their child, the sunscreen must be in a ziploc bag with the child's name clearly marked.

Child's Name: _____ Date: _____

The CMC Early Learners' Center will be using:

Please check the appropriate boxes:

My child can apply their own sunscreen

My child can be assisted by a staff member in the application of sunscreen

I will provide my own sunscreen

My child can use the sunscreen provided by the center



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Colorado Mountain College Early Learners' Center: Parent/Guardian Agreement

I agree that my child, _____, is to be enrolled in the Colorado Mountain College Early Learners' Center.

I understand that it is my role as the parent/guardian, to fulfill the following responsibilities:

1. I understand that my involvement in my child's education is the key to his/her success and long-term educational benefits. I commit to being an active partner in the Early Learners' Center by providing snacks, supporting my child's learning at school and at home, and maintaining regular communication with my child's ELC teachers.
2. I will be sure that my child attends preschool on a regular basis according to our schedule of Colorado Mountain College Early Learners' Center arranged by the director of the program. If for any reason my child needs to be absent, I agree to telephone the center and notify the director of the program. If my child has more than 4 **unexcused** absences per month, on a consistent basis, my child may be asked to leave and give their place to another child on the waitlist for the center.
3. I understand that during the school year, the preschool staff will gather information about my child's development and progress, and all documentation will be kept in my child's portfolio. This may include informal observations, photos, and work samples.
4. I will abide by the policies and procedures of the Early Learners' Center.
5. I will meet with the teacher at least twice a year to discuss the development and progress of my child. To do this, I will participate in teacher home visits, family conferences, and/or family activities at school.

PARENT/GUARDIAN SIGN

DATE