

**Saints Peter & Paul Catholic School
Preschool & Pre-Kindergarten Enrollment**

Date of Enrollment _____

Child's Name _____ Nickname _____

Home Address _____

Home Phone _____ Sex M F Age _____ Date of Birth _____

Family Members: _____

Mother or Guardian's Name _____

Address if different from child's _____

Zip _____ Home Phone _____ Cell Phone _____ Email _____

Name of employment (mother/guardian) _____

Address of employment (mother/guardian) _____ Work Phone _____

Father or Guardian's Name _____

Address if different from child's _____

Zip _____ Home Phone _____ Cell Phone _____ Email _____

Name of employment (father/guardian) _____

Address of employment (father/guardian) _____ Work Phone _____

Special instructions for reaching parent or guardian _____

EMERGENCY CONTACTS

1. Name _____ Home Phone _____

Address _____

Work Phone _____ Relationship to child _____

2. Name _____ Home Phone _____

Address _____

Work Phone _____ Relationship to child _____

CHILD PICK UP INFORMATION

**Persons authorized to pick up your child
(Must show photo ID)**

Name _____

Home Phone _____ **Work Phone** _____

Name _____

Home Phone _____ **Work Phone** _____

Name _____

Home Phone _____ **Work Phone** _____

Name, address and phone number of child's doctor _____

Name, address and phone of child's dentist _____

Hospital of Preference (Please check one)

The Children's Hospital
13123 East 16th Avenue
Aurora, CO 80045
720-777-1234

Lutheran Medical Center
8300 West 38th Avenue
Wheat Ridge, CO 80033
303-425-4500

St. Anthony's Hospital
11600 Weat 2nd Place
Lakewood, CO 80228
720-321-0000

St. Joseph's Hospital
1375 East 19th Ave.
Denver, CO 80218
303-812-2000

Other Hospital _____

Chronic Medial conditions _____

Does your child have a health care plan ? _____ **If yes, the health care plan must be provided on or before the first day the child is in care.**

Is your child fully immunized ? _____ **Completed immunization records must be provided on or before the first day the child is in care.**

Food Allergies _____

HEALTH HISTORY

(Chronic or recurring)

Ear Infections _____
Diabetes _____
Heart disease/defect _____
Convulsion/seizures _____
Asthma _____
Nosebleeds _____
Measles _____
Mumps _____
Chicken Pox _____
Flu or Flu shot _____

ALLERGIES

(Nature of Reaction)

Hay Fever _____
Plant Poisoning _____
Insect stings _____
Penicillin _____
Other drugs _____
Animals _____
Food _____
Other _____

Operations or serious injuries (dates) _____

Is the child on any medications? (Explain) _____

If yes, please describe _____

Physical limitations _____ Describe if yes _____

Dietary limitations _____ Describe if yes _____

Vision _____ Hearing _____

Additional information or comments _____

Authorization for Emergency Medical Care

I hereby give my permission to _____ to call a doctor or emergency medical service and for the doctor, hospital or medical service to provide emergency medical or surgical care for my child, _____.

It is understood that the child care provider will make a conscientious effort to locate the parent/guardians and emergency contacts listed on the registration document before any action will be taken. If it is not possible to locate emergency contacts listed treatment will not be delayed. I/we will accept the expense of emergency transportation, medical or surgical treatment.

Parent/Guardian signatures

_____ Date _____

_____ Date _____

Child's Name _____ Phone # _____

Please red, initial, sign and date. Return as soon as possible to your child's teacher.

MEDIA USE

The teachers sometimes carefully pick a video to enhance topics that the children have been discussing.

_____ I give permission for the staff to use the above form of media to enhance a topic the children are learning about.

PERMISSION FOR WALKS

From time to time, classes will take walks with members of the childcare staff on the church grounds. If children were to cross streets, it would be considered a field trip and a special permission form would be sent home with families prior to the field trip.

_____ I give permission for my child to take walks with childcare staff on church premises.

SUNSCREEN AUTHORIZATION

Please have my child use sunscreen in the following way:

_____ His/Her own provided and labeled with first and last name on the bottle or tube.

_____ I authorize the staff to use sunscreen provided by Sts. Peter and Paul School, Hypoallergenic SPF30 on my child.

HAND LOTION AUTHORIZATION

Please have my child use hand lotion after hand washing in the following way:

_____ His/Her own fragrance free moisturizing hand lotion provided and labeled with first and last name on the bottle or tube.

_____ I authorize the staff to use fragrance free moisturizing hand lotion provided by Sts. Peter and Paul School on my child.

COLLEGE STUDENT WORKING WITH CHILDREN

We would like to give permission for college students to do observations and activities with your child in our center for training purposes.

_____ I give permission for my child to be observed and participate in activities with Colorado 2 year/4 year college or university Early Childhood Education students.

I _____ understand and have initialed the above permission requests.

Parent/Guardian Signature

Date

Child's Name

Phone #