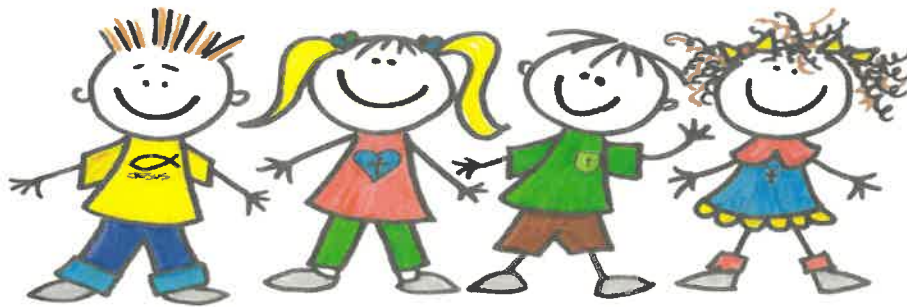


# Elbert Preschool Registration



2024-2025

The attached forms **MUST** be completed and turned into the front office to secure a spot in the Elbert Preschool Program. Please be sure all of the attached forms, birth certificate, health statement, shot records are returned at the same time. Any missing forms will jeopardize acceptance in our program. We are required to have this documentation and will not accept any incomplete applications.

If your child is due for a physical after school has started, please get a copy of last year's records as well as a well-child certification from your doctor. Update the school file within 30 days of new physical to be in compliance with state regulations and ensure your child's continued enrolled status in our program.

### **New Student: checklist**

- Registration packet
- Copy of birth certificate
- Signed and dated physical examination (well child certification) from child's doctor
- Copy of current immunization records or appropriate exemption forms from the Colorado Department of Education website.  
[www.cde.com](http://www.cde.com)

### **Returning Student: checklist**

- Registration packet
- Signed and dated physical examination (well child certification) from child's doctor
- Copy of current immunization records or appropriate exemption forms from the Colorado Department of Education website.  
[www.cde.com](http://www.cde.com)



The following forms **MUST** be completed and turned into the front office to secure a spot in the Elbert Preschool Program. Please be sure all of the below items are turned in at the same time, otherwise the application will be returned. We are required to have this documentation and will not be accepting any incomplete applications.

Thank you

- Registration packet ( ALL forms, front and back, including CPP application)
- Copy of birth certificate
- Sign and DATED physical examination from child's doctor
- Copy of current immunization record

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### **Elbert Preschool/PreK Tuition**

<b>PreK</b>	<b>4days a week (Tues-Fri)</b>	<b>UPK funding</b>
		<b>Or \$200.00 monthly</b>

**(4 years old on or before October 1, 2024)**

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<b>Preschool</b>	<b>3 days a week (Tues-Thurs)</b>	<b>\$150.00 monthly</b>
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**(3 years old on or before October 1, 2024)**

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**Forms of payment accepted: cash, check or credit card. Credit card payments are subject to a service charge**

**Tuition is due the first week of each month, checks payable to Elbert School. Parent(s) are responsible to get tuition in each month even if your child is not in school that week. If there is a problem, please make arrangements with Mrs. Franek.**

Tuition is collected 8 times during the school year and the first payment is due September 1<sup>st</sup>, there after tuition is due the beginning of each month through April 1<sup>st</sup>. August and May are short months and no tuition is due those months. We do NOT make adjustments for missed days due to illness or school closings.

If long-term emergency arises, please contact Mrs. Franek. Tuition is turned into Mrs. Franek and a receipt will be placed in your child's purple weekly folder.

Please print neatly and complete all blanks. Use N/A if not applicable.

Student's LEGAL Full Name: \_\_\_\_\_  
Last First Middle (Suffix)

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male Female  
Mo Day Year

Birthplace: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
Street # Street Name PO Box

\_\_\_\_\_  
City State Zip Student's Cell Phone

Last school attended: \_\_\_\_\_  
Name Address

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

District of Residence: \_\_\_\_\_

Date Most Recent Entry into a Colorado school \_\_\_\_\_ Date First Entry into a Colorado school \_\_\_\_\_

Date Most Recent Entry into a US school \_\_\_\_\_ Date First Entry into a US school \_\_\_\_\_

**Ethnicity** (Check one)  
Is this student Hispanic/Latino?  
No not Hispanic/Latino  
Yes student is Hispanic/Latino

**Race** (Check one or more)  
American Indian or Alaska Native  
Asian  
Black or African-American  
Native Hawaiian/Other Pacific Islander  
White

**Notice:** UNLESS OTHERWISE INDICATED IN WRITING BY THE INDIVIDUAL COMPLETING THIS FORM, THE FATHER, MOTHER, GUARDIAN, DAYCARE PROVIDER, AND EMERGENCY CONTACTS LISTED ON THIS FORM ARE AUTHORIZED TO REMOVE THE STUDENT FROM SCHOOL DURING THE SCHOOL DAY.

Student living with (circle one): Both Father Mother Father/Stepmother Mother/Stepfather Guardian Foster Other: \_\_\_\_\_

**Adult 1** \_\_\_\_\_  
Last Name First Name

Email address: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Employer \_\_\_\_\_

Work Address \_\_\_\_\_ Occupation \_\_\_\_\_

**Adult 2** \_\_\_\_\_  
Last Name First Name

Email address: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Employer \_\_\_\_\_

Work Address \_\_\_\_\_ Occupation \_\_\_\_\_

Daycare Provider \_\_\_\_\_ Phone \_\_\_\_\_  
Name/Address

Please list adults other than individuals listed above as parent/guardian

Emergency Contact #1 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

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

Emergency Contact #2 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

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

Emergency Contact #3 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

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

Alternate Parent/Co-guardian (any other adult having custodial rights who may request copies of student records and/or school materials):

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

Phone Number(s) \_\_\_\_\_

Email address: \_\_\_\_\_

Instructions regarding co-guardian: \_\_\_\_\_

Student requires special support (SpEd, G&T, ILP, 504, etc.) \_\_\_\_\_ Active IEP: Yes No

Has student ever been retained? Yes No what grade? \_\_\_\_\_ has this student ever been expelled or suspended? Yes No

Is the student currently under expulsion? Yes No If Yes, from where? \_\_\_\_\_

Was any school considering disciplinary action because of this student's behavior? Yes No If Yes, where? \_\_\_\_\_

Does the student have a criminal background? Yes No If Yes, please explain: \_\_\_\_\_

If either parent/guardian is active Military, indicate which branch? Army Air Force Marines Navy Other \_\_\_\_\_

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Hospital Preference: \_\_\_\_\_ Health Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

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

Hospital Phone #: \_\_\_\_\_

Does this child have Medicaid? Yes No if yes, Medicaid Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ County Number: \_\_\_\_\_

Conditions limiting physical activity at school: \_\_\_\_\_ Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_ Dietary restrictions: \_\_\_\_\_

Prosthetic devices needed: \_\_\_\_\_ Wears glasses/contacts: \_\_\_\_\_

Immunizations in the past year: \_\_\_\_\_ has had Chicken Pox: Yes No Chicken Pox Vaccine: Yes No  
Type and Date

**Emergency Closing** – In the event of an emergency closing, school may be dismissed earlier than normal. No child may remain at school after an emergency closing. The district will attempt to contact all parents/guardians through its automated system. This system has limits and is only as good as the phone numbers provided to the district. Therefore, it is critical the district knows where your child should go.

I want my child to: Go home on their regular bus route is allowed to drive him/herself & siblings home if applicable.

Alternate instructions: \_\_\_\_\_

**All blanks and check boxes must be completed prior to signature. Enrollment of any student is contingent upon verification of the above information.**

**THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE**

I authorize school staff to seek emergency care for my child if and when necessary. All efforts will be made to contact parents or physician and emergency contacts. All emergency costs are at the expense of the family. I authorize the school to share this information with emergency services.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Home Language Questionnaire

Federal and State regulations require schools to determine the language(s) spoken and understood by each student. This information is necessary for schools to provide appropriate instruction. Thank you for providing this important information.

1. What language(s) did your child use when he/she first began to talk? \_\_\_\_\_
2. What language(s) does your child speak with you at home? \_\_\_\_\_
3. What language(s) do you (parents/guardians) use when you speak to your child? \_\_\_\_\_
4. Do the adults in your home (parents, guardians, grandparents or any other adults) speak to each other in a language other than English daily?  Yes  No

If "No" please stop here and sign below. If "Yes" please continue:

5. What language(s) do the adults in your home speak? \_\_\_\_\_
6. Does your child participate in the conversation even if he/she might use English? Yes  No
7. Does your child read a language(s) other than English? Yes  No   
If yes, please specify: \_\_\_\_\_
8. Does your child write a language(s) other than English? Yes  No   
If yes, please specify: \_\_\_\_\_
9. Did your child attend school in another country? Yes  No   
If yes: How many years? \_\_\_\_\_ Which Country(s)? \_\_\_\_\_  
Language(s) used for instruction: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



# Preschool School Supply List 2024-2025

Because of surplus supplies and finite storage, preschool students will have a per semester list of needed supplies.

## Fall of 2024 (first semester)

- Backpack – PLEASE no small backpacks that are not big enough for library books or the purple folder.
- \$10.00 class fee for consumables
- 1 - 26 oz. table salt
- 1 – 5 lb. bag of flour
- 1- can of shaving cream
- 1 – Crayola Washable 16 Watercolor paint set

## Spring of 2025 (second semester)

- To be determined by need

Many times we will NOT need more supplies, but a few specific items may be requested for special activities that use excess of our current supplies.

Thank you for choosing Elbert Preschool, we look forward to providing an educational and fun experience for your child.



2024-2025



**Sunscreen Permission Slip**

I give permission for my child, \_\_\_\_\_, to wear sunscreen. I understand that I will provide sunscreen with my child's name clearly printed on the bottle. I may apply sunscreen on my child before they come to Elbert preschool/PreK program, and will inform the teacher(s) if this is the case. The teachers have permission to reapply sunscreen as needed throughout the day

\_\_\_\_\_ Please allow my child to apply his/her own sunscreen, as needed.

\_\_\_\_\_ Please apply sunscreen on my child as needed

\_\_\_\_\_ Decline use of sunscreen

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

\_\_\_\_\_  
Date







## 2024-2025 Student Pick-up

**For the safety of your child we will only release students to people that are on this list. If your situation changes and someone new will be picking your child up, please come in ahead of time and make sure their name, copy of identification, and phone number is updated in our records.**

**\*\*\* A COPY of a driver license or ID is required for ALL people picking up your child, including parent(s). Parent(s) ID's are required because teacher absence does happen and at times a person who is not familiar may be checking out student's and we want to insure your child's safety at ALL times.\*\*\***

**Name:**

**Phone #:**

**Address:**

1.

2.

3.

4.

5.