

Registration fee: \$140.00

Enrollment date_____

NEW CREATION PRESCHOOL ENROLLMENT FORM

Family & Social History

Child's Full Name_____ Date of Birth_____

Name Preferred_____

Ethnicity (circle): Hispanic or Latino / Not Hispanic or Latino Race: A AI/AN B/AA H/PI

Father (or Guardian)_____

Home address:_____ Home Ph#:_____

Mailing address:_____ Cell #_____

Place of employment_____ Work Ph#:_____

Employment address:_____

E-mail address:_____

Mother (or Guardian)_____

Home Address:_____ Phone#:_____

Mailing Address:_____ Cell #_____

Place of employment_____ Phone#_____

Employment address:_____

E-mail address:_____

Marital Status of Parents: Married___ Divorced___ Separated___

Residing together___ Never Married_____

If divorced, are one or both parents remarried?_____

If divorced, what are custody arrangements?_____

Who resides in home with child?_____

Other children in family (name & age)_____

Can you accept non-emergency calls at work?_____

Which parent should be called first if we need to reach you while child is at preschool?

Has your child ever been in preschool or daycare before?_____

If yes, please state type of care and for how long_____

Age child was potty-trained_____

Any special instruction regarding nap time?_____

What are your child's favorite: Foods_____

Play_____

Do they have any special friends?_____

How would you describe your child's personality? _____

Do you have any concerns regarding their current development or social issues? _____

What are your child's feelings regarding starting school? _____

Is there anything your child will absolutely not eat or drink? _____

EMERGENCY CONTACT:

Who can assume responsibility for your child in the event of an emergency if you cannot be reached immediately?

Name _____ Phone# _____
Address _____ Relationship to child _____

HEALTH INFORMATION:

Child's Doctor _____ Address _____ Phone # _____

Child's Dentist _____ Address _____ Phone # _____

Medical Insurance _____ Policy # _____

Has your child received a: medical exam _____ dental screening _____ vision screening _____
Would you like information on where to receive these services? _____

Emergency Hospital of choice: _____ Phone # _____
Address _____

Information regarding developmental history of child that would be helpful for us to know:

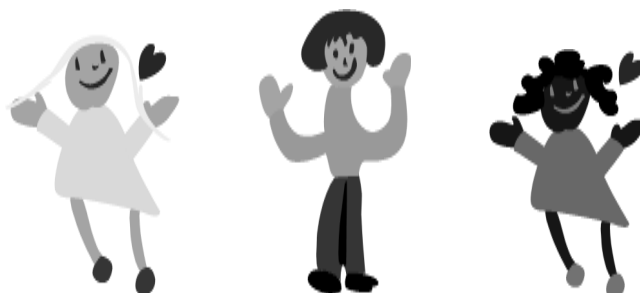
Your evaluation of your child's overall health: _____

Is child allergic? _____

Any dietary restrictions? _____

Any significant past illnesses, injuries or surgeries and at what age?

Any additional comments? _____



AUTHORIZATION FOR PICK-UP

Only those people listed below will be authorized to pick up _____
child's name

(Please only list those whom your child is familiar with, and who are over the age of 18)

<u>Name</u>	<u>Phone #</u>	<u>Address</u>	<u>Relationship to child</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signed _____ Date: _____
mother (guardian)

_____ Date: _____
father (guardian)

New Creation Photo & Media Release

Please read and sign this agreement

From time to time the preschool updates our website, public Facebook page and informational resources about the program with photos from the classroom and outdoors, which may include individual children. Each classroom also has a private Facebook page that parents from that classroom can join.

I hereby give permission to New Creation Preschool to use photos of my child for the above stated purposes.

Signed _____ Date _____

New Creation Financial Agreement

Please read and sign this agreement

I understand that by signing this document, I am committing to the following:

1. I agree to comply with the rules and regulations of New Creation Preschool regarding tuition, attendance, health, activities and scheduled school closures specified in the Parent's Handbook issued each year.

2. I agree to give two weeks advanced notice, in writing, to the school upon withdrawal. I understand that I will be financially responsible for two weeks tuition in the event that I fail to give advanced notice, in writing, upon withdrawal.

3. I have read and understand all tuition and financial terms stated in the Parent's Handbook:
 - A \$500 deposit due upon enrollment (will be applied to last month of tuition)
 - Tuition payment is due prior to care
 - Payment is due even if my child is absent. This is considered tuition which secures my child's space at NCP.

Signed _____ Date _____

Signed _____ Date _____

Name of person/persons financially responsible:

_____ Soc Security # _____

_____ Soc Security # _____

New Creation Preschool

Authorization for Emergency Medical Care and Permission to Leave School Premises

Child's name _____

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the school and to have sunscreen applied daily before outdoor play .

I hereby grant permission for my child to leave the school premises under the supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle. A field trip involving transportation requires a separate permission slip.

I understand that if my child is under age 4 or under 40 pounds I will be required to provide a car seat for my child (a booster seat for 5—6 year olds) when travelling in autos on field trips. When travelling on buses such as RFTA or Ride Glenwood Springs, I understand that car seats will not be used.

I hereby grant permission for my child to be included in evaluations and pictures connected with the school program.

I hereby grant permission for the Director or acting Director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact you through any of the persons listed on the emergency form you completed for us.
4. If we cannot contact you or your child's physician, we will do any or all of the following: (a) call another physician or paramedic; (b) call an ambulance; (c) have the child taken to the nearest emergency hospital in the company of a staff member.
5. Any expenses incurred under 4, above, will be borne by the child's family.

The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

I understand that it is imperative to sign my child in when he/she arrives for the day for the school to assume responsibility.

Signed _____ Date: _____ (updated yearly)
mother

Signed _____ Date: _____ (updated yearly)
father

New Creation Preschool

PARENT CONSENT FORM FOR SUNSCREEN APPLICATION

Date: ____/____/____

Name of Child: _____

As the parent or guardian of the above child, I give my permission for the staff at New Creation Preschool to apply Rocky Mountain Sunscreen SPF 30 to my child, as specified below, when he or she will be playing outside, especially during the months of April through September and between the hours of 10:00am and 4:00pm.

I further understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose, bare shoulders, arms, and legs. I have checked below all applicable information regarding the type and use of sunscreen for my child:

I do not know of any allergies or allergic reactions my child may have to Rocky Mtn Sunscreen SPF 30.

I give permission for your staff to apply Rocky Mtn Sunscreen SPF 30 to my child as described above.

OR—

No. For medical reasons, do not apply sunscreen to my child. I will provide an alternate sunscreen for the preschool to have available at all times.

Parent's or Guardian's Full Name (Please Print): _____

Parent's or Guardian's Full Signature: _____

Rocky Mountain Sunscreen SPF30 is:

- Broad Spectrum
- Water Resistant (80 minutes)
- Fragrance free
- Paba-free, gluten-free, nut oil-free
- Greaseless

To see ingredients visit their website: www.rmsunscreen.com

Rocky Mountain Sunscreen—14700 W. 66th Place, Ste #2, Arvada, CO 80004

Ph: 303-940-9803 Fax: 303-940-9809 Email: info@rmsunscreen.com