



Admission fees: Payable to "Creative Learning Center"

- \$75 non-refundable application fee
- \$225 annual materials fee
- Tuition

All forms signed prior to first day of school:

- Parent Handbook Acknowledgment
- Student Registration Form
- Admissions Agreement
- Photo/Video Release
- Identification and Emergency form
- Child's Preadmission Health History- Parent's Report
- Child's Physician's Report/Physical
- Immunization Records
- Consent for Medical Treatment
- Medication Form (if needed)
- Sunscreen Authorization Form
- General Permission Form

New and Returning Students:

Please bring the following items:

- Backpack with 2 changes of clothes (pants, shirt, underwear, socks)
- Crib size bed sheet, pillow, blanket, stuffed animal (if napping)
- Diapers and wipes (if applicable)
- Re-useable water bottle



Registration Date: \_\_\_\_\_

Child's Name (First, Middle, Last):

\_\_\_\_\_

Date of Birth:

\_\_\_\_\_

Parent #1 Name:

\_\_\_\_\_

Parent #2 Name:

\_\_\_\_\_

Child's Primary Home Address:

\_\_\_\_\_

Home Phone Number:

\_\_\_\_\_

Child's Second Address (If Applicable):

\_\_\_\_\_

Parent #1 Work Number, Cell Number and email:

\_\_\_\_\_

Parent #2 Work Number, Cell Number and email:

\_\_\_\_\_

\_\_\_\_\_



## PRE-ADMISSION INFORMATION

What are your child's likes?

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What are your child's dislikes?

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What would you like your child to experience and learn at preschool?

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What is your philosophy in raising your child?

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What type of relationship would you like to have with your child's teachers at Foothill Preschool?

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How do you discipline your child at home?

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How does your child get along with parents, brothers, sisters, and other children?

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Has your child had structured group play experiences? What types?

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Has your child had unstructured group play experiences? What types?

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Does your child have any special problems/fears/needs? Please explain.

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Is there any other information you would like to share?

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## FOOTHILL PRESCHOOL ADMISSION AGREEMENT

Date \_\_\_\_\_

Thank you for choosing Foothill Preschool. We are very excited to have your child join us. Foothill Preschool provides your child with a fun, safe environment, filled with opportunities for creative play, and personal and academic growth. Our mission is to develop an individual program for your child, support your child and help him or her grow into a confident and motivated young person, eager to learn and explore his or her environment.

Foothill Preschool is open from 8:30-2:30, with extended hours available from 8:00-4:30.

Your child's space/schedule has been/will be reserved for the following days and times:

Full Day _____	Half Day _____
Before School Care _____	Before School Care _____
After School Care _____	After School Care _____
Monday – Friday _____	Monday – Friday _____
M/W/F _____	M/W/F _____
T/TH _____	T/TH _____
Notes _____	Notes _____

All information in this Admission Agreement is provided and required by law and further includes the following:

1. The persons authorized to sign your child in and out will do so via the Brightwheel app, or print their full name, signature, and time of day being dropped off and/or picked up.
2. Your child's monthly tuition fee is \$\_\_\_\_\_, Due on the first of each month. A \$25.00 late fee will access on the **fifth** of the month if payment is not received.
3. All payments are to be made in Brightwheel. Parents are liable for all costs incurred by the preschool to collect all and any delinquent fees. Fees and policies are subject to change.
4. A 30-day written notice will be given before any rate changes. A 30-day written notice is required to withdraw from the program.



5. To be eligible for a refund, a 30-day written notice must be given. Refunds are only given when a space is held and it is determined that a student is not coming and there are 30 days before he/she was supposed to start.
6. Health and Safety Codes give the Department of Health and any duly authorized officer, employee or agent, upon presentation, the right to enter and inspect the facility at any time with or without advance notice to secure compliance with regulations.
7. Grounds for dismissal may occur in the following situations:
  - The preschool does not receive tuition within ten days of the due date. (Due date is the first of each month).
  - The director and teachers feel as though the program no longer appropriately meets the needs of the child.
  - If after following the procedures as listed in the positive behavior management section in the Parent Handbook, the child's behavior escalates or continues to be inappropriate, disruptive and/or dangerous to himself/herself and/or others.
8. If your child requires specialized services, (stated in the parent handbook), please note that any and all specialized services are billed separately from the Foothill Preschool tuition. Please contact the Director to get a price list for services.

The teachers and staff at Foothill Preschool welcome you and your family!

I have read and understand all of the policies set forth in this Admission Agreement.

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Parent's Name, Please Print

Signature and Date

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Authorized Administrator's Signature

Date



## PICTURE AND VIDEO RELEASE FORM

\_\_\_\_\_ Yes, I authorize Foothill Preschool to use my likeness and commentary and/or that of my children/family in the form of photographs, video, or testimony for the purposes of marketing and public use including, but not limited to: newsletters, websites, and social media. I understand that photographs, videos, and/or commentary of me, my children, and/or my family may be disseminated to the public for the above purposes.

\_\_\_\_\_ Yes, I give Foothill Preschool permission to use photographs, videos, and commentaries for purposes including, but not limited to, journals, portfolios, and documentation panels.

\_\_\_\_\_ Yes, I give Foothill Preschool permission to use photographs, videos, and commentaries within the Brightwheel app, for the purposes of parent communication and classroom updates with current preschool students/families.

\_\_\_\_\_ No, I do not authorize Foothill Preschool to use my likeness and commentary and/or that of my children/family in the form of photographs, video, or testimony for the purposes of marketing and public use including, but not limited to: newsletters, websites, and social media. I understand that photographs, videos, and/or commentary of me, my children, and/or my family may be disseminated to the public for the above purposes.

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\_\_\_\_\_ No, I do not give Foothill Preschool permission to use photographs, videos, and commentaries within the Brightwheel app, for the purposes of parent communication and classroom updates with current preschool students/families.

I have read and understand the above.

Child Name \_\_\_\_\_

Date \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent's Signature: \_\_\_\_\_



## EMERGENCY CONTACT/AUTHORIZED PICKUP FORM

*Emergency Contact (must list 2)*

Name		Relationship	
Phone Number			
Address			
Authorized to Pick-Up?	_____ Yes		_____ No

Name		Relationship	
Phone Number			
Address			
Authorized to Pick-Up?	_____ Yes		_____ No

Name		Relationship	
Phone Number			
Address			
Authorized to Pick-Up?	_____ Yes		_____ No





## EMERGENCY MEDICAL INFORMATION

Hospital of Choice	Children's Hospital Broomfield 469 State Highway 7 Broomfield, CO 80023 (720) 478-5000 <input type="checkbox"/>	Good Samaritan/Kaiser 200 Exempla Circle Lafayette, CO 80026 (303) 689-4000 <input type="checkbox"/>
Primary Care Doctor (name)		
Address		
Phone Number		
Allergies/Reactions		
Chronic Illnesses/Special Needs		
Medications		
Insurance Info- (policy holder, identification number, group number)		



## CHILD'S PREADMISSION HEALTH HISTORY- PARENT'S REPORT

CHILD'S NAME: \_\_\_\_\_

SEX: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

PARENT #1 NAME: \_\_\_\_\_

PARENT #2 NAME: \_\_\_\_\_

DO PARENT #1 AND PARENT #2 LIVE IN THE SAME HOME WITH CHILD? Y / N

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**DEVELOPMENTAL HISTORY-**

WALKED AT: \_\_\_\_\_ MONTHS                      BEGAN TALKING AT: \_\_\_\_\_ MONTHS

TOILET TRAINING STARTED AT: \_\_\_\_\_ MONTHS

*PAST ILLNESSES- Check illnesses that child has had and specify approximate dates of illnesses:*

	DATES		DATES		DATES
Chicken Pox		Diabetes		Poliomyelitis	
Asthma		Epilepsy		10-Day Measles	
Rheumatic Fever		Whooping Cough		3-Day Measles	
Hay Fever		Mumps		Other (specify)	

DOES YOUR CHILD HAVE FREQUENT COLDS? Y / N                      HOW MANY IN LAST YEAR? \_\_\_\_



LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF: \_\_\_\_\_

*DAILY ROUTINES-*

WHAT TIME DOES YOUR CHILD GET UP? \_\_\_\_\_ GO TO BED? \_\_\_\_\_

DOES YOUR CHILD SLEEP WELL AT NIGHT? \_\_\_\_\_

DOES YOUR CHILD SLEEP DURING THE DAY? Y / N

WHEN? \_\_\_\_\_ HOW LONG? \_\_\_\_\_

ANY FOOD DISLIKES? \_\_\_\_\_

ANY EATING PROBLEMS? \_\_\_\_\_

IS YOUR CHILD TOILET TRAINED? Y / N

IF YES, WHAT STAGE? \_\_\_\_\_

ARE BOWEL MOVEMENTS REGULAR? Y / N WHAT IS USUAL TIME? \_\_\_\_\_

DOES YOUR CHILD TAKE PRESCRIBED MEDICATION(S)? Y / N

IF YES, WHAT KIND AND ANY SIDE EFFECTS? \_\_\_\_\_

\_\_\_\_\_

DOES YOUR CHILD USE ANY SPECIAL DEVICES? Y / N

IF YES, WHAT KIND? \_\_\_\_\_

WHAT IS THE PLAN FOR CARE WHEN YOUR CHILD IS ILL? \_\_\_\_\_

\_\_\_\_\_



CONSENT FOR EMERGENCY MEDICAL CARE AND TRANSPORTATION

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO CREATIVE LEARNING CENTER/FOOTHILL PRESCHOOL TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

\_\_\_\_\_, INCLUDING TRANSPORTATION TO THE NEAREST MEDICAL FACILITY. THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED ABOVE. IT IS UNDERSTOOD THAT A CONSCIENTIOUS EFFORT WILL BE MADE TO LOCATE ME, AND I ACCEPT THE EXPENSE OF CARE AND TRANSPORT.

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CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
HOME ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
HOME PHONE

\_\_\_\_\_  
WORK PHONE



## PARENT CONSENT- ADMINISTRATION OF MEDICATIONS

### PARENT'S INSTRUCTIONS:

1. All prescription medications shall be maintained with the child's name and shall be dated.
2. Prescription medications must be stored in the original bottle with unaltered label. Medications requiring refrigeration must be properly stored.
3. Prescription medication shall be administered in accordance with the label directions.
4. Written consent must be provided from the parent, permitting child care facility personnel to administer medications to the child. Instructions shall not conflict with the prescription label or product label directions.

CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

MEDICATION NAME: \_\_\_\_\_

DOSAGE: \_\_\_\_\_

I authorize child care personnel to assist in the administration of medications described above to the child named above for the following medical condition/s: \_\_\_\_\_

\_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ at \_\_\_\_\_ daily while in attendance.  
Beginning date                      Ending date                      Time of day

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date



## PARENT HANDBOOK ACKNOWLEDGMENT

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

- I have received a copy of Foothill Preschool's Parent Handbook.
- I understand that Foothill Preschool's Parent Handbook may not cover every issue that arises and, as a result, creates the need for communication between teachers and staff and myself.
- I understand that I am held accountable for these policies until my child is no longer enrolled.
- I understand that Foothill Preschool reserves the right to change these policies and will notify me as soon as possible after any changes have been made.
- I have read and agree to all the terms and conditions set forth in the Foothill Preschool Parent Handbook.

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

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## GENERAL PERMISSION FORM

Foothill Preschool offers a wide variety of activities and experiences for children. Permission is required for a number of these routines and events. Please read the list carefully and initial those activities and experiences you permit your child to participate in.

My child may go on walks in the nearby neighborhoods.

Yes       No

My child has permission to be observed in the classroom setting. These observations are done with my prior knowledge and are only done for educational purposes.

Yes       No

My child has permission for a developmental screening as appropriate for educational purposes.

Yes       No

My child has permission to participate in Zones of Regulation groups with Foothill Preschool's OTR/L during the regular school day.

Yes       No

I give my child permission to sleep on a school-provided cot for rest time. I will bring in a crib sheet and blanket for my child, and will bring them home every Friday to be laundered.

Yes       No       N/A (Half-Day students only)

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

Parent/Guardian's Name: \_\_\_\_\_

Date: \_\_\_\_\_



## SUNSCREEN APPLICATION AUTHORIZATION

SUNSCREEN POLICY: Parents are responsible for applying sunscreen to their child prior to arrival at school **and informing staff of the application time**. Parents must provide sunscreen for their children while at school for school staff to reapply later in the day, per guidelines on sunscreen container. The parent must label the sunscreen bottle with the child's name, and complete this Sunscreen Application Authorization Form. All sunscreen bottles will remain in our staff's care and stored on-site. Aerosol/Spray sunscreen is **NOT** permitted per Colorado State Licensing regulations. Additionally, parents may also encourage their child to wear a hat when playing outdoors, and/or send in sun protective clothing to be worn outdoors.

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Child's Name (First and Last) \_\_\_\_\_

As the parent or guardian of the above child, I give permission for the staff at Foothill Preschool to apply sunscreen on my child, as specified below, when he or she will be engaging in outdoor activities. I 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. Additionally, I have checked and/or indicated below my directives regarding the type of sunscreen:

Staff may use the sunscreen that I am providing with this form:

Brand \_\_\_\_\_ SPF \_\_\_\_\_ Reapplication time frame \_\_\_\_\_

In the event that my provided sunscreen is not available, I give permission to use any available sunscreen

**If you do not want sunscreen applied, you must provide sun protective clothing with a UPF 50+ rating.**

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