POUDRE SCHOOL DISTRICT
Early Childhood
EDUCATION PROGRAM

EHS Enrollment Packet

220 North Grant Avenue, Fort Collins, CO 80521
Phone: (970) 490-3204 Fax: (970) 490-3134 Email: psdece@psdschools.org bit.ly/PSDpreschool

Emergency Contact Information

Child's name:______________________________ DOB: ________________ Child+: ____________

Emergency contact name (other than parent):________________________ Relationship to child: ____________
Phone (Home): ____________________________ Phone (Cell): ______________________________
Check all that apply: ☐ Emergency contact ☐ Release child to
Is this person at least 16 years old with a valid ID? ☐ Yes ☐ No

Emergency contact name (other than parent):________________________ Relationship to child: ____________
Phone (Home): ____________________________ Phone (Cell): ______________________________
Check all that apply: ☐ Emergency contact ☐ Release child to
Is this person at least 16 years old with a valid ID? ☐ Yes ☐ No

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Is this person at least 16 years old with a valid ID? ☐ Yes ☐ No

Child's Name: _____ **Child's Date of Birth:** _____

Please read each box, initial and check Agree or Disagree

	EHS Permission Contract	Check
Media	I give permission to publish my student's photo, video and/or name in print and/or electronic media. (Additional form to be completed if disagree.)	☐ Agree ☐ Disagree
Release of Information	I authorize the Poudre School District Early Childhood Education Program to release information to Partnering Community agencies/providers, contracted service providers, and to providers identified by the parent/guardian.	☐ Agree ☐ Disagree
Specific Information Shared	I understand that following PSD policy, I will need to complete a records release form every time I want to access copies of my child's records.	☐ Agree ☐ Disagree
Telephone Contact	I give my permission for the program staff to give my telephone number to another parent for the purpose of program/classroom events and parent involvement only.	☐ Agree ☐ Disagree
Attendance Policy	I understand that if my child is enrolled in the Poudre School District Early Childhood Education Program my child will be subject to the program's attendance policy. I understand that attendance issues will lead to a review of my child's enrollment and possible disenrollment. I understand that this is not drop-in care.	Initial _____
Center-Based Agreement (center-based only)	I understand that I am receiving child care at no cost. I commit to attending the center on my agreed upon days and times. I understand that attendance issues will lead to a review of my child's enrollment and possible disenrollment. I understand that this is not a drop-in care situation.	Initial _____
Custody and Court Order	I understand that I must provide Custody and Court Orders that pertain to my child to the Early Childhood Education Program for the school to be aware of and follow special instructions.	Initial _____
Data Collection	I understand that the Poudre School District Early Childhood Education Program collects non-identifiable statistical information to be used for documentation, Program Information Report, and funding purposes.	Initial _____
Home Visits and Conferences	I understand that there will be required weekly home visits during the year. Home visits may include support from Teacher & Education, Health and Family Specialist staff. If I am unable to make a scheduled visit, I must reschedule. I understand that lack of attendance at home visits will lead to a review of my child's enrollment and may lead to disenrollment.	Initial _____
Mental Health	I understand that mental health support and/or consultation can be provided.	Initial _____
Parent Involvement	I understand that the Early Childhood Education Program highly encourages Parent Involvement and I am expected to participate in the program.	Initial _____
Poudre School District Cumulative File	I understand that if my child is enrolled in a Poudre School District Early Childhood Education Program my child's records will be transferred to his/her Poudre School District cumulative file.	Initial _____
Quality Assurance	I understand that there may be a supervisor who comes into my home during a scheduled home visit with one of the staff members mentioned above for the purpose of quality assurance.	Initial _____
Screenings	I understand that my child will be screened throughout the school year for the purpose of assessment in vision, hearing, dental, speech, growth and developmental needs.	Initial _____

_____ _____ _____

Parent/Guardian Signature
Handwritten or digital signature only

Print Name

Today's Date

Health Conditions

Student Name:_____ Date of Birth:_____/_____/_____

Health Care Provider/Medical Clinic:_____ Last exam date: _____

Dentist/Dental Clinic:_____ Last exam date: _____

Is your family currently on WIC ☐Yes ☐No

Medical Insurance:

☐ Medicaid/Health First ☐Colorado Health Plan Plus (CHP+) ☐None/Uninsured ☐ Other _____

Hospital Preference:

☐ Poudre Valley Hospital ☐McKee Medical Center ☐Medical Center of the Rockies ☐Banner Health

Health Conditions:

Response		Health Condition	Response		Health Condition
YES	NO	Allergy- Environmental / Animal	YES	NO	Hearing Impairment- Devices worn? YES NO
YES	NO	Allergy – Food	YES	NO	Heart Condition
YES	NO	Allergy – Insect	YES	NO	Kidney /Urinary
YES	NO	Allergy - Medication	YES	NO	Mental Health
YES	NO	Asthma	YES	NO	Neurological
YES	NO	Autism Spectrum Disorder	YES	NO	Orthopedic
YES	NO	Brain / Head Injury	YES	NO	Physical limitation/restrictions
YES	NO	Cancer	YES	NO	Premature or significant birth history
YES	NO	Chewing or swallowing troubles	YES	NO	Seizures/ Epilepsy
YES	NO	Diabetes	YES	NO	Special Diet
YES	NO	G-Tube	Yes	NO	Vision Problem – Glasses worn? YES NO
YES	NO	Genetic Disorder	OTHER:		

Explain any health condition(s)above:_____

_____

_____

Does your child need medication at school? YES☐ NO☐

Name of Medication(s):_____

**Print or request an *Authorization to Administer Medication* form from your school or from the PSD health services website:

Please list any other daily medication(s) that your child is taking at home: _____

I voluntarily provide this information and understand I must provide the following health documents for my child's health file: Complete immunizations, current physical exam, dental exam, and lead blood test results

_____

Parent/Guardian Signature **Date**