

**Lake George Charter  
Preschool**



**Cubs**

Welcome to the Lake George Charter Preschool!

We are thrilled that you will be joining the preschool this Fall 2022!

Below you will find a checklist of all required enrollment documents. Please submit these along with a completed enrollment packet by August 8, 2022.

Let us know if you have any questions.

Birth Certificate

Updated physical

Current Immunization Record

Proof of Residence

Lake George Charter Preschool Enrollment Application

**CHILD INFORMATION**

Last Name		First Name		Middle Name	Birthplace
Date of Birth	Boy Girl	Primary Language:		Preferred Name	Child Lives with:
Race: Circle all that apply. Asian Black or African American Native American White Other _____					Mom Dad Both Foster Grandparents
Hispanic or Latino? <b>YES NO</b>					Other _____
Insurance Information: Insurance? <b>YES NO</b> Medicaid# _____ CHP+# _____ Private Insurance & # _____					

<b>Primary Adult</b>	<b>Mother</b>	<b>Father</b>	<b>Other</b> _____	<b>Lives with family?</b> <b>Y N</b>
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Last Name	First Name	Date of Birth	Allowed to pick up child? <b>YES NO</b>
Home phone	Cell phone	Physical Address AND Mailing Address	
Email Address			
For notification purposes (late start, closure, etc.) best way to contact you?(Circle one) Home Cell Work Email			
Name of Employer	Work phone	Primary Language:	

Race: Circle all that apply. Asian Black or African American Native American White  
Other \_\_\_\_\_ Hispanic or Latino? **YES NO**

<b>Primary Adult</b>	<b>Mother</b>	<b>Father</b>	<b>Other</b> _____	<b>Lives with family?</b> <b>Y N</b>
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Last Name	First Name	Date of Birth	Allowed to pick up child? <b>YES NO</b>
Home Phone	Cell Phone	Physical Address AND Mailing Address (if different)	
Email Address			
For notification purposes (late start, closure, etc.) best way to contact you?(Circle one) Home Cell Work Email			
Name of Employer	Work phone	Primary Language:	

Race: Circle all that apply. Asian Black or African American Native American White  
Other \_\_\_\_\_ Hispanic or Latino? **YES NO**

**Emergency Contact Information**

(Use this area to share LOCAL contacts OTHER THAN PARENTS in case of emergency)

1) Contact Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

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

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_

2) Contact Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

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

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_

3) Contact Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

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

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_

4) Contact Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

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

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_

## Student Medical Information

Please complete the entire form!

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

Child's Physician: \_\_\_\_\_ Physician's Phone #: \_\_\_\_\_

Physician's Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

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

Hospital Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**Even if your child has not yet seen a dentist, please enter a dentist you would prefer in case of emergency.**

Family Dentist: \_\_\_\_\_ Dentist's Phone #: \_\_\_\_\_

Dentist's Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**Please provide the preschool with a copy of your child's insurance card.**

Does your family qualify for MEDICAID? **YES NO** Medicaid Number: \_\_\_\_\_

Is your child covered by any Health Insurance Plan? **YES NO** Name of Insurance Company: \_\_\_\_\_

Insurance Address: \_\_\_\_\_ Insurance Phone #: \_\_\_\_\_

Name of Primary Insured: \_\_\_\_\_ Policy #: \_\_\_\_\_

### Request Form

I understand there are State of Colorado and Federal guidelines about my right to confidentiality and protection of my individually identifiable health information (CFR 42 Part 2, CRS25.1, HIPPA). Except in situations legally required or permitted, information about me cannot be released to persons or agencies outside the treatment team without any written permission. Additional protections exist for substance abuse information and for HIV/AIDS status.

**In order to obtain medical information necessary to ensure proper care for your child, the Charter School requests that the parents/guardians sign the following statement:**

I, the undersigned, hereby authorize officials of the Lake George Charter School to contact directly the emergency contacts and/or family medical contacts designated on this form. Furthermore, I authorize the designated physician to render such treatment as he/she deem necessary, in an emergency, for the health of the child. In the event that the parents, guardians, designated emergency contacts or designated physician cannot be contacted, the Lake George Charter School Officials are hereby authorized to take whatever action is deemed necessary in their judgement for the health of the child. I release Lake George Charter School and it's staff from any legal liability for disclosing or acquiring information that I have permitted by signing this form. I also release the above named persons and or agencies from any legal liability and financial responsibility for emergency care and/or transportation for the child.

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

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

Lake George Charter Preschool

**Student Health Form**  
(Parent/Guardian Completes)

STUDENT NAME: \_\_\_\_\_

DOB \_\_\_\_\_

HEALTH CONCERNS	YES	NO	MEDICATION (Name, Dosage)	ACTIVITY RESTRICTIONS	COMMENTS
Asthma/Respiratory					
Allergies				List:	Reaction:
Diabetes					
Seizures/Neurological					
Heart/Blood					
Muscles/Bones/Joints					
Bladder/Kidney					
Stomach/Intestines/Feeding Tube					
Skin					
Dental					
Ear Infections					Frequency:
Tubes/Date					
Eye glasses					
Eye surgery					
Speech					
Social Emotional					
Headaches					
Other					

Routine or daily medications (not listed above):

Other concerns or any major illnesses, hospitalization or injuries that we should be aware of?

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

Lake George Charter Preschool  
38874 US Hwy 24  
PO Box 420  
Lake George, CO 80827  
719-748-3911  
719-748-8151 - Fax

## Student Physical

*Must be completed by a physician*

Student's Name: \_\_\_\_\_ was given a physical examination within  
the last 12 months on: \_\_\_\_\_ (Date)

Immunization records up-to-date (Please attach record) \_\_\_\_\_ Yes \_\_\_\_\_ No

Next health care visit **DUE**: \_\_\_\_\_ (Date)

Chronic medical conditions: (List All)

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Restrictions: (List All)

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Allergies:

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\_\_\_\_\_ Cleared for age appropriate activities

\_\_\_\_\_ Cleared for preschool attendance.

Hearing Concerns: YES NO  
Vision Concerns: YES NO  
Developmental Concerns: YES NO

\_\_\_\_\_  
Physician Name (Signature)

\_\_\_\_\_  
Physician Name (Print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

# Parent Permission Form

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

## Permission to Attend Field Trips

I give permission for my child to attend field trips with his/her class. I understand that the field trips may be walking or by bus. I will be notified and will sign a permission slip for each field trip.

Yes \_\_\_\_\_ (initials)

No \_\_\_\_\_ (initials)

## Permission to Videotape and Photograph

I give permission for my child's pictures and/or videos to be taken and used in class, social media, advertisements, and on the school website. (Please talk to the director if you have any questions or concerns.)

Yes \_\_\_\_\_ (initials)

No \_\_\_\_\_ (initials)

## Permission to view Learning Videos

I give permission for my child to occasionally watch a children's video at preschool that connects with the curriculum.

Yes \_\_\_\_\_ (initials)

No \_\_\_\_\_ (initials)

## Permission for Screenings

I give permission for the Lake George Charter Preschool staff to complete health screenings, vision screenings, hearing screenings, speech and developmental screenings. These are used as tools in order to meet your child's needs. All results are shared with parent/guardian.

Yes \_\_\_\_\_ (initials)

No \_\_\_\_\_ (initials)

## Permission for Sunscreen

I give permission for the Lake George Charter Preschool staff to apply sunscreen to my child.

Yes \_\_\_\_\_ (initials)

No \_\_\_\_\_ (initials)

## Permission for Celebrations

I give permission for my child to participate in classroom celebrations. (i.e.-birthdays, class achievements, 100 days of school, winter, Valentine's, etc.)

Yes \_\_\_\_\_ (initials)

No \_\_\_\_\_ (initials)

Parent/Guardian Signature:

Date:

\_\_\_\_\_

\_\_\_\_\_

# Lake George Charter Preschool

## Parent Responsibility Summary

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

The parent or guardian responsibilities of children enrolled in Lake George Charter Preschool program shall be as follows:

Please initial beside each statement after reading.

- \_\_\_\_\_ Turn in required paperwork on time.
- \_\_\_\_\_ Update all student and contact information with the school.
- \_\_\_\_\_ Pay all tuition and fees on time.
- \_\_\_\_\_ Pick up your child on time.
- \_\_\_\_\_ If absent, notify the school with the reason of absence.
- \_\_\_\_\_ Understand that late pickup will result in a late fee charge. Excessive late pickups may result in termination of enrollment.
- \_\_\_\_\_ All outstanding fees due upon withdrawal.
- \_\_\_\_\_ Ensure an authorized per pickup up child is **18 years or older**.
- \_\_\_\_\_ Keep my child home if child is ill or if any person in the home displays any symptoms of sickness.
- \_\_\_\_\_ Dress your child appropriately for all activities and the expected weather. Provide plenty of warm clothes and a change of clothes in their backpack.

I read and understand the enrollment agreements and permissions.

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

\_\_\_\_\_  
Date



**CONFIDENTIAL**  
**SCHOLARSHIP CHECKLIST (Circle YES or NO)**

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

**1. Receives Assistance (Circle all that apply):**

**CCAP LEAP WIC Food Stamps Unemployment Free & Reduced Lunch SSI Migrant Education Services TANF**

**2. Family lives in a motel, campground or shelter; lives with family members or friends due to economic hardship. Family is eligible for Migrant Education Services. YES NO**

**3. Violence/abuse in the home (current or past).  
 YES NO**

**4. Drug or alcohol abuse in the home (current or past)  
 YES NO**

**5. One or more parent/guardian did not complete a high school education or equivalent. YES NO**

**6. Parent under 18 at time of child's birth.  
 YES NO**

**7. Lived in more than one home in the past year.  
 YES NO If yes, how many? \_\_\_\_\_**

**8. Child has poor social skills.  
 YES NO**

**9. Child is in need of language development, including but not limited to the ability to speak English. YES NO**

**10. Child or family has received services with DHS.  
 YES NO**

**11. Family member who struggles with depression (including post-partum), chronic illness, or disability. YES NO**

**12. Family member incarcerated.  
 YES NO**

**13. One or both parents deployed.  
 YES NO**

What type of support does your family have (family, church, friends, group...):

**Has your child experienced any stressful events in the last 3 years of which you would like us to be aware? (For example, has a family member divorced/separated, passed away, had a change in guardian, or other major life event?) YES NO**

**CONFIDENTIAL: Information is critical for our program funding and will be used for grant funding only.**

PLEASE check the correct annual or monthly income range for your household.

How many family & friends live in your household? 2 3 4 5 6 7 more than 7

**Annually**

**Monthly**

- \_\_\_ Less than 23,606
- \_\_\_ 23,606 – 31,894
- \_\_\_ 31,894 – 40,182
- \_\_\_ 40,182 – 48,470
- \_\_\_ 48,470 – 56,758
- \_\_\_ 56,758 – 65,046
- \_\_\_ 65,046 – 73,334
- \_\_\_ 73,334 – 81,622
- \_\_\_ 81,622 and up

- \_\_\_ Less than 1,968
- \_\_\_ 1,968 – 2,658
- \_\_\_ 2,658 – 3,349
- \_\_\_ 3,349 – 4,040
- \_\_\_ 4,040 – 4,730
- \_\_\_ 4,730 – 5,421
- \_\_\_ 5,421 – 6,112
- \_\_\_ 6,112 – 6,802
- \_\_\_ 6,802 and up

**Any other family information that is important for us to know:**

Used for Scholarship Purposes – Please fill out completely!

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

**Other people in your home – include brothers, sisters, relatives, friends**

<u>Name</u>	<u>Date of Birth</u>	<u>Relationship</u>

**Child Factors (Circle YES or NO)**

This ensures we are meeting all of your child's needs.

Had problems during/just after birth? <b>YES NO</b>	<div style="border-left: 1px solid black; border-right: 1px solid black; border-bottom: 1px solid black; padding: 5px;">                     Difficulty hearing or tubes in ears or frequent infections. <b>YES NO</b>                      Has a diagnosed disability <b>YES NO</b>                      Has an IFSP or IEP or receives private therapy <b>YES NO</b>                      Has received early intervention in the past <b>YES NO</b>                      I'm worried about my child's behavior. <b>YES NO</b>                      I'm worried about my child's social skills. <b>YES NO</b>                      If prenatal, when is your due date?                      Any ongoing illness:                 </div>
Weighed less than 5 lb. 8 oz.? <b> YES NO</b>	
Rarely plays with other kids his/her age? <b>YES NO</b>	
Difficulty seeing or rubs/blinks eyes a lot? <b>YES NO</b>	
I'm worried about my child's speech or language. <b>YES NO</b>	
I'm worried about my child's ability to learn <b>YES NO</b>	
I'm worried about my child's physical development <b>YES NO</b>	
Health concerns which will limit activities at school:	

Any other information that is important for us to know?

**Home Language Information**

What languages are spoken in your home?

\_\_\_\_\_ English is the ONLY language spoken in our home.

\_\_\_\_\_ We speak another language other than English.

Other language(s) spoken in home: \_\_\_\_\_

Did your child begin speaking other languages before English? **YES NO**

Is this other language used more than English in your home? **YES NO**

Does your child understand this other language more than English? **YES NO**

**Past School / Childcare Experience**

How did you hear about us? \_\_\_\_\_

Is your child attending preschool or daycare somewhere else? **YES NO**

If so, where? \_\_\_\_\_

**Lake George Charter Preschool  
Colorado Preschool Program Scholarship Agreement**

We celebrate the connection of children with their families. Our program staff works with you to develop effective strategies to best meet the needs of your child. We believe parents are their child's first and foremost teacher.

The Colorado Preschool Program is sponsored by the Colorado Department of Education via the Park County School District RE-2. Partnering preschools include Lake George Charter Preschool and Edith Teter Preschool.

The Preschool Program will....

- Offer a free developmental screening within the first two weeks of school for the purpose of the Individual Development Plan.
- Plan and present a curriculum that is appropriate and important to your child's future success in school.
- Be aware of your child's individual needs and present or modify the curriculum to ensure your child's success.
- Provide two teacher conferences per school year – to plan and review your child's progress.
- Be available to help answer questions and address your concerns whenever they may arise.
- Provide at least four personalized visits from your child's teacher (or other Parent Educator) using our Parents as Teachers model (optional).
- Prepare your child for his/her transition into kindergarten through classroom tours, meeting kindergarten teachers, and sharing educational information with your child's kindergarten teacher to prepare for a successful kindergarten experience.
- Provide information on Parent Workshops.
- Offer resource and referral information about community resources.

As the parent/guardian of a preschool child, I will....

- Be responsible for my child's attendance, make sure my child arrives at school on time and is picked up on time.
- Let the program know if my child will be absent or if I plan to withdraw my child from the program.
- Complete a developmental screening questionnaire during the first two weeks of the preschool session for the purposes of starting an Individual Development Plan.
- Arrange for transportation to and from preschool.
- Attend parent/teacher conferences to assist preschool staff with an Individual Development Plan for my child and set goals for my child.
- Be supportive of the experience my child is having with his/her preschool.
- Talk often with my child about what he/she is learning in preschool to help with the development of language skills.
- Participate in quarterly Parents as Teachers visits (optional).
- Complete questionnaires to help evaluate the preschool program.
- Choose two ways to be involved in the preschool program.
- Read to my child daily and listen as my child "reads" to me.
- Attend family education opportunities.
- Always support my child's learning from preschool through high school graduation.

\*\*As part of qualifying for the Colorado Preschool Program, your child will receive a minimum of 360 hours (approximately 10 hours per week) or 720 hours per school year (approximately 20 hours per week) of state-funded preschool at no cost to the family.

Student Name: \_\_\_\_\_

Family Signature: \_\_\_\_\_

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