Preschool Registration Checklist

We are happy to welcome you and your child to Jefferson County Public School Preschools. Please take a few minutes to read the registration and enrollment information provided. The Colorado Department of Human Services requires the following forms to be completed prior to the child’s attendance in our preschool program. (Rules Regulating Child Care Centers and the General Rules for Child Care Facilities, Section 7.702.101)

Access Jeffco Connect to enter parent and student contact information at the following
URL: https://jeffcoconnect.jeffco.k12.co.us

Jeffco Connect Student Information Summary
New Families: Print from Jeffco Connect with an July 1 or later date
Returning Families: Check information and resubmit for digital submission signature with a July 1 or later date

Federal Free and Reduced Application submission
https://lunchapps.jeffco.k12.co.us/

Due at registration
Copy of Birth Certificate
Current Immunization Record
Registration fee $60 individual/$85 family
Enrollment Materials
Signatures required to complete school file

Parent Information
Enrollment Agreement
Tuition Schedule
Parent Jeffco Connect Letter
Jeffco Connect - Quick Reference Guide
Sunscreen Information
Dear Preschool Parents,

Jeffco Public Preschool will again be using Jeffco Connect as the only way to fill out and update your student’s important information including contact numbers for illness or emergencies. Parents can complete the student information at their own convenience from home, work or wherever they enjoy using the Internet. The Student Information Card and Race & Ethnicity Form are now paperless.

A Jeffco Connect User Account is needed for every parent/guardian to enter student information. Please click the following link to set up your account https://jeffcoconnect.jeffco.k12.co.us. If you already have a Jeffco Connect Account, please log in to your account and update/add information for your preschooler. Upon signing into your Jeffco Connect account, your Jeffco P-12 student(s) should be visible. Contact Early Learning Team (303-982-1737) if you do not see your Jeffco students.

Enter your student as a New Student if the child has never attended a Jeffco preschool or CPP program or hasn’t been evaluated by Child Find. Enter your student as an Existing Student if the child has previously been enrolled in a Jeffco Preschool or CPP program or has been evaluated in Child Find. You will need to add or update information including:

1. Residence details
2. Contact details
3. Enrollment details
4. Health details
5. Language details
6. Summary details

It is very important to keep the information for your child updated throughout the year in case of an emergency.

Be sure you hit the SUBMIT button after entering any information. When the information is complete, print the summary report and bring it to the preschool to complete the registration process.

A computer with internet access is available at the preschool if you would like to use it. We would be happy to help you set up your account and answer any questions you might have.

Jefferson County Public Preschool
Enrollment

2018-2019
Vivian Preschool
In full and space is available within the preschool.

Expiration: The enrollment fee will be transferred to another Jefferson Preschool.

Registration Fee: Non-refundable by the next year. Registration fee is non-refundable but the next year. Registration fee is non-refundable for

Payment: A $10.00 late fee will be assessed for tuition

All tuition is due on the 10th of each month and delinquent

Account: Please visit www.jeffco.k12.co.us to activate an

Jeffco Connect Access

And register on time.

For all

Enrollment Agreement

Jefferson County Public Schools
Enrollment

Jefferson County Public Preschool

We appreciate working with you to make your child's preschool experience safe and happy. Should you have any questions regarding this agreement, please notify the preschool director.

Visit the Enrollment Agreement and to all of the school rules and regulations. Failure to comply may involve termination of preschool services.

Your signature on the Parent Responsibility Summary acknowledges that you agree to adhere to the

Complaints: 303-886-3755
303-886-5958 or 1-800-799-5876
Denver, CO 80203-1714
1275 Sherman Street
Division of Child Care Services
Department of Human Services
Colorado Public Preschool

Contract:

303-271-4357
Jefferson County Department of Social Services

Colorado Department of Human Services. The license and列入 the

Complaint About the Facility

Jefferson County Department of Social Services

complaints are accepted by:

Social Services or local enforcement agency. Formal
cause a report to be made to the county department of
result in abuse of neglect must immediately report or
be subject to circumstances that would

Reporting of Child Abuse

Jefferson County Public Preschool

http://www.jeffco.k12.co.us/programs/preschool

Link to Preschool Handbook

Director will consider termination of enrollment.

Excessive late picking up their child, the preschool
costs of $1.00 per minute and is strictly
picked up after the session has ended. This fee

Fees

Services.

until we receive this written notification of your withdrawal to

Withdrawals

If a check is returned, the parent/guardian will be

Return Checks

paid with a money order or credit card.

days to pay the amount due. The amount due must be

day has passed. The parent/guardian will have the (5) working

Resigned by:

1.00 per minute and is strictly

Picking up children after the session has ended. This fee

Fees

Services.

until we receive this written notification of your withdrawal to

Withdrawals

If a check is returned, the parent/guardian will be

Return Checks

paid with a money order or credit card.

days to pay the amount due. The amount due must be

day has passed. The parent/guardian will have the (5) working

Resigned by:
Jefferson County Public Schools  
2018 - 2019  
Preschool Tuition Schedule

Registration fee: $60.00 per student or $85.00 per family  
The fee is due on the date of enrollment or paid in advance to hold space in the program for new and re-enrolling students.

Contact your neighborhood Preschool for the session schedule

Preschool 3 hour Session  
<table>
<thead>
<tr>
<th>Number of Days in Attendance</th>
<th>Monthly Tuition</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 days per week</td>
<td>$375.00</td>
</tr>
</tbody>
</table>

Preschool 4 hour Session (Not available at all Jeffco Preschools)  
<table>
<thead>
<tr>
<th>Number of Days in Attendance</th>
<th>Monthly Tuition</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 days per week</td>
<td>$495.00</td>
</tr>
</tbody>
</table>

Modified Full Day - Elementary School Day  
(Not available at all Jeffco Preschools)  
<table>
<thead>
<tr>
<th>5 Days of Attendance only</th>
<th>Monthly Tuition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly tuition</td>
<td>$860.00</td>
</tr>
</tbody>
</table>

Full Day (Not available at all Jeffco Preschools)  
<table>
<thead>
<tr>
<th>5 Days of Attendance only</th>
<th>Monthly Tuition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly tuition</td>
<td>$985.00</td>
</tr>
<tr>
<td>Sibling (2nd Child) Discount (10%)</td>
<td>$885.00</td>
</tr>
</tbody>
</table>

Late Fees  
Tuition is due on the 1st of the month and delinquent after the 5th of the month. A $10.00 late fee will be assessed for tuition payments that are submitted after the monthly due date.
Recent changes to the Colorado Department of Human Services Rules and Regulations for Early Childhood Centers, Office of Early Childhood, highlights the importance of using sun protection. To ensure the health and safety of all children, Jefferson County Public Preschools must immediately comply with the Child Care Licensing rule 7.702.52 as stated below.

**7.702.52 D Sunscreen**

The center must apply sunscreen, have the parent or guardian apply sunscreen, or use another form of parent or guardian approved sun protection for children prior to children going outside. Sunscreen must be reapplied as directed by the product label.

Your assistance during this implementation is appreciated. Later in this packet you’ll see a permission slip stating the expectations for parents and guardians please return to the director. The information below summarizes the Rocky Mountain Sunscreen formula available in all our preschools.

All Rocky Mountain sunscreens exceed the FDA’s 2012 testing standards for UVA protection. Listed below summarizes the formula, how it works and its unique benefits.

Please call us with any questions or requests at 1-888-356-8899.

ALSO FREE OF:

- Nut Oil
- PABA
- Carbohydrates
- Casein
- Corn Products
- Sugars
- Soy

**SPF 30 Broad Spectrum Lotion Ingredients**

**ACTIVE INGREDIENTS**

- Avobenzone............ 1.8%
- Homosalate............. 7.0%
- Octocrylene............ 5.0%

**INACTIVE INGREDIENTS**

- Aluminum Starch Octenylsuccinate
- Benzyl Alcohol
- Butyloctyl Salicylate
- Carbomer
- Dimethicone
- Disodium EDTA
- Methylparaben
- Polysorbate 60
- Triethanolamine
- VP/Eicosene Copolymer
- Water
Preschool Session Preference

Child’s Name ____________________________________________

Child’s Date of Birth ________________________________

Parent(s) Name ________________________________________

Parent Contact Information: Phone _______________________

Email address _________________________________________

Does your child receive Special Education services under an IFSP or IEP? _____

Has your child attended another Jefferson County Preschool? _________

If yes, please name the preschool _______________________________________

Registration Fee:

Paid by Check # ______________ on ______________

Please indicate below your 1st and 2nd preference for preschool. We will do our very best to accommodate your first **4 Day session** preference:

<table>
<thead>
<tr>
<th>Morning Session</th>
<th>Afternoon Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 hour - Tues.- Fri.</td>
<td>3 hour - Tues.- Fri.</td>
</tr>
</tbody>
</table>

You are reserved a spot in a preschool classroom only after completing the following:

1. Jeffco Connect Student Information completed online
2. Paid your registration fee
3. Copy of birth certificate/immunizations
   
   **Statement of Physical Condition due first day of school**
4. Return all completed registration forms as requested

While we try to honor your preference, we are unable to guarantee placement. Based on the current openings, all families are eligible to attend our programs and will be contacted based on the order in which the completed registration packet was returned.

**Tuition Assistance Available for Qualifying Families**
Emergency Contact Information

Student information
Name: 
Home Phone: 
County Student resides 
Address: 
City: 
Zip: 

Parent/Guardian Name:

Contact Numbers  Work ( )  Cell ( )  Other ( )
Employer Name:
Work Address:
Occupation
City
Zip Code

Shared Parenting Responsibility  No Shared Parenting Responsibility
Is there a court order restricting a parent access to this student? Yes____ No____
If yes, provide a copy of the court order to the school.

Parent/Guardian Name:

Contact Numbers  Work ( )  Cell ( )  Other ( )
Employer Name:
Work Address:
Occupation
City
Zip Code

Shared Parenting Responsibility  No Shared Parenting Responsibility
Is there a court order restricting a parent access to this student? Yes____ No____
If yes, provide a copy of the court order to the school.

Person(s) OTHER THAN PARENT
Authorized to pick-up student or contact in an emergency

Authorized pick-up person full name:

Contact Numbers  Work ( )  Cell ( )  Other ( )
Address
City
Zip Code

Authorized pick-up person full name:

Contact Numbers  Work ( )  Cell ( )  Other ( )
Address
City
Zip Code

Authorized pick-up person full name:

Contact Numbers  Work ( )  Cell ( )  Other ( )
Address
City
Zip Code

Parent/Guardian Signature

August 16, 2018
Date

Jeffco Public Preschools
Enrollment-Student File Only

2018-2019
Vivian Prschool
<table>
<thead>
<tr>
<th>HEALTH CONCERNS</th>
<th>YES</th>
<th>NO</th>
<th>MEDICATION (Name, Dosage)</th>
<th>ACTIVITY RESTRICTIONS</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASTHMA/RESPIRATORY</td>
<td></td>
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</tr>
<tr>
<td>ALLERGIES</td>
<td></td>
<td></td>
<td></td>
<td>List:</td>
<td>Reaction:</td>
</tr>
<tr>
<td>DIABETES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SEIZURES/NEUROLOGICAL</td>
<td></td>
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<tr>
<td>HEART/BLOOD</td>
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<tr>
<td>MUSCLES/BONES/JOINTS</td>
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<tr>
<td>BLA...KIDNEY</td>
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<tr>
<td>STOMACH/INTESTINES</td>
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<tr>
<td>SKIN</td>
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</tr>
<tr>
<td>HEARING</td>
<td></td>
<td></td>
<td></td>
<td>Frequency of infections:</td>
<td></td>
</tr>
<tr>
<td>Ear Infections?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Tubes/Date?</td>
<td></td>
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<tr>
<td>VISION</td>
<td></td>
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<tr>
<td>Eye glasses?</td>
<td></td>
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<td></td>
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<tr>
<td>Eye surgery?</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>SPEECH</td>
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<tr>
<td>PSYCHOLOGICAL</td>
<td></td>
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<tr>
<td>HEADACHE</td>
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<td></td>
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<tr>
<td>DENTAL</td>
<td></td>
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</tr>
</tbody>
</table>

Routine or daily medications (not listed above):
Other concerns:

Illnesses and dates:

Hospitalizations/reason/dates:
Accidents/Injuries and dates:

---

PARENT/GUARDIAN SIGNATURE

Required by the Colorado Department of Human Services
Jefferson County Public Preschools
Enrollment

August 16, 2018
DATE

2018-2019
Vivian Preschool
Parent Permission Forms

Student’s Name__________________________________________________________

Parent Completing Permission Form __________________________________________

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 school bus. I will be notified and will sign a permission slip for each field trip.
Yes________________ (initials)  No____________________ (initials)

Permission to Videotape and Photograph
There will be times during the year when we may videotape and photograph our classrooms and students. The videos and photographs will be used for staff training, parent workshops, medical publication, and to inform legislators, educators and other parents about our programs.
I give permission for my child named above to be videotaped and or photographed for the above reasons.
Yes________________ (initials)  No____________________ (initials)

Permission to View Video Movies
I give permission for my child to occasionally watch a children’s video at preschool that connects with the curriculum. I understand that all movies viewed will be rated “G” and the title of any video shown will be posted in the classroom.
Yes________________ (initials)  No____________________ (initials)

Procedure for Transportation in a Medical Emergency
In the event of a medical emergency, my child will be transported by ambulance to the nearest hospital. Parent/Guardian will be responsible for any costs associated with emergency transportation and medical care of the child.
Please complete the following medical information

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dentist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The school will attempt to reach one of the contacts provided for the student, but if none of them can be reached, school personnel have my permission to use discretion in securing medical aid in an emergency, following the District 911 Calling Guidelines. IT IS UNDERSTOOD THAT THE SCHOOL, THE DISTRICT, NOR THE PERSON RESPONSIBLE FOR OBTAINING MEDICAL AID WILL BE RESPONSIBLE FOR ANY EXPENSES INCURRED. To the best of my knowledge, the information provided is correct. I agree to and approve all information provided in this and all registration documents.

Parent signature ___________________________  August 16, 2018

Jefferson County Public Preschool
Enrollment-Signed Copy to Parent

2018-2019
Vivian Preschool
Jefferson County Public Schools
Colorado Preschool Program Application

The Colorado Preschool Program serves at-risk children by providing quality early childhood education. The information you provide will remain **confidential** and will help us determine if your child is eligible to participate in the Colorado Preschool Program. Please respond to each question.

Child’s Name (please print) ____________________________________________

Child’s Birth Date ____________________ Phone ____________________________

Parent names (please print) _____________________________________________

Please circle the information that best describes the child’s family size and gross income:

**Circle the number of people, including the child, living in the home**

1 2 3 4 5 6 7 8

Circle **ONE** income (either Yearly, Monthly or Weekly gross incomes)

**Yearly Income**

| $22,311 | $30,044 | $37,777 | $45,510 | $53,243 | $60,976 | $68,700 | $76,442 |

**Monthly Income**

| $1860  | $2504  | $3149   | $3793   | $4437   | $5082   | $5726   | $6371   |

**Weekly Income**

| $430   | $578   | $727    | $876    | $1024   | $1173   | $1322   | $1471   |

Please answer the following questions with **YES** or **NO**

| Is the child’s family currently living in any of the following circumstances: |
| □ Hotel/Motel  □ Shelter  □ Transitional Housing  □ Campground/RV Lot/Car  □ With Relatives/Friends due to Economic Hardship |
| **Yes** | **No** |

| Are there circumstances in the child’s home that would cause the child to be exposed to domestic violence? |
| **Yes** | **No** |

| Are there circumstances that would cause the child to be exposed to the abuse of drugs or alcohol in the child’s home? |
| **Yes** | **No** |

Jefferson County Public Preschool
Enrollment 2018-2019
School Name
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was either of the child’s parents less than 18 years of age and unmarried when the child was born?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do either of the child’s parents need to complete high school or the equivalent?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Has the child’s family relocated to new residences three or more times during the last year due to hardship?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Does the child experience difficulties getting along with others? Does the child have difficulty following directions from adults? Has the child been excluded from schooling, childcare or other group situations because of behavior issues?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Does the child have difficulty using language to communicate needs?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Does the child speak a language other than English?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Does the child receive any State or County Services? WIC, CHIP, TANF, CCAP, MEDICAID, CHILD PROTECTION, or FOSTER CARE</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Does the family qualify for the FREE/REduced LUNCH PROGRAM</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

What other information would be helpful for us to know about your child?

**Please note:** Notification to parents of qualifying children will be made in June after the State Legislative session has approved funding for the Colorado Preschool Program and before the new school year begins.

Sign here: __________________________________________ Date ___________
I certify (promise) that all information provided on this form is true and correct.

Jefferson County Public Preschool
Enrollment

2018-2019
Vivian Preschool
Colorado Preschool Program
Parent Participation Agreement and Permission to Study the Effects

Child’s Name ____________________________________________

I understand that the Jefferson County Colorado Preschool Program (CPP) is a nine-month program that operates four days a week. I further understand that **regular and consistent attendance** is required for my child to continue in the Colorado Preschool Program. I will notify the school when my child is absent. I understand my participation in my child’s preschool experience helps my child to be successful, and I agree to participate by:

1. Asking the teacher about my child’s performance in school.
2. Reading to my child on a daily basis.
3. Asking about my child’s school achievement.
4. Talking to my child about his/her day.
5. Participating in Parent Conferences.
6. Completing questionnaires and surveys concerning the program and my child’s progress throughout the school year.

In addition, as needed, I will:

1. Volunteer in my child’s classroom.
2. Attend events with my child’s class.

I further agree to participate in a study of the benefits of the Colorado Preschool Program. This study could include reports of student performance at later grades. Neither my name nor my child’s name will be used in any reports. Only group information will be reported. I understand that I can withdraw at any time.

________________________________________________________
Parent/Guardian Signature

________________________________________________________
Phone Number

Date

Jeffco Public Preschools
Enrollment

2018-2019
Vivian Preschool
Military Connected

Student has a parent or guardian who is an **active duty member** of the Armed Forces or on full-time National Guard duty.

- The term **"armed forces"** means the Army, Navy, Air Force, Marine Corps, and Coast Guard.

- The term **"active duty"** means full-time duty in the active military service of the United States. Such term includes full-time training duty, annual training duty, and attendance, while in the active military service, at a school designated as a service school by law or by the Secretary of the military department concerned. Such term does not include full-time National Guard duty.

- The term **"full-time National Guard duty"** means training or other duty, other than inactive duty, performed by a member of the Army National Guard of the United States or the Air National Guard of the United States in the member's status as a member of the National Guard of a State or territory, the Commonwealth of Puerto Rico, or the District of Columbia under section 316, 502, 503, 504, or 505 of title 32 for which the member is entitled to pay from the United States or for which the member has waived pay from the United States.

Please list all student names and student ID numbers whose parent or guardian is an active duty member.

<table>
<thead>
<tr>
<th>Student #</th>
<th>Student Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Student #</th>
<th>Student Name</th>
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<tbody>
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<td></td>
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</tbody>
</table>
Jefferson County Public Preschool Programs
Sunscreen Permission Slip

Please return the permission slip stating the sunscreen expectations for parents and guardians to the director.

Child’s Name _______________________

As the parent or guardian of the above child, I recognize that increased exposure sunlight may increase my child’s risk for skin cancer later in life.

_____ (initial) I understand that I am expected to apply or use another form of sun protection for my child before entering the classroom. I will acknowledge this action by initialing the Sun Protection column on my child’s sign-in page.

If I am unable to supply a form of sun protection, I give my permission for the Jefferson County Public Schools Preschool staff to apply Rocky Mountain Sunscreen to my child, as specified below, when he or she will be playing outside. UV rays are most intense between the hours of 10:00am and 4:00pm.

In addition, sunscreen will be reapplied as directed by the product label to children attending longer than 3 hours.

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 all applicable information regarding the type and use of sunscreen for my child:

_____ YES Staff may apply Rocky Mountain Sunscreen

_____ NO Do not apply Rocky Mountain Sunscreen to my child. I will provide the preschool with appropriate sunscreen protection for my child.

__________________________
Parent/Guardian Full Name (Please Print)

__________________________
Parent/Guardian Signature

__________________________
Date

***Please see attached for ingredients***
Jefferson County Preschools
Student Discipline Procedures

The Board of Education recognizes that effective Student discipline is a major contributor to the creation of a positive and productive environment for all students. It is the further belief of the Board that the prime objectives of the discipline program should be to:

1. Assist students in the development of the ability to discipline themselves.
2. Assist students in the development of behavior that is socially acceptable, respectful and mindful of the dignity of others.
3. Ensure the right of others to learn.

For preschool students the following procedures will be implemented when disciplinary action is required to address student behavior. Prior to implementing these steps the staff will work carefully and thoughtfully to assist the student in gaining control of his/her behavior.

- First incident will necessitate a phone call home informing the parent of the situation.

- Second incident will require the child to be picked up from school by the parent or guardian. The child will be removed from the classroom situation until the parent arrives.

- Third incident will result in a one-day suspension from school, in addition to the child being sent home. The student will not be readmitted until a parent conference has been conducted.

- Fourth incident will result in a two-to-five day suspension from school. A student will not be readmitted until a parent conference has been conducted.

- Any further incidents will result in immediate revocation of enrollment for a period of one year at any Jefferson County Public Preschool. Readmission to the program in subsequent years will be on the condition that there are no further problems.

- If readmission is granted and further problems occur, immediate and permanent revocation of enrollment will occur.

My signature indicates that I have read and understand the above Student Discipline Procedures.

____________________________  ____________________________
Parent or Guardian Signature     Date

Copies of all Board of Education Policies on Student Discipline and the Student Conduct Code are available from the preschool director or by browsing http://jeffcoweb.jeffco.k12.co.us

Jefferson County Public Preschools
Enrollment-Signed copy to Parents

2018-2019
Vivian Preschool
Parent Responsibility Summary

Child’s Name ____________________________________________

The parent or guardian responsibilities of children enrolled in a Jefferson County Public Preschool program shall be as follows:

Please initial beside each statement after reading.

___ Read and agree to the Preschool Enrollment Agreement
___ Turn in required paperwork on time.
___ Update all Student and Contact Information on Jeffco Connect throughout the year
___ Pay all tuition and fees on time as required.
___ Adhere to drop off and pick up session times for your child
___ Notify the school of any absences
___ Understand that late pickup will result in a late fee charge. Excessive late pickups may result in termination of enrollment from the program.
___ All outstanding fees due upon withdrawal or termination.
___ Ensure an authorized person 18 years old or older signs the child in and out on a daily basis
___ Notify the staff of any illness the child may be experiencing
___ Dress your child appropriately for all activities and the expected weather
___ Free/Reduced application submitted (if applicable)

Copies of the Parent Preschool Handbook and the Board of Education Policies on Student Discipline and the Student Conduct Code/Discipline are available from the preschool director or by browsing the link.

I read and understand the above Parent Responsibility Summary along with the other materials connected with my child’s registration in this preschool program.

________________________________________________________________________

Parent Signature

________________________________________________________________________

Date

Jefferson County Public Preschools
Enrollment-Signed Copy to Parent

2018-2019
Vivian Preschool
Preschool Conference Information

Child’s Name ___________________________ Date of Birth ________
Parent/Guardian Completing Form ____________________________

Families are asked to meet with their child’s teacher/s to discuss the student’s progress throughout the year as requested. Because it is important for teachers and parents to work together, we ask parents to provide input as teachers begin to establish individual student goals for the school year.

My child’s strengths are:

________________________________________________________________________

My child learns best by (Check one):

___ Hands-on Likes to use objects, toys, books, etc. to learn new concepts

___ Auditory Listens to directions and seems to learn quickly when spoken to

___ Visual Learns quickly when seeing a sample of what needs to be done or is shown what to do

During the Preschool Conference you and the teacher will have a chance to share information about your child’s development. Please list goals you would like to see your child accomplish as teachers begin gathering data for the coming year.

Three goals for my child are:

1. __________________________________________

2. __________________________________________

3. __________________________________________

Thanks for your help
Jefferson County Public Preschool
Enrollment 2018-2019
Vivian Preschool
Must Be Signed By Your Doctor

Statement of Physical Condition

Student's Name: ____________________________ was given a physical examination within the last 12 months on: *

Immunization records are up-to-date (Please attach record) _____ Yes _____ No

Next health care visit due by____________________

Chronic medical Conditions: (List)

____________________________________________________________________

____________________________________________________________________

Restrictions: (List)

____________________________________________________________________

____________________________________________________________________

Allergies:

____________________________________________________________________

____________________________________________________________________

_____ Cleared for age appropriate activities

_____ Cleared for preschool attendance. _________ Date

**Physician Name (Signature)

Physician Name (Print)

____________________________________________________________________

Address

____________________________________________________________________

Phone