

**Wheat Ridge Recreation Center**  
**Licensed Preschool Program**  
Emergency Form

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

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

Address: \_\_\_\_\_  
Last First M.I.  
City/Zip: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ M/F Age: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_

EMAIL: \_\_\_\_\_

Lives With: Mother Father Grandparent Other \_\_\_\_\_  
(Specify)

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Employed By/Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Employed By/Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Special Instructions for Reaching Parents: \_\_\_\_\_

**Authorized Persons to Pickup Child:**

<u>Name</u>	<u>Address</u>	<u>Home Phone</u>	<u>Work Phone</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Emergency Contact: (Other than Parents)**

<u>Name</u>	<u>Address</u>	<u>Home Phone</u>	<u>Work Phone</u>
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_____	_____	_____	_____
_____	_____	_____	_____

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Hospital: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Please note if your child has any chronic illnesses, allergies, medication needs, special diets, as well as any emotional or behavioral concerns:

\_\_\_\_\_

Are there any activities your child is unable to participate in due to physical, social or religious reasons?

\_\_\_\_\_

I do hereby authorize administrators of the Licensed Preschool Program to contact directly the persons named on this emergency form, and do authorize the named physician and/or dentist or his/her associates to render treatment as may be deemed necessary in an emergency for the health of said child. In addition, in the event that I cannot be reached in a medical or dental emergency, I authorize treatment for my child to preserve life and prevent disability and/or to minimize /repair trauma to the teeth, jaws, tongue and gums to begin without delay. In the event that the parent/guardian, or alternate person named on this emergency form cannot be reached, the Licensed Preschool Program Officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of this child including transporting the child to the necessary health care facility. I agree I am solely responsible for the payment of all costs resulting from the rendering of medical and ambulance services.

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

I give permission for my child to view movies and videos to enhance the Licensed Preschool Program.

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

I hereby acknowledge that I have received and read a copy of the Licensed Preschool Program and Procedures and agree to abide by the policies outlined therein. I further acknowledge that these are subject to change at the discretion of the Licensed Preschool Program Administrators.

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

Personal Release Statement: I understand that the registered activities and services may have an element of hazard or inherent danger and I take full responsibility for my action and physical condition of this child. I agree to indemnify and hold harmless the Licensed Preschool Program and its employees from liability, loss, cost or expenses (including attorney's fees, medical and ambulance costs) that this child may incur while participating in Licensed Preschool Program activities.

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

# Wheat Ridge Recreation Center

## Licensed Preschool Program

### Child's Health Statement

4005 Kipling Street  
Wheat Ridge, CO 80033  
Licensed Preschool Specialist  
Phone: 303-231-1327 Fax: 303-231-1350

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Past Illness - check those the child has had and give approximate dates:

Chicken Pox: \_\_\_\_\_ Rubeola: \_\_\_\_\_ Rubella: \_\_\_\_\_

Rheumatic Fever: \_\_\_\_\_ Asthma: \_\_\_\_\_ Hay Fever: \_\_\_\_\_

Diabetes: \_\_\_\_\_ Mumps: \_\_\_\_\_ Epilepsy: \_\_\_\_\_

Whooping Cough: \_\_\_\_\_ Poliomyelitis: \_\_\_\_\_ Other: \_\_\_\_\_

Comments: \_\_\_\_\_

Surgery/Accidents/Illnesses/Chronic Health Problems: \_\_\_\_\_

Describe any physical condition requiring the facility's special attention: \_\_\_\_\_

Medication(s) prescribed: \_\_\_\_\_

Allergies: \_\_\_\_\_ and prescribed routine: \_\_\_\_\_

If tuberculin test given: Date: \_\_\_\_\_ Result: \_\_\_\_\_

If chest x-ray taken: Date: \_\_\_\_\_ Result: \_\_\_\_\_

Vision: \_\_\_\_\_ Hearing: \_\_\_\_\_

Please record immunizations and dates administered on the Colorado Department of Health Certificate of Immunization and attach to this form. Due before the first day of class.

Date of my most recent examination of child: \_\_\_\_\_

\_\_\_\_\_  
**Signature of licensed physician or health care professional**

\_\_\_\_\_  
Date

**Please Print:**

\_\_\_\_\_  
Name of Physician/Health Care Professional

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

# Sunscreen Permission

Dear Parents,

Colorado is known for its hot weather and that leads to sunburns. To help prevent seasonal burns, and increase UVA/UVB protection, you may want sunscreen applied to your child. In compliance with our rules and regulations, we must have a written consent and a bottle of sunscreen with your child's name on it in order for our staff members to assist your child in applying sunscreen. Please fill out the following form with any special instructions or allergy information regarding your child. Remember: if sunscreen is forgotten, we will apply a SPF #50, paba free.

Sincerely,  
Licensed Preschool Program Staff

.....

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

- I give permission to the Licensed Preschool Program Staff to apply sunscreen to my child. The sunscreen which they will be applying will be provided by my child, or as identified above.
- Please under no circumstances apply sunscreen to my child.

Any special medical problems or allergies: \_\_\_\_\_

Comments or special instructions: \_\_\_\_\_

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

# Photo Release Form

The Wheat Ridge Recreation Center - Licensed Preschool Program regularly takes photographs during its programs and activities. These photographs are often used for promotional flyers, our website the Recreation Guide and local newspaper/publications. By signing the following agreement you are allowing us to use these photographs for that purpose.

I \_\_\_\_\_ (name of Parent) authorize the Wheat Ridge Recreation Center to use my child's image \_\_\_\_\_ (name of child) for marketing purposes.

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

## **Walking Field Trip Approval**

I give permission for my child to participate in nature walks. I am aware that my child will be away from the premises of the program's base site and in the company of the City of Wheat Ridge Little Learners Preschool staff during these situations. I understand that transportation will be by foot.

X \_\_\_\_\_  
Parent/Guardian Signature Date

### **Wheat Ridge Recreation Center** **Licensed Preschool Program** **Medication Permission Form**

\_\_\_\_\_ My child needs no medication administered during preschool hours.

\_\_\_\_\_ My child needs medication administered during preschool hours.\*\*

\*\*If medication administration is necessary for your child, please call Beth June at (303)231-1317 for further details and specific paperwork. A doctor's release and a Wheat Ridge Preschool nurse visit with the staff is required before medication can be administered.

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

# Wheat Ridge Recreation Center

## Licensed Preschool Program

### Child Information

Please complete this form and return it with all other registration materials by the first day of class. This information is intended to help us understand your child and his/her development. Thank you.

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

Parents' Names: \_\_\_\_\_

Lives With: Mother    Father    Grandparent    Other \_\_\_\_\_  
(Specify)

Is your child potty trained? Yes    No

If no, are you working on this at home? What is your action plan?

How do you handle discipline in your home (i.e. time-outs, etc.)?

What expectations do you have of your child at home (i.e. cleaning up his/her toys, etc.)?

Is your child on a regular sleeping schedule? If yes, what is the schedule?

Are there any other children in your home? If yes, please list name(s) and relationship to your child.

How does your child express the following emotions?

Anger:

Sadness:

Fear:

Frustration:

How does your child adapt to new situations?

What activities does your child enjoy?

If any, what languages (other than English) does your child speak? What language does he/she understand best?

As a whole, how would you describe your child? Please include anything that you feel is helpful for us to know.