

CHILD'S NAME \_\_\_\_\_  
LAST FIRST START DATE

PEPC Early Learning Center  
Registration Forms  
2010-2011 School Year

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Male/Female (circle one) Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Home Phone \_\_\_\_\_ Church Home \_\_\_\_\_

Circle all you would like your child to attend **Mom's Day Out** M T TH F

**Preschool Class** M/W/F or T/TH **Pre-K Class** M/W/F or T/TH **Enrichment** M T W TH F

**Parent or Guardian Information**

**Mother or Guardian** \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Place of Employment and Address \_\_\_\_\_

Mother/Guardian Email Address \_\_\_\_\_

**Father or Guardian** \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Place of Employment and Address \_\_\_\_\_

Father/Guardian Email Address \_\_\_\_\_

**Other Persons to whom PEPC ELC is authorized to release a child: We must have complete addresses for all individuals authorized to pick up your child.**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

**Persons to whom PEPC ELC is NOT authorized to release a child:**

PEPC ECE will need a copy of the court order should there be one.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

## Permission for Health Care

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

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

### Hospital of Choice: Circle one or add your own:

Sky Ridge Medical Center  
10101 Ridgeway Parkway  
Lone Tree, Co 80124  
720-225-1000

Parker Adventist  
9395 Crown Crest Blvd.  
Parker, CO 80138  
303-269-4000

Other \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_

### Personal Medical History

Does your child have any allergies? \_\_\_\_\_

If your child has severe allergies that need an Epi pen or other medications, please see the Director to get the appropriate forms for each medicine. All medicines must have a prescription label and be in the original container.

Does your child have any bowel or bladder irregularities? \_\_\_\_\_

Any other information you would like to share with us that would help us give your child the best care possible?

\_\_\_\_\_

### Authorized Adults

Persons whom you authorize PEPC ELC to contact for guidance in an emergency situation when the parents or physician are unavailable. We must have a full address on this form.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

### During school hours here are the instructions to reach us:

Call First \_\_\_\_\_ Name, address, phone

Call Second \_\_\_\_\_ Name, address, phone

Call Third \_\_\_\_\_ Name, address, phone

## Medical Authorization

In the event of an emergency, we hereby grant ELC permission to provide any first aid care deemed necessary. If we or the emergency contact people cannot be reached, the physician listed above and the local hospital are hereby authorized to provide any emergency care deemed necessary for my child and authorize the transfer of my child's health records to the hospital. We hereby agree that we will be solely be responsible for and will promptly pay any expenses that may be incurred by PEPC ELC in making emergency medical treatment available for my child.

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

## General Authorization

We hereby grant PEPC ELC permission for \_\_\_\_\_ to:

- Take part in all program activities including the use of all indoor and outdoor equipment
- Be photographed or videotaped in connection with daily program activities
- Participate in water activities on the premises
- Watch videos related to curriculum

Mother/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Father/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Parent Handbook Agreement

I have read, agree and will comply with all terms, policies and procedures in the parent handbook.

Name \_\_\_\_\_ Date \_\_\_\_\_

## Personal Information Release

I give my permission for PEPC ELC to use my name, child's name, phone number and address for a PEPC ELC directory.

Name \_\_\_\_\_ Date \_\_\_\_\_

## No Nut Policy

I understand that I may not bring any products with nuts of any kind in them for my child to eat at school or to be brought in for group snack.

Name \_\_\_\_\_ Date \_\_\_\_\_

## Ways Parents Can Help

1. Mark your child's coats, sweaters, lunch boxes, etc. with the full name if possible. Last name would be better than initials.
2. Notify the PEPC office 303-841-2125 immediately if any contagious disease or other illness arises. (I.e. strep, pink eye, croup etc.)
3. Help your child to look forward to attending class.
4. Please allow ample time so that your child will not be hurried.
5. Please give your change of address or phone numbers immediately.
6. The teachers are here to love your children and give them the best experience possible. Just as every kitchen is arranged differently, we all have our own ideas how things "should go." When a difference arises with your child's teacher speak together remembering we are on the "same team"- wanting the best for your child.
7. Please take an interest in what your child brings home. The process of thinking, doing and feeling are more important than the product.
8. Please consider donating any toys or books that are in acceptable condition to compliment existing program.
9. Read newsletters, ask teachers about your child's day, look at lesson plans posted by the door so that we can partner together.
10. Share positive memories of your own school days. Set a tone that learning is good, fun and important.
11. Listen to and talk with you child.
12. Encourage imaginative play.
13. Read to and with your child daily.
14. Recognize and celebrate your child's accomplishments.
15. Let your child know that they don't have to be perfect.