

*All portions of this packet must be completed and returned before your child's first day of attendance. A current physical must be provided within 30 days of enrollment and immunization records are due with registration papers.*

**Child's Full Name** \_\_\_\_\_ Birth Date \_\_\_\_\_

Nickname \_\_\_\_\_ Gender  Male  Female Age \_\_\_\_\_

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

City, State and ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Is the physical and mailing address the same? Yes / No

**Mother's Name** \_\_\_\_\_

DL# \_\_\_\_\_ State: \_\_\_\_\_

Place of employment \_\_\_\_\_

E-mail \_\_\_\_\_

Account Holder:  Yes  No

\*Account Holders are allowed access to billing & payment documents and tax documents. At least one account holder must provide driver's license information.

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

Cell Phone \_\_\_\_\_

**Father's Name** \_\_\_\_\_

DL# \_\_\_\_\_ State: \_\_\_\_\_

Place of employment \_\_\_\_\_

E-mail \_\_\_\_\_

Account Holder:  Yes  No

\*Account Holders are allowed access to billing & payment documents and tax documents. At least one account holder must provide driver's license information.

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

Cell Phone \_\_\_\_\_

**Alternative Contacts:** *(You must provide at least one alternative contact.)*

Name: \_\_\_\_\_ DL# \_\_\_\_\_ State: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Choose one:  Authorized Pick-Up  Emergency Contact

Name: \_\_\_\_\_ DL# \_\_\_\_\_ State: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Choose one:  Authorized Pick-Up  Emergency Contact

If parents are separated or divorced, please indicate whether the other parent has permission to have contact with the child at Creekside Kids, Inc., and whether or not he/she is allowed to pick up the child. If there is a no contact order for the noncustodial parent, Creekside Kids, Inc. will need to have a copy of the paper work, *otherwise, the staff cannot prevent the non-custodial parent from picking up the child. Even if this is a remote possibility, please submit a written statement of what the center is to do if a non-custodial parent with a no-contact order attempts to pick up the child.*

**Parent(s)/Guardian(s) with legal custody:** \_\_\_\_\_

Parents are: Married Divorced Separated Single

Is there anything else we should know about your child and/or your family?

\_\_\_\_\_

\_\_\_\_\_



## Parent and Provider Contract

DISCLAIMER: I/We hereby agree to comply with the rules and regulations of Creekside Kids, Inc. regarding fees, attendance, health, clothing, and other items specified in the Policies issued by Creekside Kids, Inc. I am aware of the scheduled child care holidays.

The information contained in the Policies as well as the rates are subject to change. I understand I will be notified in writing of any changes before they go into effect.

By signing this agreement, I/we agree to honor all terms of this contract, and the written policies of Creekside Kids, Inc., now and in the future. Breach of this contract in any way from the parent/guardian, may result in immediate termination of all services.

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

\_\_\_\_\_  
Date

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

Age \_\_\_\_\_

Has or does your child have any known health problems? YES ( ) NO ( )

If YES, describe: \_\_\_\_\_

Does your child need regular medication for the health problem YES ( ) NO ( )

If YES please have a medical provider with prescriptive authority fill out and sign the permission form(s) authorizing staff members of Creekside Kids, Inc. to administer medications if needed. NO medication can be administered without proper written authority.

DOES YOUR CHILD HAVE ANY KNOWN OR SUSPECTED ALLERGIES? YES ( ) NO ( )

If YES, list allergies or explain concerns \_\_\_\_\_

<p style="text-align: center;"><b>FOOD ALLERGIES:</b></p> <p>Allergy and Reaction Severity:</p> <p>_____ ( ) mild ( ) moderate ( ) severe</p> <p>_____ ( ) mild ( ) moderate ( ) severe</p> <p>_____ ( ) mild ( ) moderate ( ) severe</p>	<p style="text-align: center;"><b>MEDICATION OR OTHER ALLERGIES:</b></p> <p>Allergy and Reaction Severity:</p> <p>_____ ( ) mild ( ) moderate ( ) severe</p> <p>_____ ( ) mild ( ) moderate ( ) severe</p> <p>_____ ( ) mild ( ) moderate ( ) severe</p>
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*If yes, a care plan may need to be developed by your child's pediatrician for allergic reactions and provided to the center before the first day of attendance. Medication cannot be kept on site or administered without current doctor's orders.*

Is your child prone to: (Circle those that apply.)

Stomachaches, Colds, Headaches, Sore throats or Ear aches? Other: \_\_\_\_\_

Are there any indications of vision or hearing problems? YES ( ) NO ( )

Has he/she had any recent serious illness/traumas? YES ( ) NO ( ) If so, please explain:

\_\_\_\_\_

Does your child have any mental, behavioral, or physical disabilities? YES ( ) NO ( )

*If yes, a care plan may need to be developed by your child's pediatrician or other licensed medical provider and provided to the center before the first day of attendance.*

Do you have a back up plan if your child is ill and cannot attend? YES ( ) NO ( )

What are your child's eating habits? (Times child usually eats, small/large appetite)

\_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_

Does your child have a regular bedtime schedule? YES ( ) NO ( )

Does he/she have sleep apnea? \_\_\_\_\_ Night terrors? \_\_\_\_\_ Walk in sleep? \_\_\_\_\_

What time does s/he usually go to bed/afternoon nap? \_\_\_\_\_ / \_\_\_\_\_

What time does s/he usually wake in the morning? \_\_\_\_\_

What is his/her disposition when waking up from nap? i.e. happy, grouchy, clingy, slow

\_\_\_\_\_

Please list favorite activities: \_\_\_\_\_

Please list favorite toys: \_\_\_\_\_

Special instructions: \_\_\_\_\_

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

Date \_\_\_\_\_



I, \_\_\_\_\_, authorize Creekside Kids, Inc. and its employees to seek emergency medical and or dental services for my child, \_\_\_\_\_, at any time while he/she is under the care of Creekside Kids, Inc. and its staff. I authorize my child to be transported by car or an ambulance/emergency medical vehicle to an emergency medical facility for treatment. I understand that Creekside Kids, Inc. and its staff will access emergency medical services as the staff deems necessary and I agree to pay for any medical services and transportation provided for my child.

Parent or Guardian Signature(s):

Date:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Full Name of Minor: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Blood type \_\_\_\_\_ / \_\_\_\_\_

Allergies to Medication(s): \_\_\_\_\_

Special Health Problems: \_\_\_\_\_

Regular Medication: \_\_\_\_\_

Date of last physical exam: \_\_\_\_\_

The licensee shall not be responsible for providing or paying for the child's health care, dentistry or emergency transport. I agree that neither I nor my child will bring any claims of any kind against Creekside Kids, Inc. or its staff as a result of any injuries, expenses or damages that I or my child may suffer in any way related to the use of our facilities, toys, other children, whether such claims are known or unknown or arise in the future.

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

Hospital of Choice: Name \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Primary insurance information:**

**Secondary insurance information:**

Provider \_\_\_\_\_

Provider \_\_\_\_\_

Plan Number \_\_\_\_\_

Plan Number \_\_\_\_\_

Pediatrician's name, phone number, and address:

Dentist's name, phone number, and address:

Name \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Street Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*\*Complete pediatrician and dentist information MUST be provided upon enrollment per state regulations.*

Complete contact information for both parents/guardians including name, phone number, and address:

**Primary Contact:**

**Secondary Contact:**

Name \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Street Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Please provide complete information as this form is used in case of emergency evacuation and/or medical treatment.**

# Creekside Kids

**GENERAL PERMISSIONS**

Creekside Kids, Inc. and its staff have my permission to:

- Take my child/children on a walk on the school property Yes    No
- Give an occasional treat Yes    No  
(For the purposes of potty training, birthday parties, celebrations)
- Assist my child/children with any toilet training procedures (as needed) Yes    No

As part of the documentation process, Creekside Kids regularly uses photography to document ongoing projects and activities of the children at the center. These pictures may be used in the classroom.

Please be aware that Creekside Kids may also use the photos on Facebook and Kangarootime as a way to share events, learning, and experiences that children have while in attendance at Creekside Kids. As such, your child’s photograph may be used on Facebook, Creekside Kids’ Website, Kangarootime, or other social media sites to share these experiences with current families, prospective clients, and the community.

If you have personal reasons why you do not wish to have you child’s picture used outside of the classroom in one of these forms please speak with the center director about your concerns.

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

# Creekside Kids

Sunscreen Permission Form

Rev 1/26/2017

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

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

Children need to come to school with sunscreen applied. By signing my child in each morning, I/we acknowledge that I/we have applied sunscreen to all exposed areas of my/our child's skin.

Any child at the center for longer than 2 hours after arrival will have sunscreen reapplied to exposed skin prior to going outside. Sunscreen will be reapplied again before going outside if it has been longer than 2 hours since the last application. Sunscreen may be applied by a child over 4 years of age with direct supervision of a staff member (7.702.52D5).

Sunscreen may not be applied if there are open wounds or broken skin unless there is a written order by a prescribing practitioner. A medical provider's note is required if sunscreen will not be used, and alternate protection from the sun will be required (i.e. hat, gloves, long sleeves, etc.).

Sunscreen will be applied according to the manufacture instructions. The center will provide and apply Rocky Mountain Sunscreen. For this convenience there will be a \$5 a month charge per child added to each family's bill.

If it is medically necessary for my child to use a different sunscreen, I/we will provide it in an original container. The container is required to ensure application follows the manufacturer's directions.

I give permission for the staff to apply sunscreen to my child according to the center's policy and am aware that children need protection from the sun.

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

\_\_\_\_\_  
Date



## AUTHORIZATION TO REQUEST/RELEASE INFORMATION to Cañon School

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

DATE: \_\_\_\_\_

STUDENT DOB: \_\_\_\_\_

PHONE: \_\_\_\_\_

I hereby authorize Creekside Kids to request/release all pertinent information checked below to/from the authorized party listed on this form.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Psychological                  | <input type="checkbox"/> Neuropsychological  | <input type="checkbox"/> Medical Reports |
| <input type="checkbox"/> IEP                            | <input type="checkbox"/> Behavior Spt. Plan  | <input type="checkbox"/> Health History  |
| <input type="checkbox"/> Standardized Testing           | <input type="checkbox"/> Special Ed. Records | <input type="checkbox"/> Recommendations |
| <input type="checkbox"/> Immunization                   | <input type="checkbox"/> Grades/Attendance   | <input type="checkbox"/> Speech Info     |
| <input type="checkbox"/> List of Medications            | <input type="checkbox"/> Audiologic          |  |
| <input type="checkbox"/> Daily Performance and Behavior | Other Info. _____                            |  |

### Request/Release records from/to:

Cañon School  
Name

1201 W. Cheyenne Rd, Colorado Springs, CO 80906  
Address

719-475-6140 Work  
Phone # / Cell # / Work #

\_\_\_\_\_  
*Parent/Guardian Name*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*