

OUR SAVIOR LUTHERAN PRE-SCHOOL



Helping children reach their God-given potential



56 Meadows Drive
Pagosa Springs, Colorado 81147
970-731-3512



"Train a child in the way he should go,
And when he is old he will not turn from it."

Proverbs 22:6



NOW ENROLLING FOR 2011-2012

Prices

Preschool Hours 7:30 am-5:30 pm

5 full days \$480.00 per month

3 full days \$370.00 per month (MWF)

2 full days \$265.00 per month (T/TH)

Half Days 7:30am-11:45am

5 half days \$315.00 per month

3 half days \$210.00 per month (MWF)

2 half days \$160.00 per month (T/TH)

The \$75.00 non-refundable registration fee needs to be received with the enrollment form.

All other paper work needs to be completed and received before the first day of school.

COLORADO LAW REQUIRES THIS FORM BE COMPLETE AND PROVIDED TO THE SCHOOL

Name _____ Date of Birth _____
 Parent/Guardian _____

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT—CERTIFICATE OF IMMUNIZATION

Vaccine		Enter complete date each immunization was given					
Hep B	Hepatitis B						
DTaP/Tdap	Diphtheria, Tetanus, Pertussis						
DT/Td	Tetanus, Diphtheria						
Hib	<i>Haemophilus influenzae</i> type b						
IPV/OPV	Polio						
PCV7	Pneumococcal Conjugate						
MMR	Measles, Mumps, Rubella						
Varicella	Chickenpox						

Healthcare Provider Documentation Date _____ Lab Verification Date _____

Vaccines recorded below this line are recommended. Recording of dates are optional.

HPV	Human Papillomavirus						
Rota	Rotavirus						
MCV4/MPSV4	Meningococcal						
Hep A	Hepatitis A						
TIV/LAIV	Influenza						
Other							

To the best of my knowledge, the person named above has received the above immunizations.

Signed _____ Title _____ Date _____
 (Physician, nurse, or school health authority)

Table 1. MINIMUM NUMBER OF DOSES REQUIRED FOR CERTIFICATE OF IMMUNIZATION

Vaccine ^a	Level of School/Age of Student											
	Child Care 2 to 3 mos	Child Care 4 to 5 mos	Child Care 6 to 7 mos	Child Care 8 to 11 mos	Child Care 12 to 14 mos	Child Care 15 to 17 mos	Child Care 18 to 23 mos	Preschool 2 to 4 yrs	K Entry 4 to 6 yrs	Grades K to 5 5 to 10 yrs	Grades 6 to 12 11 to 18 yrs	College
Pertussis/Tetanus/ Diphtheria	1	2	3	3	3	4	4	4	5/4 ^b	5/4 ^{b,c}	6 ^d	
Polio ^a	1	2	3	3	3	3	3	3	4/3 ^f	4/3 ^f	4/3 ^f	
Measles/Mumps/ Rubella ^a					1	1	1	1	2 ^h	2 ^h	2 ^h	2 ^{h,i}
<i>Haemophilus influenzae</i> type b (Hib) ^j	1	2	2	3/2	3/2	3/2/1	3/2/1	3/2/1				
Pneumococcal Conjugate ^k	1	2	3/2	3/2	4/3/2	4/3/2	4/3/2					
Hepatitis B ^l	1	2	2	2	3	3	3	3	3	3	3	
Varicella ^m					1	1	1	1	2 ⁿ	2 ⁿ	2 ^{n,o}	
Meningococcal												p

a: Vaccine doses administered ≤ 4 days before the minimum interval or age are to be counted as valid.
 b: Five doses of pertussis, tetanus, and diphtheria vaccines are required at school entry in Colorado unless the 4th dose was given at ≥ 48 months (i.e., on or after the 4th birthday) in which case only 4 doses are required.
 c: For students ≥ 7 years who have not had the required number of pertussis doses, no new or additional doses are required. Any student ≥ 7 years at school entry in Colorado who has not completed a primary series of 3 appropriately spaced doses of tetanus and diphtheria vaccine may be certified after the 3rd dose of tetanus and diphtheria vaccine (or tetanus, diphtheria, and pertussis vaccine if 10 or 11 years) if it is given > 6 months after the 2nd dose.
 d: The student must meet the minimum prior requirement for the 4th or 5th doses of diphtheria, tetanus, and pertussis vaccine and have 1 tetanus, diphtheria, and pertussis vaccine dose.
 e: For polio, in lieu of immunization, written evidence of a laboratory test showing immunity is acceptable.

f: Four doses of polio vaccine are required at school entry in Colorado unless the 3rd dose was given ≥ 48 months (i.e., on or after the 4th birthday) in which case only 3 doses are required. Four valid doses are a complete series regardless of age at completion.
 g: For measles, mumps, and rubella, in lieu of immunization, written evidence of a laboratory test showing immunity is acceptable for the specific disease tested. The 1st dose of measles, mumps, and rubella vaccine must have been administered at ≥ 12 months of age (i.e., on or after the 1st birthday) to be acceptable.
 h: The 2nd dose of measles vaccine or measles, mumps, and rubella vaccine must have been administered at least 28 calendar days after the 1st dose.
 i: Measles, mumps, and rubella vaccine is not required for college students born before January 1, 1957.
 j: The number of Hib vaccine doses required depends on the student's current age and the age when the vaccine was administered. If any dose was given ≥ 15 months, the Hib vaccine

requirement is met. For students who began the series < 12 months, 3 doses are required of which at least 1 dose must have been administered at ≥ 12 months (i.e., on or after the 1st birthday). If the 1st dose was given at 12 to 14 months, 2 doses are required. If the current age is ≥ 5 years, no new or additional doses are required.
 k: The number of pneumococcal conjugate vaccine doses depends on the student's current age and the age when the 1st dose was administered. If the 1st dose was administered at: (i) ≤ 6 months, 3 doses are required at 6 to 14 months and 4 doses are required at 15 to 23 months with 1 dose administered on or after the 1st birthday; (ii) 7 to 11 months, 2 doses are required at 6 to 14 months and 3 doses are required at 15 to 23 months with 1 dose on or after the 1st birthday; (iii) 12 to 23 months, 2 doses are required. If the current age is ≥ 2 years, no new or additional doses are required.
 l: For hepatitis B, in lieu of immunization, written evidence of a laboratory test showing immunity is acceptable.

m: For varicella, written evidence of a laboratory test showing immunity or a documented disease history from a health care provider is acceptable. The 1st dose of varicella vaccine must have been administered at ≥ 12 months of age (i.e., on or after the 1st birthday) to be acceptable.
 n: The second dose of varicella vaccine must have been administered at least 28 calendar days after the 1st dose. See Table 2 for the year of implementation for the second dose of varicella; for school year 2007–2008, the second dose of varicella is only required for kindergarten entry.
 o: If the 1st dose of varicella vaccine was administered at ≥ 13 years, 2 doses are required, separated by a minimum of 4 to 8 weeks.
 p: Information concerning meningococcal disease and the meningococcal vaccine shall be provided to each new student or if the student is under 18 years, to the student's parent or guardian. If the student does not obtain a vaccine, a signature must be obtained from the student or if the student is under 18 years, the student's parent or guardian indicating that the information was reviewed.

2011-2012

OUR SAVIOR LUTHERAN PRESCHOOL

56 Meadows Drive, Pagosa Springs, CO 81147

(970) 731-3512

Ages 3 years-5 years

APPLICATION FOR PRESCHOOL ENROLLMENT

☆ Please complete this application and return it with the application fee to the preschool director.

☆ A completed Colorado Immunization Certificate, Emergency Release Forms, and a Health Status Form must be on file with the preschool director before the first day of attendance.

Full Name of Student:

Last

First

Middle Initial

Sex (circle one): **M** **F**

Application Date:

- Returning Student
 New Student

Age of Student
on August 1,
2011

Number of Days of Enrollment:

Mon. Tues. Wed. Thurs. Fri.

FULL DAY
(8:00am-4:00pm)

HALF DAY
(8:00am-11:45am) or
(12:15-4:00pm)

Date of Expected
Entry:

Family Home Phone #:

Student's Mailing Address:

Address/Street or P.O. BOX

Apt. #

Student's Date of Birth:

City

State

Zip

Month _____ Day _____ Year _____

Student's Physical Address (if different from above):

Address/Street

Apt. #

May we publish your name, address, phone
number and e-mail address in the school
directory?

YES NO

City

State

Zip

Billing Address (if different from above):

Name of Individual to Be Billed

Relationship to Student

Daytime Phone Number

Mailing Address

City

State

Zip Code

Home Phone Number

Student Lives With* (circle all that apply):

Father Stepfather Grandfather Guardian

Mother Stepmother Grandmother Guardian

Mr. _____
Dr. _____

Mrs. _____
Ms. _____
Dr. _____

Employer

Occupation

Employer

Occupation

Work Phone: _____ / _____ ext. _____

Work Phone: _____ / _____ ext. _____

Cell Phone: _____ / _____

Cell Phone: _____ / _____

E-mail: _____

E-mail: _____

*This section is for parents/step-parents/guardians with whom the student is **presently living**. Caregivers (other than the student's biological parents) must provide a copy of the most recent court decree regarding this child.

Student's Brothers and Sisters:

Name: _____ Birthdate: ___/___/___ School: _____ Grade: _____
Name: _____ Birthdate: ___/___/___ School: _____ Grade: _____
Name: _____ Birthdate: ___/___/___ School: _____ Grade: _____
Name: _____ Birthdate: ___/___/___ School: _____ Grade: _____

Required Emergency Information:

Emergency Contact Name: _____ Phone: _____ / _____
Please do not list Student's home #
Alternate Contact Name: _____ Phone: _____ / _____
Please do not list Student's home #

Persons authorized to pick up your child: _____

Doctor: _____ Phone: _____ / _____
Known Allergies: _____

Dentist: _____ Phone: _____ / _____

Family Church Membership:

Name of Church: _____ Is the student baptized? YES NO
Denomination: _____ Date of Baptism: _____
 We are not members of a church and would welcome a visit from the pastoral staff of Our Savior Lutheran Church.

Does child have group play experience? (If yes, please list below):

Name of Center: _____ Phone: _____ / _____
Address: _____ City _____ State _____ Zip _____ Reason for Leaving: _____

General Information:

Does your child have any speech problems? _____
Does your child have any problems of which we should be aware?: _____
What method of behavioral control is used in your home? _____
Please describe your child's personality: _____

During the year, photos will be taken and may be used in print publicity or on our website. If you do not wish for your child's photo and/or name to appear, please send written notification to the preschool director no later than the first day your child attends class at Our Savior Lutheran Preschool.

Our Savior Lutheran Preschool does not discriminate on the basis of gender, race, color or national origin in the administration of our educational policies, employment practices, admission policies, administrative policies, financial aid, athletics or other school administered programs.

Contractual Agreement: Your signature below indicates that you agree: 1) to fulfill all financial obligations. Tuition and fees will be paid as billed. Failure to fulfill financial obligations will result in withdrawal from the program. In the event of withdrawal or dismissal, all fees are non-refundable and tuition will be charged through the end of the month; and 2) to abide by Our Savior Lutheran Preschool guidelines and policies as outlined in the student-parent handbook.

Father's Signature: _____ Date: _____

Mother's Signature _____ Date: _____

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<i>Haemophilus influenzae</i> type b (Hib) ^j	1	2	2	3/2	3/2	3/2/1	3/2/1	3/2/1				
Pneumococcal Conjugate ^k	1	2	3/2	3/2	4/3/2	4/3/2	4/3/2					
Hepatitis B ^l	1	2	2	2	3	3	3	3	3	3	3	
Varicella ^m					1	1	1	1	2 ⁿ	2 ⁿ	2 ^{n,o}	
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Authorization for Emergency Medical Release

I _____ hereby give permission to Our Savior Lutheran Preschool to call for medical or surgical care for my child _____. Should an emergency arise. It is understood that a conscientious effort will be made to locate me before emergency action will be taken, but if this is not possible the expenses of emergency medical treatment or care will be accepted by me.

Parent/Guardian

Parent/Guardian

Date

Date

Notary

Date

(It is desirable, when possible, to have parents' or guardians' signature attested by a notary public when they are granting emergency medical authorization.)

Permission for trips(optional)

I give permission for my child to go on trips away from the premises of the child care facility, in the company of a responsible adult, whether on foot or by vehicle.

Parent/Guardian

Parent/Guardian

Date

Date

Permission for Transporting

I give permission to Our Savior Lutheran Preschool to transport my child to and from Our Savior Lutheran Preschool.

Parent/Guardian

Parent/Guardian

Date

Date

Permission for Participating in Activities

I give permission for my child to participate in program activities except for the following: _____

Parent/Guardian

Parent/Guardian

Date

Date

CHILD'S STATEMENT OF HEALTH STATUS FOR ENROLLMENT IN A CHILD CARE FACILITY

The child care facility must obtain for every child who enrolls in child care programs a signed and dated statement of the child's current health status which indicates the child's abilities and/or limitations to participate in a regularly scheduled child care program. This report is to be filled out by a licensed physician or other health care professional who has seen the child in the last twelve months.

Name of Facility _____ Type of Facility _____

Child's Name _____ Sex _____ Date of Birth _____

Address _____

Past Illnesses - 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.

Date of my most recent examination of the child: _____

Signature of licensed physician or other health care professional _____ Date _____

Please print:

Name of Physician/Health Care Professional

Address City State