



Emergency Contact Information

Student information

Name: _____ School Name: _____

Home Phone: _____ County Student resides _____

Address: _____ City: _____ Zip: _____

In case of an emergency, contact parent/guardian in the order listed below:

| | | | |
|--------------------------|------|----------|-------|
| Parent/Guardian #1 Name: | | | |
| Contact Numbers | Work | Cell | Other |
| Employer Name | | | |
| Work Address | | | |
| Occupation | City | Zip Code | |

| | | | |
|--------------------------|------|----------|-------|
| Parent/Guardian #2 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 * Must list at least one

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 | | |

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:

| | Name | Address | Phone |
|-----------|------|---------|-------|
| Physician | | | |
| Dentist | | | |
| Hospital | | | |

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/Guardian Signature

Date

Parent Permission Forms

Student's Name _____ School name: _____

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 _____ *** Initial One*** No _____

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 _____ *** Initial One*** No _____

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 _____ *** Initial One*** No _____

Sunscreen Permission Slip

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

_____ 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.

****Initial One****

_____ 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 Signature

Date



Colorado Preschool Program (CPP) Application 2020-2021

The CPP Program is a state-funded, district-run preschool program that allows eligible children to attend a half day of high-quality preschool at no cost to families. Child and family qualifying factors that affect overall learning readiness must be present in a child's life in order for a child to be eligible for CPP. These factors are determined by the legislature and are **not** based on income alone.

The information that you provide will remain confidential and is not shared with anyone outside of Jefferson County Public Schools.

If you do not qualify for CPP, you may also choose to enroll your child in preschool where there is a monthly tuition fee.

School name _____ Today's date _____

Family Information

Child's full legal name _____

Child's Date of Birth _____

Child's current age _____

How many family members are in your household? _____

Are you the: parent _____ grandparent _____ legal guardian _____ other _____

Parent/Guardian name _____

Complete address _____

Phone number _____ work number _____

Email address _____

Parent/Guardian name _____

Complete address _____

Phone number _____ work number _____

Email address _____

Sibling information: 1) _____ age _____
2) _____ age _____
3) _____ age _____
4) _____ age _____

Financial Information

Financial need will be verified.

Does your family need financial assistance for preschool tuition? Yes___ No___

Does your family qualify for the Free and Reduced lunch program? Yes___ No___

Does your family receive public assistance (WIC, Medicaid, CHP+, SNAP, LEAP or TANF)? Yes___ No___

Please Specify _____

Family Living Situation

Do you live in your own house or apartment? Yes___ No___

Do you share housing with friends, families, or others due to loss of housing, economic hardship or similar reason?

Yes___ No___ Please Explain: _____

Are you living in temporary housing (motel, RV, campground, shelter)? Yes___ No___

Family Social History

Has your child ever been exposed to domestic abuse (verbal, emotional, physical or sexual)? Yes___ No___

Has your child ever been exposed to substance abuse (drug or alcohol)? Yes___ No___

Were parents married or unmarried at the time of birth? _____

What was the age of the mother at the time of birth? _____ Age of father at the time of birth? _____

What is the highest level of education completed by the Mother _____ Father _____?

Has your family moved more than two times in the last twelve months? Yes___ No___

Reason _____

Does your child struggle with social skills? (struggle with forming relationships with adults and other children, expressing emotions or resolving conflict)? Yes___ No___

Please explain: _____

Is your child aggressive towards children or adults? Yes___ No___

Please explain: _____

Has your child gone through Child Find or have an IEP? Yes___ No___

Please explain: _____

Does your child qualify for Head Start? Yes___ No___

How many languages did the child first learn when he/she first began to talk? _____

Please list the language(s) that the child learned when he/she first began to talk? _____

How many language(s) are used in the home? _____

Please list the language(s) used in the home. _____

How many languages does the child speak or understand? _____

Please list the language(s) the child speaks or understands. _____

How much English does the child speak or understand? _____

Do you have concerns about your child's language skills? Yes___ No___

Please explain: _____

Is your child receiving services from the State due to neglect or other reasons? Yes___ No___

Please explain: _____

Is your child in foster care, adopted or in kinship care? Yes___ No___

Please explain: _____

Is there any other information that you would like to share about your child?

2020-2021 Family Economic Data Survey

Complete one survey per household. Please use a pen (not a pencil).

STEP 1 List all student s attending Jefferson County Schools (if more spaces are required for additional names, attach another sheet of paper)

| Student's First Name | MI | Student's Last Name | No Income | Birth Date | | | | | Grade | Check all that apply. Read Federal Economic Data Survey Application Instructions for more information. | Foster Child | Head Start | Runaway | Homeless | Migrant |
|----------------------|----|---------------------|-----------|------------|---|---|---|---|-------|--|--------------|------------|---------|----------|---------|
| | | | | M | M | D | D | Y | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

STEP 2 If household members (including you) currently participate in one of the following assistance programs: SNAP, TANF, or FDPIR list the case number below.

Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF/Colorado Works – Basic Cash Assistance or State Diversion), or Food Distribution Program on Indian Reservations (FDPIR). **Provide case number and skip to Step 4.**

SNAP Case Number TANF Case Number FDPIR Case Number

STEP 3 Report income for ALL household members (Skip this step if you provided a case number in STEP 2)

A. Student Income

Please include the **TOTAL** income, if any, received by all students' listed above.

| Student Income | How Often? | | | | |
|----------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | Weekly | Bi-Weekly | 2x Month | Monthly | Annually |
| \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

B. All Other Household Members (including yourself)

List all other household members not listed in Step 1 (including yourself) even if they do not receive income. For each household member listed, if they do receive income, report **TOTAL GROSS (BEFORE TAXES AND OTHER DEDUCTIONS)** for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying that there is no income to report.

| Names of Other Household Members (First and Last) | Earnings from Work | How Often? | | | | | Public Assistance/ Child Support/Alimony | How Often? | | | | | Pensions/Retirement/ All Other Income | How Often? | | | | |
|---|--------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | | Weekly | Bi-Weekly | 2x Month | Monthly | Annually | | Weekly | Bi-Weekly | 2x Month | Monthly | Annually | | Weekly | Bi-Weekly | 2x Month | Monthly | Annually |
| | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | \$ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Total Household Members (Students' and Adults)

STEP 4 Contact information and adult signature.

"I certify (promise) that all information on this survey is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal, State, and/or Local Education Program funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose access to waivers of fees and the district/school may lose funding, and I may be prosecuted under applicable State and Federal laws."

| | | | | | | | | | | | |
|---------------------------|--|-------------------------------------|--|------|--|---------------------------------------|----------|--|---------------|--------------|--|
| Mailing Address or PO Box | | Apt. # or Lot # | | City | | CO | Zip Code | | Email Address | | |
| Phone | | SIGNATURE of Adult Household Member | | | | Printed First and Last Name of Signer | | | | Today's Date | |

STEP 5 Release of Information

The information provided on this survey will be used in conjunction with state educational programs and may be shared with Medicaid or State Children's Health Insurance Program (SCHIP) offices to seek enrollment of children into the above programs. Also, if your students qualify this information may be shared with the school/district for the purpose of waiving certain school/district program fees that your child(ren) might otherwise be required to pay. The school/district is not permitted to share your information with anyone else. You are not required to consent to the release of your information; this will not affect your student(s)' eligibility for school meals. *Your information WILL be shared unless you check one of the boxes below.*

Do NOT share my information with any programs
 Do not share my information with the programs I have checked:
 Medicaid/SCHIP
 List Specific Program
 List Specific Program
 List Specific Program
 List Specific Program



JEFFERSON COUNTY SCHOOLS HEALTH INVENTORY (Parent Completes)

STUDENT NAME _____ DOB _____

SCHOOL NAME _____

| HEALTH CONCERNS | YES | NO | MEDICATION (Name, Dosage) | ACTIVITY RESTRICTIONS | COMMENTS |
|---------------------------|-----|----|---------------------------|-----------------------|--------------------------|
| ASTHMA/ RESPIRATORY | | | | | |
| ALLERGIES | | | | | |
| DIABETES | | | | | |
| SEIZURES/ NEUROLOGICAL | | | | | |
| HEART/BLOOD | | | | | |
| MUSCLES/BONES/ JOINTS | | | | | |
| BLADDER/KIDNEY | | | | | |
| STOMACH/ INTESTINES | | | | | |
| SKIN | | | | | |
| HEARING | | | | | Frequency of infections: |
| Ear Infections? | | | | | |
| Tubes/Date? | | | | | |
| VISION | | | | | |
| Eye glasses? | | | | | |
| Eye surgery? | | | | | |
| SPEECH | | | | | |
| PSYCHOLOGICAL | | | | | |
| HEADACHE | | | | | |
| DENTAL | | | | | |

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

Illnesses and dates:

Hospitalizations/reason/dates:

Accidents/Injuries and dates:

PARENT/GUARDIAN SIGNATURE

DATE



JEFFERSON COUNTY PRESCHOOLS

Statement of Physical Condition

School Name: _____

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

*Preschool medical exams are valid for one year from the date of the last exam.

Jefferson County Public Schools 2020-2021 Preschool Tuition Schedule

Registration fee: \$60.00 per student or \$85.00 per family

The fee will be available on August 2020 through Jeffco Connect online fee payment system.

All tuition is due on the 1st of each month and delinquent after the 5th. First payment due 09/01/2020. A \$10.00 late fee will be assessed for tuition payments received after the 5th of the month.

Preschool 3 hour Session

(Not available at all Jeffco Preschools)

| Number of Days in Attendance | Monthly Tuition |
|------------------------------|-----------------|
| 4 days per week | \$375.00 |

Full Day based on Elementary School Hours

(Not available at all Jeffco Preschools)

| Number of Days in Attendance | Monthly Tuition |
|------------------------------|-----------------|
| 5 Days of Attendance only | \$860.00 |

Remote Learning

| Number of Days in Attendance | Monthly Tuition |
|------------------------------|-----------------|
| 4 Days of Attendance only | \$196.00 |

Did you know that you may qualify for free preschool?

Jeffco partners with the Child Care Assistance Program (CCAP) and the Colorado Preschool Program (CPP) to offer tuition assistance to qualifying families. This tuition assistance may cover some, or even all, of your child's preschool tuition costs. You may call us at 303-982-1737 or use the links listed below.

The Child Care Assistance Program (CCAP) provides financial assistance to eligible low-income families who need child care benefits for children from birth to age 12. If you are eligible, a portion of the total child care cost will be paid directly to the provider. You will be required to pay a portion of the child care costs to the provider based on family size and income.

Click here for more information: <https://www.jeffco.us/2495/Child-Care-Assistance>

The Colorado Preschool Program (CPP) is a state-funded, district-run, preschool program. CPP is intended to serve preschool-aged children who are at risk of starting elementary school unprepared due to individual or family factors.

Please click on this link to learn more about CPP eligibility criteria. <https://www.cde.state.co.us/cpp/cpphandbookonline/eligibility1>

You may also use the link below for additional information in regards to CPP and frequently asked questions. <https://www.cde.state.co.us/cpp/familyinfo>