The Center

Early Childhood Programs
Lake County School District R-1

315 West 6th Street
Leadville, CO 80461

Phone 719 486-6928
Fax 719 486-9992

Head Start, Colorado Preschool Program, Tuition-Based Preschool, and Services for Children with Special Needs

Dear Parent,

Thank you for your interest in The Center Early Childhood Programs. Our program offers a school readiness preschool program and extended day high quality child care.

The following items must be included with your application in order for it to be processed.

☐ Child's Birth Certificate

☐ Health Insurance Card - Private Insurance, Medicaid, or CHP+

If no health insurance - Please pick up an application from Lisa or Jenny in the Family Resource Office

☐ If you wish to be considered for a Head Start preschool spot, you must include one of the following as evidence of eligibility:

* 1040 Tax Form from 2019 or W-2 forms from 2019
* Check stubs representing one year of income
* Statement from Employer for one year of income or
* Documentation of foster care status.

If you do not have one of these forms of income on file, your child will not be considered for Head Start enrollment, only for the other preschool programs. *Please do not leave originals of these items - we will be happy to make copies if needed.*

Once you have completed and signed this application, please bring it and the required supporting documents to The Center. We will evaluate your requests and let you know which programs you qualify for, which programs have openings, and work to create a schedule that will fit your family's needs. ***Please note****: This application is printed on the front and back of the page.*

Completion of this application does not guarantee your child a place in the program.

If you have any questions at all, or if you would like assistance completing this application, please call Lisa at 719-486-6928 or Jenny at 719-486-6920 for Spanish.

Date and Time Received by Office:	**Person receiving application:**	**Developmental Screening appointment**

Child's Name _____ **Date of Application**_____

Our preschool program emphasizes school readiness, and includes family-style breakfast and lunch, group activities, formal lessons, child-directed activities, outdoor time, and lots of fun.

Some families may qualify for the preschool program free of charge or on a low-cost basis, based on the information you provide in this application packet.

In addition, we are open for child care before preschool at 7:30am and after preschool until 5:30pm. During those extra hours, we provide high-quality child care on a tuition basis.

Please provide the most accurate scheduling information possible to help us provide you with appropriate services.

Which daily schedule are you interested in (if available)?

Circle One **- Preschool Only Extended Day**

If you need an extended day, please list the days and times you would like your child to attend.

_____

THANK YOU. We will evaluate your requests and your completed application. We will then let you know which programs you are eligible for that will also meet your needs.

Program Descriptions

All children receive the same quality preschool experience in all programs at The Center.

Based on your needs, we will evaluate your child for some or all of the programs below:

Head Start - This federally funded program provides a regular daily preschool schedule at no cost, according to the program's calendar. Head Start is a program for low income families, and your **child must be 3 or 4 2 October 1**, **2020**. Selection is based on age, income, and family size, as well as child and family needs. **TRANSPORTATION MAY BE PROVIDED TO THOSE WITHIN BUSSING AREA.**

Full Day Head Start - For families who qualify for Head Start. 40 hours a week of preschool at no cost for families who are in school or job training, or work full time. To be enrolled in Full Day Head Start, there must be no parent at home available to care for the child. **TRANSPORTATION MAY BE PROVIDED TO THOSE WITHIN BUSSING AREA.**

Colorado Preschool Program - This program is state funded and provides 10 hours of a regular preschool schedule at no cost. A special tuition rates may be available to extend your child's preschool day. CPP can be combined with Head Start, special education funding or tuition-based preschool for a longer day. **Children must be 3 or 4 by October 1, 2020**. There are no income requirements for this program. Selection is based on age and educational risk factors. **NO TRANSPORTATION PROVIDED.**

Tuition-Based Preschool - For a pre-paid monthly tuition fee, **children who are at least 3 years old by October 1, 2020**, can attend a regular daily preschool schedule and/or extend their hours to meet their family's needs for child care. A scale is available with reduced rates for families who qualify for the Free or Reduced Lunch Program. Tuition-Based Preschool can be combined with Head Start, special education services, or the Colorado Preschool Program. **NO TRANSPORTATION PROVIDED.**

Services for Children with Special Needs – Lake County School District is the local service provider for children with diagnosed disabilities. Hours and services are determined by the Special Education staff and the child's family. If you have concerns about your child's development, please ask for information about Child Find.

The Center Early Childhood Programs
Lake County Schools
2020-2021 Application Form

Revised 2/10/2020

Please read the questions carefully and provide the most accurate information possible.

OFFICE USE ONLY
Enrollment Date _____ Entry Date_____

Child Information

Last Name	First Name	Middle Name	Nickname

Date of Birth	Birthplace	☐ Male ☐ Female	

Lives with (check all that apply): ☐ Mom ☐ Dad ☐ Both ☐ Mom's Partner ☐ Dad's Partner ☐ Grandparents ☐ Foster Parents ☐ Other _____

If a parent does not live in the child's home, do we have permission to contact them?
☐ Yes ☐ No

Is there a court order affecting your child? ☐ Yes ☐ No

If yes, you must provide a copy
Details of order-

Language / Race / Ethnicity Questionnaire

Primary Language spoken at home :	☐ English ☐ Spanish ☐ Both ☐ Other :_____
Primary Language for letters sent home :	☐ English ☐ Spanish ☐ Both ☐ Other :_____
Ethnicity : Please mark one.	☐ Hispanic or Latino origin ☐ Non-Hispanic or Latino origin
Race : Please mark one or more.	☐ American Indian or Alaska Native ☐ Pacific Islander or Native Hawaiian ☐ Asian ☐ White ☐ Black or African-American ☐ Other :_____

Mother / Guardian Information

Name	Mailing Address

Date of Birth	Physical Address	Preferred Daytime Contact Home / Cell / Text / Email

Preferred Language on Phone? English / Spanish	Home Phone:	Cell Number / Text Y - N	Email Address

Employer	Employer Address	Work Phone

Does Mother live with child? ☐ Yes ☐ No

Does Mother have legal custody? ☐ Yes ☐ No

Mother's Employment Information : ☐ Full Time ☐ Part Time ☐ Seasonal ☐ Unemployed ☐ Seeking Employment ☐ Homemaker ☐ In job training or school ☐ Disabled ☐ Retired ☐ Actively Deployed Military

Mother's Education Information : ☐ Less than High School Diploma ☐ High School Diploma or GED ☐ Some college, vocational, AA/AS degree ☐ Bachelor or Advanced College degree

Mother's Educational Goals : ☐ GED classes ☐ English classes ☐ college classes ☐ parenting classes ☐ Other

Was mother under 18 at time of this child's birth? ☐ Yes ☐ No

Was mother unmarried at the time of this child's birth? ☐ Yes ☐ No

Parent/Guardian Signatures

Mother/Guardian Signature	Date	Father/Guardian Signature	Date

Father / Guardian Information

Name		Mailing Address	
Date of Birth	Physical Address		Preferred Daytime Contact Home / Cell / Text / Email
Preferred Language on Phone? English / Spanish	Home Phone	Cell or text message	Email Address
Employer	Employer Address	Work Phone	

Does Father live with child? ☐ Yes ☐ No

Does Father have legal custody? ☐ Yes ☐ No

Father's Employment Information : ☐ Full Time ☐ Part Time ☐ Seasonal ☐ Unemployed ☐ Seeking Employment ☐ Homemaker ☐ In job training or school ☐ Disabled ☐ Retired ☐ Actively Deployed Military

Father's Education Information : ☐ Less than High School Diploma ☐ High School Diploma or GED ☐ Some college, vocational, AA/AS degree ☐ Bachelor or Advanced College degree

Father's Educational Goals : ☐ GED classes ☐ English classes ☐ college classes ☐ parenting classes ☐ Other

Was father under 18 at time of this child's birth? ☐ Yes ☐ No

Was father unmarried at the time of this child's birth? ☐ Yes ☐ No

Other Adult Caregiver in Home: ☐ Guardian ☐ Step Parent or ☐ Live-in Partner Information (check one)

Is this person related to the applicant child by blood or through a marriage or adoption? ☐ Yes ☐ No

Name		Date of Birth	
Preferred daytime contact	Home Phone	Cell or Message	Email Address
Employer	Address	Work Phone	

Caregiver's Employment Information : ☐ Full Time ☐ Part Time ☐ Seasonal ☐ Unemployed ☐ Seeking Employment ☐ Homemaker ☐ In job training or school ☐ Disabled ☐ Retired ☐ Actively Deployed Military

List all other family members not listed above who live in your household and for whom you are responsible for the care and welfare.

Name	Relationship to child	Date of Birth	Is this person related to the child's parent(s)	Is this person supported by the parent(s) income?
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No

Total number of people living in the household (including you) for whom you provide financial support.

The Center respects and protects your family's privacy. The information you provide in this enrollment packet will be used to determine you eligibility for programs and services and will not be shared without your permission.

I understand this is an application for services that may be paid for with government funds and that intentionally providing misleading, inaccurate, or untruthful information may result in my child being terminated from the program.

*** I understand this is an application only and does not guarantee enrollment in the program ***

Parent/Guardian Signatures

Mother/Guardian Signature	Date	Father/Guardian Signature	Date

Special Considerations (Check all that apply to your household and add any extra information you would like to provide.)

☐ Developmental concerns	☐ Speech / language concerns
☐ Substance abuse	☐ Family member incarcerated
☐ Family violence / abuse	☐ Family in crisis
☐ Child in out of home placement	☐ Previously in Head Start
☐ Referral from agency Name of agency:_____	☐ Other- (Please describe):

Child Residency Questionnaire

This questionnaire is intended to address the McKinney-Vento Homeless Education Assistance Improvements Act 42 USC 11435. The answers to this residency information help determine the services the child may be eligible to receive.

1. How many times has your family / child moved in the last 3 years? _____

2. Is your current address a temporary living arrangement? ☐ Yes ☐ No

3. Is this temporary living arrangement due to loss of housing or economic hardship? ☐ Yes ☐ No

If you answered YES to the above questions, please complete the remainder of this section.
If you answered NO, you may skip to the next section.

Where is the child presently living? (Check one box)	☐ In a motel or hotel	☐ In an emergency or transitional shelter
	☐ Awaiting foster care placement	☐ With more than one family in a house or apartment
	☐ Abandoned in a hospital	☐ Moving from place to place
	☐ In a place not designed for ordinary sleeping accommodations, such as a car, park, abandoned building, or campsite	

Mandated Child Abuse and Neglect Reporting

This is to inform you that all employees of The Center Early Childhood Programs are required by State Law to report all instances of suspected child abuse/neglect to the Lake County Department of Human Services. This agency will visit The Center to evaluate the circumstances, and if abuse or neglect is determined, and if the child is felt to be in danger of further abuse or neglect, the Department of Human Services will call the legal authorities and request that they take the child into protective custody, and they will notify you of the steps you must take.

Parent's Initials _____

Payment for Child Care Services

The Center's tuition-based child care services must be pre-paid. The Head Start Program is federally funded, and Colorado Preschool Program is funded by the state. These programs do not charge for their services provided for enrolled children. I agree to pay all fees incurred by the attendance of my children which are not covered by the funding of these or other programs, before or after their hours of operation.

Parent's Initials _____

Parent/Guardian Signatures

*** I understand this is an application only and does not guarantee enrollment in the program ***

Mother/Guardian Signature	Date	Father/Guardian Signature	Date

<u>Primary Emergency Contact and Authorized Pick Up Person</u> – In case of illness or emergency, if we cannot reach parents or guardians, who is the next person we should try to contact?		
Name	Relationship to child	
Phone	Address	Note-

<u>People Permitted to Pick Up Child</u> or be contacted in case of emergency (Do not list parents/guardians. All persons listed here must be over 18) **2020-2021**		
Name	Relationship to child	
Phone	Address	Note-
Name	Relationship to child	
Phone	Address	Note-
Name	Relationship to child	
Phone	Address	Note-
Name	Relationship to child	
Phone	Address	Note-
Name	Relationship to child	
Phone	Address	Note-
Name	Relationship to child	
Phone	Address	Note-
Name	Relationship to child	
Phone	Address	Note-
Name	Relationship to child	
Phone	Address	Note-
Name	Relationship to child	
Phone	Address	Note-
Name	Relationship to child	
Phone	Address	Note-
Name	Relationship to child	
Phone	Address	Note-

Parent/Guardian Signatures			
Mother/Guardian Signature	Date	Father/Guardian Signature	Date

Health Screening Consent **2020-2021**

I understand the following health screenings and examinations are required for my child's enrollment and participation in early childhood programs at The Center. I give my consent for my child named above to receive some or all of the following screenings, observations, and/or evaluations, and follow-up. This consent is valid for the program year immediately following the date it is signed. I understand that a parent or guardian must be present for Head Start dental and physical examinations. The results of these screenings and evaluations will be made available to me. I authorize release of information pertinent to any of these screenings, observations and evaluations to service providers deemed necessary by the Head Start, CPP, or Tuition based programs.

Health requirements for parents to complete: *Required forms will be provided.* *Assistance in making appointments is available upon request.*	Physical exam
	Dental examination - *required for Head Start only*
	Blood Lead Screening
	Immunizations
	Ages & Stages social/emotional screening – *(paperwork will be provided by school)*
Health screenings to be completed at school by staff:	Developmental screening
	Hearing screening
	Vision screening
	Heights & weights

Parent's Initials_____

Medical Treatment Authorization

I authorize staff members of The Center Early Childhood Programs to arrange for medical or surgical care for my child named above, and give consent for care and/or treatment in the event of an emergency. Staff members may use their judgment in deciding what an emergency is, and may request the services of our doctor named on the Health Information form or another if he/she is unavailable, and call the hospital, and/or an ambulance. I understand that an attempt will be made to reach me and/or the emergency contacts provided to The Center, but contact is not necessary for the above consent to be in effect. A copy of this form will be presented as medical treatment authorization, and will be considered valid as the original. This consent will be in effect until withdrawn in writing by the person(s) signing. I accept responsibility for related expenses incurred, which are not the responsibility of The Center Early Childhood Programs or its employees.

Parent's Initials_____

Information Release

I give permission for The Center Early Childhood Programs to exchange information with the following community partners for the purpose of providing the best services for my child and family. This authorization will continue in force until revoked by me in writing, and a copy or fax shall serve in its stead. This includes permission to copy, release, or discuss information with the purpose of facilitating interagency communication in providing services to myself and my family. **Parent's Initials** _____

• Lake County School District	• Family Literacy Program
• Lake County Department of Human Services	• Disabilities Services Provider and Coordinator
• Lake County Public Health Agency	• WIC Nutrition Program
• My child's medical and dental care providers	• SolVista Health

Photo and Video Release

☐ Yes ☐ No	I authorize The Center Early Childhood Programs to photograph or permit photographs to be taken and for the filming of video of my child named above. The photos or videos may be posted in The Center, published in the newsletter, on The Center's website or social media pages, news media, or used in promotional materials for these programs.

Transportation Permission

☐ Yes ☐ No	I give permission for my child named above, to be transported to The Center Early Childhood Programs and to be transported home or to an alternate location named by me. If necessary, this includes health or dental visits. I give permission for my child named above to walk or be transported to activities, programs, or field trips as part of participation in The Center Early Childhood Programs.

Parent/Guardian Signature

Mother/Guardian Signature	Date	Father/Guardian Signature	Date

Medical and Dental Information **2020-2021**

Health Provider and Coverage Information

Do you have a primary health care provider who provides your child's regular health care? ☐ Yes ☐ No

Provider's Name_____Address_____ Phone_____

Do you have medical coverage or insurance? ☐ Yes (please bring the card to make a copy) ☐ No

If "Yes" what type ☐ Medicaid ID# _____

☐ CHP+ ID# _____

☐ Private insurance Company Name & Policy #_____

Does your insurance include dental coverage? ☐ Yes ☐ No

If "No", please request an application for Medicaid and CHP+. Assistance is available in completing this form.

Has your child been seen by a dentist before? ☐ Yes ☐ No

When was your child's last dental appointment? _____

Please list the preferred dentist for your child's dental care:

Dentist Name_____ Address_____ Phone _____

Please note : in case of an emergency, children will be transported to St. Vincent General Hospital, 822 West 4th Street Leadville, CO 80461 719-486-0230

Medical History and Special Concerns

Is your child seeing a medical specialist for any reason? ☐ Yes ☐ No

If yes, please explain : _____

Specialist's Name_____ Address_____ Phone _____

Has your child had a serious injury, accident, been hospitalized or had surgery? ☐ Yes ☐ No

If yes, please explain : _____

Is your child being treated for a medical, disabling or mental health condition? ☐ Yes ☐ No

If yes, please explain : _____

Is your child currently taking any medication or does he/she require any medical procedures? ☐ Yes ☐ No

If yes, what type? _____

Will this medicine or medical procedure be given at school? ☐ Yes ☐ No

(Note: Doctor's written authorization is needed before any medication/or procedure can be given at school.)

Are there health problems or conditions that will limit activities or affect your child at school? ☐ Yes ☐ No

If Yes, please explain : _____

Immunizations

Is your child up to date on their immunizations? ☐ Yes ☐ No

(Note: Either a copy of your child's immunization records or a signed Statement of Exemption must be on file before your child's first day of school.)

(Note : Colorado State policies require all children to be up to date on immunizations within 14 days of starting school)

Disability

Does your child have a diagnosed disability? ☐ Yes ☐ No

If yes, what is the disability? _____

Is your child on an Individual Education Plan (IEP)? ☐ Yes ☐ No

If yes, what is the IEP for? _____

Do you have other concerns about other children in your family who may have delays and or disabilities? ☐ Yes ☐ No

Would you like The Center to refer you to the Child Find early intervention program to help with your concerns? ☐ Yes ☐ No

Parent's Initials_____

Child's Medical Background and Health Concerns **2020-2021**

Does your child now suffer from or have they suffered in the past from: (Please check all that apply.)

☐ Asthma Will your child require an inhaler or nebulizer at school? ☐ Yes ☐ No What are the asthma triggers?	☐ Visual Problems (Difficulty seeing, headaches, wears glasses)	☐ Hearing Problems (Hearing aids, diffuculty hearing, frequent earaches, tubes in ears)
☐ Skin Problems (Eczema, Hives, etc.)	☐ Bone, Joint or Muscle Injury Or Bone Disease	☐ Speech Problems (Hard to understand, Talked late)
☐ Pneumonia/RSV	☐ Cancer	☐ Kidney Disease
☐ Bleeding Disorder	☐ Anemia or Sickle Cell Anemia	☐ Gastro Esophageal Reflux (GER)
☐ Diabetes	☐ Seizures/Convulsions	☐ Meningitis
☐ Hepatitis	☐ Heart Disease	☐ Leukemia
☐ Rheumatic Fever	☐ Frequent fevers	☐ Sinus problems
☐ Orthopedic Problems	☐ Lead Poisoning	☐ Tuberculosis
☐ Frequent stomach aches, indigestion, or vomiting	☐ Constipation, diarrhea, frequent or painful urination	☐ Fainting Spells
☐ Whooping Cough	☐ Trouble chewing or swallowing	☐ Second hand smoke
☐ Wears diapers or pull ups	☐ Other:	

Has this child ever passed out during extreme physical exertion?	☐ Yes ☐ No
Has anyone in the family suffered a sudden, unexplained death before the age of 50?	☐ Yes ☐ No

Please explain any concerns listed above:

_____

Allergies	
Medication Allergies	☐ Penicillin ☐ Cephalosporins ☐ Other
Describe reactions and specify allergies if "other".	
Food Allergies	☐ Eggs ☐ Fish ☐ Milk/Milk Products ☐ Nuts ☐ Seeds ☐ Gluten ☐ Soy ☐ Shellfish ☐ Other
Describe reactions and specify allergies if "other".	
Environmental Allergies	☐ Bee stings ☐ Insect bites ☐ Seasonal Allergies ☐ Animals / Animal fur ☐ Dust ☐ Latex ☐ Other
Describe reactions and specify allergies if "other".	
Does your child require any medication, such as an Epi Pen, to manage his/her allergies? ☐ Yes ☐ No (Note: Doctor's written authorization is needed before any medication/or procedure can be given at school.)	

Special Diets	
Is your child on a special diet? (Diabetic, vegetarian, medical, religious, personal)	☐ Yes ☐ No (Note: A special diet statement signed by a medical authority, including their recommendations, is required to substitute any food served at The Center.)

Parent's Initials_____ Date Completed_____

Child Development **2020-2021**

Does Your Child:	Mark one	Please Explain :
Toileting		
Consistently use the bathroom on their own?	☐ Yes ☐ No	
Need help going to the bathroom?	☐ Yes ☐ No	
Ever have potty accidents?	☐ Yes ☐ No	
Self-Care		
Wash and dry hands?	☐ Yes ☐ No	
Dress self with little help?	☐ Yes ☐ No	
Know first and last name?	☐ Yes ☐ No	
Self Esteem and Emotions		
Show aggression/inability to get along with others?	☐ Yes ☐ No	
Have sudden mood changes or unexplained moodiness?	☐ Yes ☐ No	
Act shy / withdrawn / fearful?	☐ Yes ☐ No	
Separate from parents easily?	☐ Yes ☐ No	
Have experience playing with other children?	☐ Yes ☐ No	
Have any family changes or problems, which may affect him/her?	☐ Yes ☐ No	
Sleep Habits		
Have any trouble sleeping?	☐ Yes ☐ No	
Have discipline problems at bedtime?	☐ Yes ☐ No	
Take a nap?	☐ Yes ☐ No	
When is your child's bedtime?	How many hours per night does your child sleep?	

Development

Did your child do any of these things later than expected; causing concerns about his/her development?

☐ Sit up ☐ Walk ☐ Talk ☐ Respond to directions

Child's Interests

What is your child good at?

What does your child like to do when he/she plays?

Does your child….?				
Show an interest in using new words?	☐ Always	☐ Often	☐ Every once in a while	☐ Never
Show an interest in books?	☐ Always	☐ Often	☐ Every once in a while	☐ Never
Listen and follow directions?	☐ Always	☐ Often	☐ Every once in a while	☐ Never
Show interest in counting, sorting, and numbers?	☐ Always	☐ Often	☐ Every once in a while	☐ Never
Get along / problem solve with other children?	☐ Always	☐ Often	☐ Every once in a while	☐ Never
Show interest in cutting, coloring, drawing, and writing?	☐ Always	☐ Often	☐ Every once in a while	☐ Never
Complete tasks that he/she starts?	☐ Always	☐ Often	☐ Every once in a while	☐ Never
Show an interest in nutritious foods and trying new foods?	☐ Always	☐ Often	☐ Every once in a while	☐ Never
Form attachments to new adults?	☐ Always	☐ Often	☐ Every once in a while	☐ Never

Parents Initials_____ Date Completed_____