

Class: _____



Child Enrollment Form

Child's Full Name: _____ Birth Date: _____
Nickname: _____ Age: _____
Date of Enrollment: _____ Start Month/Year: _____
What email address would you like your newsletters and other communications sent to:

Home Life

1. Address: _____
2. Phone Number: _____
3. Parents are: _____ together _____ separated _____ divorced _____
Are there problems or concerns surrounding the divorce or separation?

4. Father's Full Name: _____
Father's employer: _____ Birth Date: _____
Work Address: _____ Work Phone: _____
Home Address: _____ Work Hours: _____
Home Phone: _____
Any special instructions on how you can be reached while your child is at preschool:

5. Mother's Full Name: _____
Mother's Employer: _____ Birth Date: _____
Work Address: _____ Work Phone: _____
Home Address: _____ Work Hours: _____
Home Phone: _____
Any special instructions on how you can be reached while your child is at preschool:

6. Names and Ages of Siblings: _____

8. Do you have any pets? _____

Growth and Development/Health Concerns

1. Are there any conditions your child has that would prevent him/her from participating in daily activities?
2. Please list any special needs your child has: _____
How can we accommodate these needs? _____
3. Does your child have any special medical concerns or chronic medical problems? (ex. asthma, epilepsy,

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heart conditions, diabetes, etc.) _____

If yes, how can we help with these conditions? _____

4. Does your child have any speech, hearing, vision or other physical conditions? _____

5. What are your child's favorite activities/hobbies? _____

6. Are there any activities your child does not enjoy or is hesitant about? _____

Any additional information: _____

Eating Habits

1. What are your child's favorite foods? _____

2. Least favorite foods? _____

3. Does your child have any food allergies? _____

What are the typical symptoms? _____

List medical treatment if necessary: _____

Social and Emotional Development

1. Describe your child's previous preschool experience: _____

2. Is your child comfortable with adults? _____

How can our staff make your child's adjustment easier? _____

3. How do you expect your child to react to these new surroundings? _____

4. Does your child make new friends easily? _____

5. Your child's disposition can be best described as: _____

6. Please give us your reasons for choosing Ben Franklin Academy for your family:

Please use this space to give us any additional information that may be helpful to us in providing the kind of educational care you want for your child:

I understand that I am responsible for informing the Director if any of the information on this form changes and for making any addition and/or corrections to this form.

Signature: _____ Date: _____

Name: _____



Emergency Information

Child's Full Name: _____

Birth Date: _____ Enrollment Date: _____

Home Address: _____

Home Telephone: _____

Please List Parent to be Contacted First in an Emergency:

1. _____ Employed by: _____

Home Address (if different from above) Telephone Numbers (**1st # to call)

Email: _____

2. _____ Employed by: _____

Home Address (if different from above) Telephone Numbers (**1st # to call)

Email: _____

Emergency Contacts/Authorized for pick up in Colorado (other than parents)

Name: _____ Relationship: _____

Address: _____

Daytime Phone: _____ Employed by: _____

Name: _____ Relationship: _____

Address: _____

Daytime Phone: _____ Employed by: _____

Name: _____ Relationship: _____

Address: _____

Daytime Phone: _____ Employed by: _____

Individual(s) **NOT** authorized to pick up your child:

Name: _____ Relationship: _____

Medical Care

Child's Primary Care Physician: _____

Physician's Phone Number: _____

Physician's Address: _____

Child's Dentist: _____

Dentist's Phone Number: _____

Dentist's Address: _____

Insurance coverage provided by: _____

Policy #: _____ Group #: _____

Name: _____



Preferred Hospital (specify name – not closest) _____

Hospital Phone Number: _____

Hospital Address: _____

Significant Medical Information: _____

I understand that in the event of an emergency every attempt will be made to contact me or the person identified above who can assume responsibility for my child. If the staff at Ben Franklin Academy is unable to reach me and it is necessary to administer medical treatment I hereby give my consent to such treatment. I agree to pay for any expenses that occur as the result of each treatment.

Signature: _____ Date: _____

Signature: _____ Date: _____



Enrichment Registration

Child's Name: _____

Current Preschool Enrollment: _____

Enrichment Options: Please Circle Choice

MWF 11:30-3:15

TR 11:30-3:15

M-F 11:30-3:15 (Kindergarten Only)

I understand that there is an additional fee associated with adding the Enrichment class and I will be responsible for providing lunch, snacks, and a crib sheet and blanket for a brief rest period.

Parent Name: _____

Signature: _____ Date: _____



GENERAL HEALTH APPRAISAL FORM

Child's Name: _____ Birthdate: _____

Allergies: None or Describe _____

Type of Reaction _____

Diet: Age Appropriate Special Diet

Preventive creams/ointments/sunscreen may be applied as requested in writing by parent unless skin is broken or bleeding.

I, _____ give consent for my child's care health provider, school child care or camp personnel to discuss my child's health concerns. My child's health provider may fax this form (& applicable attachments) to my child's school, child care or camp personnel. FAX #: 303-974-1738 DATE: _____

Parent/Guardian Signature _____

HEALTH CARE PROVIDER: Please Complete After Parent Section Completed

Date of Last Health Appraisal: _____ Weight @ Exam: _____

Physical Exam: Normal Abnormal (Specify any physical abnormalities) _____

Allergies: None or Describe _____

Type of Reaction _____

Significant Health Concerns: Severe Allergies Reactive Airway Disease Asthma Seizures Diabetes Hospitalizations Developmental Delays Behavior Concerns Vision Hearing Dental Nutrition

Other _____

Explain above concern (if necessary, include instructions to care providers):

Current Medications/Special Diet: None or Describe

Immunizations: Up-to-Date See attached immunization record Administered today:

Recommended Follow-up _____

Provider Signature

Next Well Visit: Per AAP guidelines* or Age _____

This child is healthy and may participate in all routine activities in school sports, child care or camp program. Any concerns or exceptions are identified on this form

Provider Address:

Signature of Health Care Provider (certifying form was reviewed)

Date

COLORADO LAW REQUIRES THAT THIS FORM BE COMPLETED FOR EACH STUDENT ATTENDING COLORADO SCHOOLS

Name _____ Date of Birth _____
 Parent/Guardian _____

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT – CERTIFICATE OF IMMUNIZATION

Vaccine		Enter the month, day and year each immunization was given					
Hep B	Hepatitis B						
DTaP	Diphtheria, Tetanus Pertussis (pediatric)						
DT	Diphtheria, Tetanus (pediatric)						
Tdap	Tetanus, Diphtheria, Pertussis						
Td	Tetanus Diphtheria						
Hib	<i>Haemophilus influenzae</i> type b						
IPV/OPV	Polio						
PCV	Pneumococcal Conjugate						
MMR	Measles, Mumps, Rubella					Healthcare Provider Documentation Date _____	Lab Verification Date _____
Varicella	Chickenpox						
Vaccines recorded below this line are recommended. Recording of dates is encouraged.							
HPV	Human Papillomavirus						
Rota	Rotavirus						
MCV4/MPSV4	Menigococcal						
Hep A	Hepatitis A						
TIV/LAIV	Influenza						
Other							

THIS SECTION CAN BE COMPLETED BY CHILD CARE/SCHOOL/HEALTH CARE PROVIDER

A) Child Care Up to Date

Up to date through 6 months of age of Colorado School Immunization Requirements

Update Signature _____

Date _____

B) Child Care Up to Date

Up to date through 18 months of age for Colorado School Immunization Requirements

Update Signature _____

Date _____

C) Child Care/Pre-School/Pre-K

Up to date for Child Care/Pre-School/Pre-K for Colorado School Immunization Requirements

Update Signature _____

Date _____

D) Complete for K-5th Grade

Up to date for K-5th Grade for Colorado School Immunization Requirements

Update Signature _____

Date _____

*If age 4 years and fulfills Requirements for Pre-School & Kindergarten, check BOTH Boxes C and D

STATEMENT OF EXEMPTION TO IMMUNIZATION LAW

IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS MAY BE SUBJECT TO EXCLUSION FROM SCHOOL AND TO QUARANTINE.

MEDICAL EXEMPTION: The physical condition of the above named person is such that immunization would endanger life or health of is medically contraindicated due to other medical conditions.

Signed _____ Date _____
 Physician

Medical exemptions to the following vaccine(s):

Hep B DTaP Tdap Hib IPV PCV MNR VAR

RELIGIOUS EXEMPTION: Parent or guardian of above named person or the person himself/herself is an adherent to a religious belief opposed to immunizations.

Signed _____ Date _____
 Parent, guardian, emancipated student/consenting minor

Religious exemption to the following vaccine(s):

Hep B DTaP Tdap Hib IPV PCV MNR VAR

PERSONAL EXEMPTION: Parent or guardian of the above named person of the person himself/herself is an adherent to a personal belief opposed to immunizations.

Signed _____ Date _____
 Parent, guardian, emancipated student/consenting minor

Personal exemption to the following vaccine(s):

Hep B DTaP Tdap Hib IPV PCV MNR VAR

Child's Name:



Medical Policy

Ben Franklin Academy is staffed and equipped to care for WELL CHILDREN only. Listed below are our policies regarding sick children's illnesses, medical treatment and re-admission to the school. We view it as the parent's responsibility to know these policies and adhere to them. Please pick up sick children within the hour after notification.

1. Children who show the following symptoms may not come to or remain at the school:
Fever: A temperature of 100 degrees or higher. This includes fevers related to, but not limited to teething, earaches, sore throats, immunizations and colds.
Vomiting or Diarrhea: Either symptom within the preceding 24 hours or occurring at the school. Child must be symptom free for 24 hours.
Rash: A child who has a rash that has not been diagnosed by a physician. In order to be at the school we require a written statement from the physician telling us what the rash is and that the rash is not contagious.
Runny Nose, Eye or Ear Drainage: This includes all symptoms of a cold. Children are contagious with cold and may not be at the school until symptoms clear.
2. Parents who are self-medicating children for illnesses with over the counter remedies need to have written doctor approval for us to administer medication. If self-medication is necessary for more than three days we will require that the child be diagnosed by a doctor to allow the child to return to school.
3. Anytime a doctor feels it is necessary to treat a child's symptoms with an ANTIBIOTIC the child may not be at the school for a FULL 24 HOURS from the time of first dosage. This includes, but is not limited to ear infections, strep throat and upper respiratory infections. This policy supersedes any individual doctor's policy regarding the ability for your child to be at the school.
4. In order for the school staff to administer medicine we must have WRITTEN PERMISSION from your child's physician. The medicine must be in the original container, bearing the original pharmacy label that shows the pharmacy number, name of medication, date filled, physician's name, child's name and directions for dosage.

I have read the Medical Policy and agree to follow these guidelines.

Signature: _____ Date: _____

Section 1. Ben Franklin Academy Preschool

Mission

The mission of Ben Franklin Academy is to develop young adults with character like America’s founding Renaissance man, Benjamin Franklin: well-read, scientifically curious, and civically engaged.

Vision

Our vision at Ben Franklin Academy Preschool is to help children begin their academic journey in a nurturing environment that fosters self-esteem and a love of learning. We will be utilizing the Core Knowledge Preschool Sequence as preschoolers learn best by participating in meaningful hands-on learning activities based on prior learning. We believe that children are ready to learn and encourage this by offering additional academic focus in science, math, and literacy. Parent/guardian involvement is highly encouraged as we desire to develop a partnership in educating each child.

Section 2. Ages of Children Accepted

We will offer two separate programs:

1. 3-4 year old class: students must turn 3 by October
2. 4-5 year old class: students must turn 4 by October 1

Section 3. Special Needs Information

The Ben Franklin Academy Preschool will not discriminate against any child and will work with every family to find the best placement for each child.

Section 4. Hours of Operation

The Ben Franklin Academy Preschool will follow the school calendar available at www.bfacademy.org.

Classes offered are as follows:

A.M. Class 8:30-11:30	P.M. Class 12:15-3:15
M/W/F 3-4 year olds	M/W/F 3-4 year olds

BEN FRANKLIN ACADEMY

T/TH 3-4 year olds	T/TH 3-6 year olds Enrichment Class
M/W/F 4-5 year olds	M/W/F 3-6 year olds Enrichment Class
M/W/F 4-5 year olds	M/W/F 4-5 year olds

Inclement and Excessively Hot Weather

Outdoor recess will be held every day unless it is snowing, raining, or below 22 degrees. We will have shortened outdoor time if the temperature is above 90 degrees, or as deemed necessary by the Preschool Director. Students should come prepared with appropriate coats, hats and gloves for the variable Colorado weather. In the event of severe weather, children will be kept safely inside. Parents/guardians will be called in the event of the need for early dismissal.

School Closures and Delays

Ben Franklin Academy Preschool will follow the Douglas County School District for school closures and delays. Closure information can be found at the district website or any local news source. Please use your discretion regarding late starts to ensure the safety of your family. Please call the office if your child will be tardy or absent on these days.

Section 5. Admission and Registration

Admission

Admission is open to all children without regard to race, color, or religious affiliation. Children will be placed in classes based on their age as of October 1st (consistent with Douglas County School District requirements) of the current school year. If your child turns 3 after the October 1st deadline, he/she can enroll upon turning 3 as long as there is space available. Enrollment into the preschool is on a first come, first served basis.

Enrollment

Enrolling in the Ben Franklin Academy Preschool does not guarantee or provide priority enrollment in the Ben Franklin Academy Kindergarten or other grades.

Registration fee

A registration fee of \$125 is payable at the time you confirm your child's enrollment. This one-time annual fee is non-refundable. It is in addition to – not part of – regular monthly tuition payments. The registration fee reserves your child's spot in a class and is used to cover classroom costs for the school year.

If you register before the first day of school, the registration fee is the only money due at the time you confirm your child's enrollment. The first month's tuition payment is due no later than the first day of school in August but is preferred by August 1.

If a student enrolls after the beginning of the new school year, the registration fee is still required. Enrollment on the first day of school or later will require payment of both the registration fee AND the tuition for the month in which the student begins attending at that time. Registration fee terms apply to all enrolling students throughout the school year. If you have questions about registration payments, please contact the Preschool Director.

Section 6. Itemized Tuition and Fee Schedule

An itemized tuition and fee schedule is attached as Appendix A.

Class	Monthly Tuition	Registration Fee	Age Requirement
M/W/F 4-5 Morning	\$350	\$125	4 by 10/1
M/W/F 4-5 Afternoon	\$350	\$125	4 by 10/1
T/TH 4-5 Morning	\$235	\$125	4 by 10/1
T/TH 4-5 Afternoon	\$235	\$125	4 by 10/1
M/W/F 3-4 Morning	\$350	\$125	3 by 10/1
M/W/F 3-4 Afternoon	\$350	\$125	3 by 10/1
T/TH 3-4 Morning	\$235	\$125	3 by 10/1
T/TH 3-4 Afternoon	\$235	\$125	1. by 10/1

Section 7. Procedure for Identifying Where Children Are at All Times

Safety is our number one priority. All parents/guardians are required to sign the classroom attendance sheet when they pick up and drop off their child. The teacher will also have an attendance sheet in the room where the time the child was dropped off and picked will be recorded. The attendance sheets will be checked periodically throughout your child’s time at preschool. When class leaves the room, the teacher will place a sign on the door stating where the children are, count the children during each transition, and compare the count to the attendance roster. Children will always be accompanied by an adult.

Section 8. Discipline Policy

Our goal is to provide a positive learning experience for all children enrolled. We use positive reinforcement for appropriate behavior and focus on what children are doing well. We will also help children learn how to handle difficult situations in appropriate ways. When necessary, we will utilize re-direction and discussion of appropriate choices. In the event the behavior is disruptive to the class, the Preschool Director will be notified, the child will be removed from the room and a call will be made to the child’s parent/guardian. If necessary, behavioral management plans will be put into place with the possibility of suspension if unacceptable behavior continues. All disciplinary concerns will be documented. Children will never be subjected to physical or emotional humiliation or punishment. Discipline will never be associated with food, rest or toileting.

Section 9. Illnesses, Accidents and Injuries

A child needs to be able to participate in all daily activities including outside play. Be respectful of others and keep your ill child at home.

If your child becomes ill, he/she must be symptom free for 24 hours before returning to school. (See Medical Policy)

Please inform staff of any illnesses or communicable diseases (e.g., Flu, strep, pinkeye, ringworm, lice).

If your child becomes ill at school, the parent/guardian and/or emergency contact will be called to take the child home. An ill child is kept isolated until the parent/guardian arrives.

If a child receives an injury or has an accident while in our care, as long as the injury is not serious, trained staff will administer first aid (e.g., cleaning, band aids, ice). An accident report will be documented and signed by both staff and parent/guardian or other person authorized to pick up the child. If the injury is more serious, parents/guardians or emergency contacts will be called and are required to pick up the child for any necessary treatment. If school staff cannot reach a parent/guardian or emergency contacts, the child will be transported to the hospital by ambulance with all costs assumed by parents/guardians.

Section 10. Emergency Procedures

The Ben Franklin Academy Preschool will conduct monthly fire drills and emergency drills.

Crisis and Emergency Response Plan

The administration and staff of the Ben Franklin Academy Preschool have taken significant steps to ensure the safety and well-being of your child(ren) at school. The school has created a School Crisis and Emergency Plan in accordance with the Douglas County School District. This plan takes into consideration a variety of situations that could potentially arise in our school or our neighborhood and plans have been created should an emergency or crisis arise.

In the event of an emergency situation, parents/guardians will be contacted via email and phone by the Douglas County Infinite Campus system.

Please avoid coming to the school until you've been instructed to do so. It is possible that, during a crisis in the neighborhood, you may not be able to enter the school building if it compromises the safety of the children during a lockdown.

Please DO NOT call the school directly during an emergency as this ties up phone lines and prevents important inbound or outbound calls with emergency personnel.

Section 11. Transportation Policy

Parents/guardians are responsible for dropping off and picking up their children. The Ben Franklin Academy Preschool will not be transporting children.

Section 12. Field Trip, Television and Video Viewing, and Special Activities

Field trips

Field trips will be limited to walking excursions and will require a parent/guardian-signed permission form for participation.

Television and Video

Television and video viewing is not permitted in the Ben Franklin Academy Preschool.

Special Activities

On occasion, we will provide fun special activities (guest speaker, class party, etc). Parents/Guardians will be notified in writing prior to the event.

Section 13. Child Release

Children must be signed out on the class attendance sheet and visually with the child's teacher. No child will be released to an unauthorized person. If a person comes to pick up a child that the teacher is unfamiliar with, the person must be identified on the registration form and must provide picture identification. Parents/Guardians must notify the school in advance of any change in person(s) allowed to pick up a child. If there is a restraining order in place, a copy of these legal documents must be in the child's file.

Section 14. Late/Failure to Pick Up Child

Children must be picked up at the designated class end time. Failure to do so will result in a \$1.00 per minute fee. If the child is still present after class and we have not heard from the parents/guardians, we will make every attempt to contact the parents/guardians or emergency contacts. We will then wait with child until an authorized pick up arrives. If we are unable to reach any authorized person, we will contact local authorities.

Section 15. Late Arrival

If a child arrives late to school and the class is out on an excursion, the person dropping off the child may walk the child to the group, wait with child at school for the class to return, or take the child home and return when the class is back.

Section 16. Medication Policy

In order for the school staff to administer medicine we must have WRITTEN PERMISSION from your child's physician. The medicine must be in the original container, bearing the original pharmacy label that shows the pharmacy number, name of medication, date filled, physician's name, child's name and directions for dosage. Only staff with Medication Administration training will administer medication. All medication

will be reviewed by our nurse consultant. All medication is returned at the end of the day.

Section 17. Personal Belongings and Money

All personal belongings must be labeled. This includes outerwear, extra clothing and lunch boxes. Toys and books are only allowed on designated show-n-tell days. No money is allowed at school. The Ben Franklin Academy Preschool is not liable for any lost or stolen items.

Section 18. Meal Policy

Due to a high number of student allergies and special dietary need, parents/guardians will provide a snack and a filled water bottle from home for their child. If you would like to bring in a special treat for your child's birthday, it must be store bought and in the original container (for allergy purposes). All children enrolled in the enrichment program must bring their own lunch. There will not be access to a refrigerator so plan accordingly (insulated lunch box with ice pack). Children will not be allowed to share food.

Section 19. Toilet Training and Extra Clothes Policy

All students must be potty trained before the first day of school. Our preschool teachers are not given permission to change diapers. Accidents may still occur so please be sure to send your child with an extra set of clothes each day that are appropriate for the weather.

Section 20. Visitor Policy

All visitors must come to the main office to register and receive a visitor's pass to visit classes or be in the building.

Section 21. Teacher Conferences

Teacher conferences will be held twice a year, once in November and once in May. These will be during non-contact school days according to school calendar. Exact dates will be given at the start of each school year.

Section 22. How to File a Complaint

If you have a concern about the Ben Franklin Academy Preschool, you may file a complaint with:

Colorado Division of Child Care
1575 Sherman Street, First Floor, Denver, CO 80203
(303) 866-5948

Section 23. Child Abuse Reporting

To report child abuse in Douglas County, please call:

Douglas County Department of Social Services
(303) 688-4825

Colorado Law requires that childcare providers report all known or suspected cases of child abuse or neglect. For more information, please refer to our Abuse Disclosure handout in your enrollment packet.

Section 24. Dismissal From Preschool

If disenrollment is necessary prior to the end of the school year, a two-week notice is required. If the Ben Franklin Academy Preschool needs to withdraw students due to lack of payment, parents/guardians will be notified in writing to make arrangements to fulfill their financial responsibility. If the Ben Franklin Academy Preschool needs to withdraw a student due to disruptive behavior, the Principal and Preschool Director will meet with the family and try to resolve the issue with possible alternative solutions. At that time, a written notice will be issued stating a specified amount of time for the behavior to improve; if the behavior continues, the child will face immediate dismissal.

Section 25. Dress Code

The Ben Franklin Academy Preschool is not required to wear the Ben Franklin Academy uniform. Preschool children should dress in nice, comfortable clothes. Clothes with holes or inappropriate language will not be permitted. Closed toed shoes must be worn; no flip flops are allowed.

Section 26. Rest time

Children participating in our enrichment program will be required to have a rest period following lunch time. Please bring in a crib sheet and blanket. Rest mats will be provided. If your child no longer takes naps, he/she is still required to have a rest period per Division of Child Care Rules and Regulations.

Child's Name:



Statement of Acknowledgement

I have read the Ben Franklin Academy Preschool Handbook, understand all of the policies and procedures and agree to abide by them. _____ (Initial)

I hereby give permission to Ben Franklin Academy to take photographs and/or video of my child to be utilized for preschool publications, newsletters, and special projects. I understand that pictures and/or video will not be utilized outside of the Preschool without my consent. _____

I understand that in the State of Colorado, a Nurse Consultant is required to visit the Preschool on a monthly basis. I hereby give permission for the staff at the Academy to share any relevant information with said consultant. _____

I understand that tuition is due one month in advance and that a \$25.00 late fee will be assessed if not paid by the 5th of the month. _____

I hereby give permission for the Academy to post my child's allergy information in classrooms in an area accessible to staff. _____

I hereby give permission for my child to have sunscreen (provided by parent) applied before going outside. _____

I hereby give permission for my child to take nature walks with his/her class provided I have written notice. _____

Signature: _____ Date: _____