

Date of enrollment:

# Cottontail Nursery School

## Registration Form

A one time registration fee of \$20 is due with the registration form.  
Enrollment and Materials fee is due at the time of enrollment to hold my child's spot.  
These fees are **non-refundable**.

Children may attend Cottontail 2, 3, 4 or 5 days per week. Half days are 8:30-12:30 or full days are 8:30-3:30. Alternate times may be available upon request.

My child will attend Cottontail Nursery School:

Monday From \_\_\_\_\_ To \_\_\_\_\_ Tuesday From \_\_\_\_\_ To \_\_\_\_\_

Wednesday From \_\_\_\_\_ To \_\_\_\_\_ Thursday From \_\_\_\_\_ To \_\_\_\_\_

Friday From \_\_\_\_\_ To \_\_\_\_\_

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

Child's Birthday \_\_\_\_\_ Gender: M F

1st Parent's Name \_\_\_\_\_ 2nd Parent's Name \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Child's Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

If different from Child's address:

1st Parent's Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

2nd Parent's Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

1st Parent's Employer \_\_\_\_\_ 2nd Parent's Employer \_\_\_\_\_

Work Address \_\_\_\_\_ Work Address \_\_\_\_\_

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

Siblings: Name Age Gender

_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Contact Information

Name of Child's Physician \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Name of Child's Dentist \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Name of persons authorized to pick up child other than parents:

Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Name of persons to be notified in case of emergency if parents cannot be reached:

Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Please list any serious illnesses, accidents or surgeries the child has had:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any allergies or sensitivities, including dietary:  
\_\_\_\_\_  
\_\_\_\_\_

Has your child had previous child care experience? \_\_\_ Yes \_\_\_ No  
If yes, where? \_\_\_\_\_

Does your child have any physical disabilities? \_\_\_ Yes \_\_\_ No  
If yes, please describe \_\_\_\_\_

Does your child have hearing loss? \_\_\_ Yes \_\_\_ No  
Speech difficulty? \_\_\_ Yes \_\_\_ N

I give my permission for my child: (Please initial appropriate spaces)

\_\_\_\_\_Yes\_\_\_\_\_No To participate in all planned activities at Cottontail Nursery School, including outdoor play and nature walks in the neighborhood. I will be responsible for providing appropriate clothing.

\_\_\_\_\_Yes\_\_\_\_\_No To have my child's photo and video taken for Cottontail Nursery School's website, facebook page, blog and future publications.

\_\_\_\_\_Yes\_\_\_\_\_No For my family's contact information (phone and email address) to be put on a contact sheet for the families in the program.

#### Medical Consent

I give consent for emergency medical treatment or care to be used only if I cannot be reached immediately.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Fee Schedule

I have read the Tuition Schedule and understand that the fee is due on or before the 1<sup>st</sup> of the month. If I fail to pay by the 15<sup>th</sup> of the month and do not make other arrangements with the Directors, my child's place may become available to children on the waiting list.

I agree to pay in advance \_\_\_\_\_ MONTHLY

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

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

#### Lifeways Family Questionnaire

These questions are asked so that your child's caregiver might have a clearer picture of your child and the home environment in order to determine how best to serve his or her needs. Your child's admission is not dependent on the "right" answers, but to help us work together with you to provide the best care for your child. If there are any special circumstances about which you feel we should be aware in order to better understand your child, please communicate these to us on this questionnaire. All information is strictly confidential.

What personality traits do you think are prominent in your child?

What kinds of activities does your child enjoy most?

What activities does your family do together?

Does your child take part in any other lessons, activities or classes on a regular basis?

What cultural, religious or other traditions does your family celebrate? (Cottontail welcomes children of all races, creeds, religions and ethnic backgrounds)

Are there any special activities, cultural celebrations, foods or other experiences you would like to share with the other children in our program?

Does your child use a computer or play computer/video games?  
How often?

Does your child watch TV or movies?

How often?                      How long?                      When?

Does your child engage in daily outdoor playtime?

How long?

Do you have any pets?

Is there a special doll, toy or blanket?

What foods does your child like to eat?

Does your child have any fears?

How does your child sleep at night?

Please describe your child's bedtime ritual:

Is there anything else that you feel is pertinent to your child's biography that has not been covered? Please note here:

For bookkeeping and tuition agreement:  
What is your family's gross annual income?

### Topical Medication Agreement

I give permission for Cottontail Nursery School teachers to apply sunscreen/diaper ointment to my child:

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And

I am providing the following brand of sunscreen/ diaper ointment/cream/balm for my child:

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

### Field Trip Permission Form

I give permission for my child, \_\_\_\_\_ to travel away from Cottontail Nursery School in the company of a teacher. This permission is granted for trips both by foot and by vehicle (in the case of emergency). I understand that I will be notified prior to scheduled trips and that children will be properly protected by car seats or seatbelts when in a vehicle.

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

Please return this registration for and a non-refundable registration fee of \$20, payable to Cottontail Nursery School to: 546 Arbor Dr. Lafayette CO, 80026

**Cottontail Nursery School**  
School Medical Form to be Signed by Healthcare Provider

**PARENT please complete and sign:**

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

Allergies: \_\_\_\_\_

Special Diet: \_\_\_\_\_

**HEALTH CARE PROVIDER please complete and sign:**

Date or last health appraisal: \_\_\_\_\_ Weight at Exam: \_\_\_\_\_

**Immunizations** (please check as it applies):

Up-to-date \_\_\_\_\_ NOT up-to-date \_\_\_\_\_

**Please attach immunization record**

Abnormal findings on physical examination: \_\_\_\_\_

Significant medical problems: \_\_\_\_\_

Special diet or dietary restrictions: \_\_\_\_\_

Restrictions on activity: \_\_\_\_\_

Medications taken regularly: \_\_\_\_\_

Allergies: \_\_\_\_\_

**This certification is valid for a period of \_\_\_\_\_ years.**

**Next well visit due:** \_\_\_\_\_

Physician or Nurse Practitioner:

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_



**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						
Measles	Measles						
Mumps	Mumps						
Rubella	Rubella						
Varicella	Chickenpox					Healthcare Provider Documentation Date	Lab Verification Date
Vaccines recorded below this line are recommended. Recording of dates is encouraged.							
HPV	Human Papillomavirus						
Rota	Rotavirus						
MCV4/MPSV4	Meningococcal						
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 for 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.

**HAS MET ALL IMMUNIZATION REQUIREMENTS FOR COLORADO SCHOOLS (6TH GRADE OR HIGHER)**

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

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

**STATEMENT OF EXEMPTION TO IMMUNIZATION LAW  
(DECLARACIÓN RESPECTO A LAS EXENCIONES DE LA LEY DE VACUNACIÓN)**

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

**SI SE PRESENTA UN BROTE DE LA ENFERMEDAD, ES POSIBLE QUE A LAS PERSONAS EXENTAS SE LES PONGA EN CUARENTENA O SE LES EXCLUYA DE LA ESCUELA.**

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

**EXENCIÓN POR RAZONES MÉDICAS:** El estado de salud de la persona arriba citada es tal que la vacunación significa un riesgo para su salud o incluso su vida; o bien, las vacunas están contraindicadas debido a otros problemas de salud.

*Medical exemption to the following vaccine(s):*

*La exención por razones médicas aplica a la(s) siguiente(s) vacuna(s):*

Hep B  DTaP  Tdap  Hib  IPV  PCV  MMR  VAR

Signed (Firma) \_\_\_\_\_ Date (Fecha) \_\_\_\_\_

Physician (Médico)

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

**EXENCIÓN POR MOTIVOS RELIGIOSOS:** El padre o tutor de la persona arriba citada, o la persona misma, pertenece a una religión que se opone a la inmunización.

*Religious exemption to the following vaccine(s):*

*Exención por motivos religiosos de la(s) siguiente(s) vacuna(s):*

Hep B  DTaP  Tdap  Hib  IPV  PCV  MMR  VAR

Signed (Firma) \_\_\_\_\_ Date (Fecha) \_\_\_\_\_

Parent, guardian, emancipated student/consenting minor  
(Padre, tutor, estudiante emancipado o consentimiento del menor)

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

**EXENCIÓN POR CREENCIAS PERSONALES:** Las creencias personales del padre o tutor de la persona arriba citada, o la persona misma, se oponen a la inmunización.

*Personal exemption to the following vaccine(s):*

*Exención por creencias personales de la(s) siguiente(s) vacuna(s):*

Hep B  DTaP  Tdap  Hib  IPV  PCV  MMR  VAR

Signed (Firma) \_\_\_\_\_ Date (Fecha) \_\_\_\_\_

Parent, guardian, emancipated student/consenting minor  
(Padre, tutor, estudiante emancipado o consentimiento del menor)