



Admission and Information Form

Date: _____

Student Name:

First Last M.I. Hebrew

Date of Birth: _____ Name child is to be called at school: _____

First Parent	Second Parent
Name:	Name:
Home Phone:	Home Phone:
Cell:	Cell:
Address:	Address:
Occupation:	Occupation:
Employer:	Employer:
Days/Hours Work:	Days/Hours Work:
Employer Address:	Employer Address:
Business Phone:	Business Phone:
Email:	Email:

Which Parent does the student primarily reside with: _____

Second Residence? _____

Other significant adult living in your home: _____

Relationship: _____

Please list siblings living at the primary residence and date of birth:

Are any other Languages spoken at home? _____

Does your child go to a sitter, another school or daycare center when not at HSPK?

Name of Sitter/Facility	Phone	Days of Attendance
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Has your child been in school before? If so, where? _____

Are there pets in the home? If so, what kind? _____

Questionnaire:

1. What kinds of self-care activities (dressing, washing, etc.) is your child able to do independently?
2. Does your child use the bathroom independently? Does your child wear cloth underwear, pull-ups or diapers?
3. What is your child's favorite book/s?
4. Does your family observe religious or cultural traditions you would like to share with us so that we might better support your child?
5. What helped you choose HSPK for your child?
6. Does your child have special interests?
7. What kinds of activities do you do with your child?
8. What approach to discipline do you use with your child?

9. Does your child make eye contact when spoken to by you? To others outside the family?

10. Does your child respond to verbal direction? Does your child answer to his/her name? How do you respond when your child refuses to listen to direction?

11. Please detail any experiences that you think your child's teachers need to be aware of such as birth difficulties, adoption, separation, divorce, serious illness, death, hospitalization, moves, therapy, etc. Include medical/physical conditions, including therapies both past and present, such as occupational, physical, psychological, vision, speech, etc.

12. What are your hopes for your child at HSPK?

13. What are the qualities you appreciate about your child?

14. What is your sense of your child's needs as a learner?

15. Does your child have any fears, special diet, or anything else specific you would like to share?



General Release Form

Name of Child: _____ Date: _____

- I give permission for my child to be photographed and videotaped. I understand that these photos/videos, along with my child's name, may be used in the classroom as well as appearing in newspapers, on our website, or other publicity.

Parent/Guardian signature

- In the event of a minor emergency, I authorize the staff of HSPK to administer first aid to my child.

Parent/Guardian signature

- I give permission for my child to participate in field trips as listed on my child's lesson plan.

Parent/Guardian signature

- I give permission for the staff at HSPK to administer medication to my child. I understand that only medication that I provide in its original container will be given. I also understand that a written prescription from my child's physician is required.

Parent/Guardian signature

- I give permission for the staff of HSPK to share information in matters related to the health, safety, education, and best interest of my child, as well as statistical information required for funding. I herewith release HSPK from all liability to me for supplying such information.

Parent/Guardian signature

I give permission for the staff of HSPK to assist my child with diapering and toileting needs. I will supply wipes or other special needs associated with toileting.

Parent/Guardian signature



Persons Authorized to Pick Up My Child/ren

Persons authorized to pick up my child/ren must be listed below. Included are parents, relatives, carpool drivers, friends, babysitters/nannies, etc. I understand that any of these people may be asked to provide identification to the staff at HSPK.

Name	Address	Phone Number

Signature of Parent

Parents,

The purpose of this letter is to inform you of the Colorado Policy regarding the reporting by public or private schools of any incidence to suspected child abuse.

Please sign and return this letter, along with your child's General Release Form. (You may request a copy of this letter for your records.)

Preschool Policy Regarding Reporting Suspected Abuse

In accordance with Colorado Children's Code law 19-3-304, a school employee "who has reasonable cause to know or suspect that a child has been subjected to abuse or neglect or who has observed the child being subjected to circumstances or conditions which would reasonably result in abuse or neglect" is required to make a report to the Department of Social Services.

Any teacher who has any knowledge or suspicion that a child has been subjected to abuse or neglect is required to file a report with the Department of Social Services, or to consult with the Preschool Director who will file a report on behalf of the school.

Information about the case will be handled confidentially and will not be given to other teachers or parents. The identity of teachers who report such information will not be given to other teachers or parents.

I have read and understand the Colorado State Laws regarding the reporting of suspected child abuse. I understand that the staff of HSPS/K is required to, and will, follow stated laws.

Child's Name	Date of Birth
Signature of Parent	Today's Date



Emergency Alternate Contact Information

If the staff at HSPK is unable to reach either parent in an emergency, you are authorized to contact, and if necessary, release my child to any of the following. I realize that every effort will be made to notify a specified person. If this cannot be done, the school policy will be to call 911 for assistance and transport my child to the hospital emergency room if deemed appropriate.

Doctor:

Name	Address, City, Zip Code	Phone
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Dentist:

Name	Address, City, Zip Code	Phone
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Friend or Neighbor:

Name	Address, City, Zip Code	Phone
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Relative:

Name	Address, City, Zip Code	Phone
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Acknowledgement of Liability

I (we) understand and agree that any educator of HSPK, or employee or volunteer of Congregation Har Shalom, will not be held responsible for any accidental injury to my child while attending classes or school functions.

I (we) take full responsibility for our child/ren before they are signed in for the day and greeted by a staff member. Directly after signing them out for the day, it is understood that I (we) are aware of the dangers associated with the parking lot and that I (we) will hold my (our) child once dismissed to an authorized adult.

I (we) take full responsibility for my (our) child and any other children in my (our) care when I (we) am attending school events and family programs, regardless of a teacher's presence.

Signature of Parent

Date



Preventative Care

I give permission for skin care lotion/cream, lip balm and/or sunscreen to be applied on my child, _____, when needed for preventative care during the school year.

Parent(s) signature: _____ Date: _____

New: Please see the below links to read ingredients of the hand lotion and sunscreen we use at school. Circle Yes for permission for school provided lotion or sunscreen to be applied to your child. Circle No if you will be providing lotion and/or sunscreen from home. Any items provided by home must be labeled with your child's name.

Please circle Yes or No:

School Provided Hand Lotion Yes or No

Everyone Lotion unscented

<https://www.eoproducts.com/products/unscented-3-in-1-lotion?variant=13684077625446>

School Provided Sunscreen Yes or No

Rocky Mountain Kids Broad Spectrum 50 Sunscreen

<https://www.rmsunscreen.com/32OunceQuartSPF50Kids-single.aspx>