



Early Excellence Program of Denver
Student Information

Student Information

Student's Full Legal Name: Last First Middle

Gender: M F Birth Date: Month Day Year State/County of Birth:

Resident Address: Street City State Zip

Ethnicity (Please select only one)

- American Indian or Alaskan Native- A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition
Asian or Pacific Islander- A person having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands or the Indian subcontinent
Black (Not of Hispanic Origin)- A person having origins in any of the Black racial groups of Africa
Hispanic- A person of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin-regardless of race.
White (Not of Hispanic Origin) A person having origins in any of the original peoples of Europe, North Africa or the Middle East

Early Excellence Program of Denver admits students of any race, color, and national or ethnic origin.

ELA Information

If English is not the first language the student learned to speak, please indicate:

Spanish Vietnamese Arabic Russian Other

Is a language OTHER than English regularly used by the Parent(s) or Guardian(s)? No Yes

What language OTHER than English is spoken in the home?

Spanish Vietnamese Arabic Russian Other

Special Services Information

Is your child receiving special education services? No Yes

Does your child have a current 504 plan? No Yes if yes, please indicate if related to: Academics Health

Was your child in any Gifted/Talented programs? No Yes if yes, please list

Parent/Legal Guardian Signature

Date



Early Excellence Program of Denver
Household Information

Household Information Complete one form per household

Please provide verification of address to the school i.e. —current utility, water, or cable bill, current rental agreement, warranty deed, bill of sale, etc.

Home phone: _____

Home: _____
Street City State Zip

Mailing Address (if different):

_____ Street City State Zip

Parent/Guardian Residing in the Household

Parent/Guardian #1

Name: _____
Last First Middle

Work phone: _____ ext. _____ Cell phone: _____

Email: _____ Other: _____

Parent/Guardian #2

Name: _____
Last First Middle

Work phone: _____ ext. _____ Cell phone: _____

Email: _____ Other: _____

List other children in household			Parent/Guardian Relation to student		DPS School Attending
Last Name	First Name	Middle Name	Parent/Guardian #1	Parent/Guardian #2	

Parent/Legal Guardian Signature Date



Early Excellence Program of Denver
Emergency Contacts and Authorized Pickup List

Emergency contacts OTHER than parents / guardians

Student: _____
Last First Middle

Emergency Contact #1 Authorized to pickup Yes No Relationship to student: _____

Name: _____
Last First Middle

Phone 1: _____ Phone 2: _____

Address: _____

Emergency Contact #2 Authorized to pickup Yes No Relationship to student: _____

Name: _____
Last First Middle

Phone 1: _____ Phone 2: _____

Address: _____

Emergency Contact #3 Authorized to pickup Yes No Relationship to student: _____

Name: _____
Last First Middle

Phone 1: _____ Phone 2: _____

Address: _____

Medical Alerts/Allergies List any medical concerns allergies or special info

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Hospital: _____ Phone: _____

I authorize, by my signature below, that if the above people cannot be reached, school staff may use their best judgment in an emergency situation. Early Excellence Program of Denver does **NOT have medical/dental insurance to cover students**. It is understood that all costs related to medical/dental treatment will be the responsibility of the parent/guardian. As long as the medical treatment is deemed necessary by medical personnel, I impose no specific prohibitions regarding treatment unless stated: _____

I authorize ONLY the above listed people to pick-up my child from the Early Excellence Program of Denver. This list supersedes any other lists and makes those lists void.

Parent/Legal Guardian Signature

Date



Early Excellence Program of Denver
Permissions and Tuition Acknowledgement Form

Student: _____
Last First Middle

Permissions

I give permission by signing below, for the following: (circle each)

- 1) You, your child, & other family members to participate in needed evaluations activities?
Yes No
2) You, your child, & other family members to be photographed or recorded for school related purposes including school advertising via the web or in printed material?
Yes No
3) Your child to take nature walk to and from the outdoor playground and on walking excursions on weather permitting days?
Yes No
4) Your child to watch school-approved, age-appropriate educational media and G-rated movies, videos, or television, if shown in the classroom?
Yes No
5) Early Excellence to apply sunscreen to my child?
(Early Excellence does not provide sunscreen. Sunscreen must be provided by parent/guardian)
Yes No

Household Income and Tuition Rate

Family Size: _____

Gross monthly income before deductions and expenses: \$: _____

Completed by Early Excellence Staff

Monthly Tuition Rate: \$ _____ Anticipated Parent Fee: \$ _____
(Parent fee may change based on DPP and/or CCAP determinations.)

EEP Staff Signature: _____

I understand that my child's tuition is due on the 1st business day of each month and if it is not paid by the 15th of the month, I will incur a \$15.00 late payment fee.

Policies & Procedures - Written Statement

By signing below, I confirm that I have received a copy of the Family Handbook, Policy & Procedures for Early Excellence Program of Denver. A copy is also available on the Early Excellence website.

Parent/Legal Guardian Signature

Date