Early Excellence Program of Denver  
Student Enrollment Packet

Student: _________________________________________________

Last                                      First                                      Middle

Start Date: ____/_____/____

Please return the following forms to the EEP  
Por favor de regresar las siguientes formas a EEP

<table>
<thead>
<tr>
<th>Documents</th>
<th>Documentos</th>
<th>EEP Initial Received</th>
<th>EEP Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Household</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Permissions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth Certificate (official copy)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partida de nacimiento (copia oficial)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proof of Address (i.e. Mortgage, rent, Xcel, water, or cable bill)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prueba de la dirección (es decir. Hipoteca, alquiler, Xcel, agua, o cuenta del cable)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Appraisal Form (stamped &amp; signed by child’s Doctor)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forma de la valoración de la salud (estampada y firmada por el doctor del niño)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immunization Records</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expedientes de la inmunización</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Denver Public School – lunch program application</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Escuela pública de Denver - uso del programa del almuerzo</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CCAP – Colorado Child Care Assistance Program</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>– Programa de la ayuda del cuidado de niño de Colorado</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DPP Denver Preschool Program Application, (4 year olds only)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uso preescolar del programa de DPP Denver, (4 años solamente)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income documentation for a period of 1 month (include public assistance, if applicable)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentación de la renta por un periodo de 1 mes (incluya la ayuda pública, si fuera aplicable)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Referred by** Referido por:________________________________________

**EEP Staff Notes:** _____________________________________________

_________________________________________________________
Early Excellence Program of Denver

Student Information

Student's Full Legal Name:

______________________________

______________________________

______________________________

Last  First  Middle

Gender:  M  F  Birth Date: ___/___/____  State/County of Birth: ________________

Month  Day  Year

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 For Fast, Southeast Asia the Pack 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_app_Final (6).docx  2  1/23/2013
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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Parent/Guardian Relation to student</th>
<th>DPS School Attending</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Parent/Guardian #1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Parent/Guardian #2</td>
<td></td>
</tr>
</tbody>
</table>

__________________________________________  ____________________________
Parent/Legal Guardian Signature Date

1/23/2013
Early Excellence Program of Denver
Emergency Contacts and Authorized Pickup List

Emergency contacts OTHER than parents / guardians

Student: ____________________________________________________________

<table>
<thead>
<tr>
<th>Emergency Contact #1</th>
<th>Authorized to pickup</th>
<th>Yes</th>
<th>No</th>
<th>Relationship to student: ________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ___________________</td>
<td>___________________</td>
<td></td>
<td></td>
<td>______________________________________</td>
</tr>
<tr>
<td>Phone 1: ___________________</td>
<td>Phone 2: ___________________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address: ___________________</td>
<td>___________________</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency Contact #2</th>
<th>Authorized to pickup</th>
<th>Yes</th>
<th>No</th>
<th>Relationship to student: ________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ___________________</td>
<td>___________________</td>
<td></td>
<td></td>
<td>______________________________________</td>
</tr>
<tr>
<td>Phone 1: ___________________</td>
<td>Phone 2: ___________________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address: ___________________</td>
<td>___________________</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency Contact #3</th>
<th>Authorized to pickup</th>
<th>Yes</th>
<th>No</th>
<th>Relationship to student: ________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ___________________</td>
<td>___________________</td>
<td></td>
<td></td>
<td>______________________________________</td>
</tr>
<tr>
<td>Phone 1: ___________________</td>
<td>Phone 2: ___________________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address: ___________________</td>
<td>___________________</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

1/23/2013
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 ______________________

Early_Excellence_app_Final (6).docx 5 1/23/2013