



# Registration

Child's Full Legal Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Country of birth \_\_\_\_\_ Gender \_\_\_\_\_  
Month Day Year

Race/Ethnicity				
1	Is child Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2	<table border="0"> <tr> <td style="vertical-align: top;"> <b>Which of the following groups describes the child's race?</b> (Select all that apply)                 </td> <td> <input type="checkbox"/> American Indian or Alaskan Native  <input type="checkbox"/> Asian  <input type="checkbox"/> Black or African American                 </td> <td> <input type="checkbox"/> Caucasian/White  <input type="checkbox"/> Native Hawaiian or other Pacific Islander                 </td> </tr> </table>	<b>Which of the following groups describes the child's race?</b> (Select all that apply)	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American	<input type="checkbox"/> Caucasian/White <input type="checkbox"/> Native Hawaiian or other Pacific Islander
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**Child's Primary Address**

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Parent/Guardian #1 - Contact Information**

In case of emergency, contact this person:  1st  2nd  3rd  4th (check only one) Gender: \_\_\_\_\_ Legal Guardian?  Yes  No

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ E-mail: \_\_\_\_\_

Residence Address:  same as child \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Parent/Guardian #2 - Contact Information**

In case of emergency, contact this person:  1st  2nd  3rd  4th (check only one) Gender: \_\_\_\_\_ Legal Guardian?  Yes  No

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ E-mail: \_\_\_\_\_

Residence Address:  same as child \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Child primarily resides with (at the same address):**

Name	Relationship to child (parent, sibling, grandparent, friend, etc)	Contact information (phone)	Emergency Contact? (yes/no)



**Additional Emergency Contacts**

In case of emergency, contact this person:  1st  2nd  3rd  4th (check only one) **Authorized for pick-up?**  Yes  No

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Residence Address:  same as child \_\_\_\_\_ Phone Number: \_\_\_\_\_

In case of emergency, contact this person:  1st  2nd  3rd  4th (check only one) **Authorized for pick-up?**  Yes  No

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Residence Address:  same as child \_\_\_\_\_ Phone Number: \_\_\_\_\_

In case of emergency, contact this person:  5th (check only one) **Authorized for pick-up?**  Yes  No

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Residence Address:  same as child \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Primary Language spoken at home**

English  Spanish  Vietnamese  Other \_\_\_\_\_

**Completed Screenings (Yes / No)**

Screening	If yes, approximate date	Was child referred for further evaluation?
Vision		
Hearing		
Dental		
Developmental		
Other:		

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



**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 Class Dojo app, 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 EEP Staff**

<b>Flat Monthly Rate:</b>	Full time: \$2,310	Part-Time: \$1,386
<b>Before/After school (flat/monthly):</b>	Full time: \$200	Part-Time: \$200
<b>SUBTOTAL:</b>	_____	_____

Costs for daily breakfast, lunch & snack: No charge upon completion of DPS Meal online form:  
<http://foodservices.dpsk12.org/free-reduced.ph>

EEP Scholarship Discount: \_\_\_\_\_

DPP Tuition discount: \_\_\_\_\_

CCAP Tuition discount: \_\_\_\_\_

Denver Public Schools Funding: \_\_\_\_\_

Tuition discount active military/DPS/2<sup>nd</sup> sibling: \_\_\_\_\_

**New Total Monthly Tuition Flat Monthly Rate:** \_\_\_\_\_

I understand that my child's tuition is due on the 1<sup>st</sup> business day of each month and if it is not paid by the 15<sup>th</sup> 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 available on the Early Excellence website at <http://eepdenver.org/enrollment-application/>

Parent/Legal Guardian Signature

Date



Student: \_\_\_\_\_  
Last First Middle

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

**Referred by** *Referido por:* \_\_\_\_\_

**EEP Staff Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_