



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;"> Which of the following groups describes the child's race? (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>	Which of the following groups describes the child's race? (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
Which of the following groups describes the child's race? (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		

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: _____ Work Name & Address: _____ Special Instructions: _____

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: _____

Work Phone: _____ Work Name & Address: _____ Special Instructions: _____

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 **Authorized for pick-up?** Yes No

Name: _____ Relationship to Child: _____ Cell Phone: _____

Residence Address: same as child _____ Phone Number: _____

Doctor: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Hospital: _____ Address: _____ Phone: _____

Does your child have any allergies? Is so, please state them: _____

I authorize, by my signature below, that if the above people cannot be reached, school staff may use their best judgment in an emergency. 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: _____

****** Parent/Guardian Signature: _____ Date: _____ ******

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, Moisturizing Lotion/Creams and Diaper Ointments/Creams to my child?
Early Excellence does not Moisturizing Lotion/Creams and Diaper Ointment/Creams, must be provided by parent/guardian.
(Circle each)

Sunscreen Yes No Moisturizing Lotions/Creams Yes No Diaper Ointment/Creams Yes No

Household Income and Tuition Rate

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

Completed by EEP Staff

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

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: _____

Denver Preschool Program (DPP) Scholarship: _____

Colorado Child Care Assistance Program (CCAP): _____

Universal Preschool Colorado (UPK): _____

Tuition discount active military/DPS/2nd sibling: _____

New Total Monthly Tuition Flat Monthly Rate: _____

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 available on the Early Excellence website at <http://eepdenver.org/enrollment-application/>

Parent/Legal Guardian Signature

Date



Student: _____
 Last First Middle

Start Date: ____/____/____ Last Date of Enrollment: ____/____/____

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

Documents		Documentos	EEP Initial Received	EEP Notes
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, (3 & 4-year-olds only)				
Uso preescolar del programa de DPP Denver, (3 y 4 años solamente)				
UPK – Universal Preschool Colorado				
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: _____

Is the child potty trained?: _____

EEP Staff Notes: _____

