



# 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: \_\_\_\_\_ 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	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? If so, please state them: \_\_\_\_\_

Does your child receive any medication? If 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: \_\_\_\_\_

**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**

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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 Brightwheel 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 provide 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

**Is the child potty trained?** \_\_\_\_\_

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**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/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**State Funded Preschool Qualifying Factors (check all that apply):**

- Low Income (family income threshold is below 270% the Federal Poverty level: chart available on request)
- Individualized Education Program (IEP)
- Homelessness
- Dual language learner (English is not the primary language spoken in the home)
- Foster/Kinship care

**Household Size (circle the number of people residing in your household):**

1   2   3   4   5   6   7   8   9   10   11   12

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

**Tuition Rates and Funding Sources**

**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: <u>\$200</u>	Part-Time: <u>\$200</u>
<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: \_\_\_\_\_

Denver Preschool Program (DPP) Scholarship: \_\_\_\_\_

Colorado Child Care Assistance Program (CCAP): \_\_\_\_\_

Universal Preschool Colorado (UPK): \_\_\_\_\_

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.**

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



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

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_    Last Date of Enrollment: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please return the following forms to the EEP**

<b>Documents</b>	<b>EEP Initial Received</b>	<b>EEP notes, dates forms were received &amp; expiration dates</b>
Student Household Emergency Permissions Signatures		Expires (signature):
Birth Certificate (official copy)		Received:
Proof of Address (i.e. Mortgage, rent, Xcel, water, or cable bill)		Received: Expires:
Health Appraisal Form (stamped & signed by child's Doctor)		Received: Expires:
Immunization Records		Received: Expires:
Denver Public School – lunch program application Escuela pública de Denver - uso del programa del almuerzo		Received:
CCAP - Colorado Child Care Assistance Program Programa de la ayuda del cuidado de niño de Colorado		Begin Date: End Date:
DPP - Denver Preschool Program Application, (only 3 & 4-year-olds, that live in the County of Denver)		Received: Approved:
UPK – Universal Preschool Colorado (3 & 4-year-olds only)		Received: Approved:
Income documentation for a period of 1 month (include public assistance, if applicable)		Received:

**Referred by:** \_\_\_\_\_

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