



Creede Early Learning Center

P.O. Box 191 Creede, CO 81130 • 719.658.2090
credekids@gmail.com • creedearlylearningcenter.com

I have re-read through my child's registration forms and (initial one):

_____ (initial) None of the information previously provided has changed in the past year.

_____ (initial) I have filled out the information that has changed on the following forms:

Signed

Date



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Dear Parents,

Welcome to The Creede Early Learning Center! We are a 501(c)3 non-profit organization. Our mission is **to provide a safe, dependable, affordable and nurturing childcare facility for Creede and the surrounding communities.** A volunteer board of directors meets monthly to govern the CELC. We survive on donations from individuals, businesses, and private foundations. The fees you pay to the Center make up approximately 1/3 of what it actually costs to provide care for your child(ren). We welcome donations of snack food, toys, money, and your time.

The following pages are the policies and forms required by the Creede Early Learning Center. We are **required by law** to keep these forms on file at the CELC for each child in our care. Many of these forms contain information we need to better care for your child(ren). These forms need to be updated each year.

If you have any questions, please call the Creede Early Learning Center at 658-2090.

THANK YOU!



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CHECKLIST

The following forms are REQUIRED to be in each child's file.

- _____ Child Care Policies
- _____ Registration Form
- _____ Child's Medical Statement (must be signed by physician)
- _____ Emergency Authorization Form
- _____ Permission / Consent Form
- _____ Food Allergies / Dietary Needs Form
- _____ Financial Agreement
- _____ Immunization Form
- _____ Waiver of Liability Form

When conducting an audit of child's file, place a check mark by each form in the file.
Highlight each missing form. Make a copy for parent. Place original in the child's file.

Date of Audit

Staff Initials



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Child's Medical Statement

DATE OF PHYSICAL _____

This form must be returned to the childcare center within 30 days of admission.

Name _____ Birthdate _____

Address _____

City _____ State _____ Zip _____ Phone _____

IMMUNIZATIONS: Attach photocopy of Immunization card to this form.

HEALTH HISTORY: Please indicate any history of surgery, accident, illnesses, allergies or circumstance that would effect care of the child.

Has hearing been tested?	Y	N	Result	_____
Has vision been tested?	Y	N	Result	_____

Comments and Recommendations to child care personnel:

Physician's Statement

_____ has no previous history of illnesses and/or injuries that would interfere with participating in the CREEDE EARLY LEARNING CENTER's program. The child has been examined by me and is both physically and mentally able to participate in the center's programs.

Special injuries, illnesses, on-going health problems that the center staff should be aware:

Special medication that the child is using or has used frequently:

Special dietary needs of the child: _____

Date: _____ Physician's Signature _____

Physician's Full Name _____

Address _____

City _____ State _____ Zip _____ Phone _____



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REGISTRATION FORM

Date of Enrollment _____ \$25 Registration Fee Paid _____ cash/check # _____

Child's Full Name _____ Date of Birth _____ Age _____

Home Address _____ Phone _____

Mother's Name _____ Occupation _____

Business Address _____ Work Phone _____

Email _____

Phone to contact you during Center Hours: _____

Father's Name _____ Occupation _____

Business Address _____ Work Phone _____

Email _____

Phone to contact you during Center Hours: _____

Doctor's Name _____ Phone _____

Dentist's Name _____ Phone _____

Hospital of Choice: _____ Phone _____

Children will be released only to parents or to designated persons:

Name _____ Phone _____ Relationship _____

For your child's safety, all children must be brought inside unless greeted by a staff person at the gate. Children must be left in the presence of a staff person.

Parent/Guardian

Date



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Emergency Authorization

I hereby give my consent to the Creede Early Learning Center to call:

Doctor's Name _____ Phone _____, or to take my child to a hospital emergency room for medical or surgical care should any emergency arise where such service is indicated. I understand that the cost of this care will be paid by me. _____ (initial)

It is understood that a conscientious effort will be made to notify me before such action is taken, if time permits. _____ (initial)

I understand that the Creede Early Learning Center will contact me (or the persons I have designated in the enrollment application form as persons to be called for emergencies if I cannot be reached) if time permits. _____ (initial)

In order to meet all legal requirements, I hereby authorize an acting representative of the Creede Early Learning Center to give consent for any and all necessary emergency medical care for my child _____ while said child is in Creede Early Learning Center's care.

Persons to contact in an Emergency if parents cannot be reached:

Name _____ Phone _____

Address _____

Relationship to Child: _____

Name _____ Phone _____

Address _____

Relationship to Child: _____

Name _____ Phone _____

Address _____

Relationship to Child: _____

Parent/Guardian

Date

Witness (CELC staff)

Date



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Permission/Consent Form

Place an X next to your preference:

SUNSCREEN: Sunscreen will be applied to any exposed areas on the child: face, neck, arms, ears and legs. (If you prefer to provide your own sunscreen for your child, the sunscreen MUST have your child's name on it.)

Yes, I will allow the Creede Early Learning Center to apply their sunscreen to my child, or the sunscreen I provide.

No, please do not apply any sunscreen to my child.

INSECT REPELLENT: The insect repellent we apply is DEET free. (If you prefer to provide your own insect repellent for your child, it MUST have your child's name on it.)

Yes, I will allow the Creede Early Learning Center to apply their insect repellent to my child, or the insect repellent I provide.

No, please do not apply any insect repellent to my child.

WALKING EXCURSIONS: Occasionally we will take children on walks outside the gated area: down toward the river, the creek and around various trees and rocks near the grounds.

Yes, I will allow the Creede Early Learning Center to take my child on walking excursions.

No, please do not take my child on walking excursions.

PHOTOGRAPHS: We take many photos of the children for educational purposes, documentation, as well as for advertising, private and public Facebook posts.

Yes, I will allow the Creede Early Learning Center to take photos of my child for all above purposes except _____.

No, please do not take ANY photos of my child, other than for use at the CELC.

TELEVISION: We believe hands on activities supervised by staff to be educational and entertaining for your child. Therefore television viewing by the children will be limited to educational purposes (special guests sometimes use videos). If you have any questions concerning this policy or would prefer for your child not to participate, please feel free to discuss this with the Directors.

Yes, I will allow my child to participate in occasional viewing of television for educational purposes.

No, I do not want my child to participate in any viewing of television while attending the Creede Early Learning Center.

Parent/Guardian

Date

Witness (CELC staff)

Date



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Food Allergies / Dietary Needs

FOOD ALLERGIES: If your child has food allergies, please list them below:

DIETARY NEEDS: My child has the following dietary restrictions:

Parent/Guardian

Date

Witness (CELC staff)

Date



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LIABILITY RELEASE WITH PARENTAL CONSENT FOR MEDICAL/EMERGENCY TREATMENT AND TRANSPORTATION

CHILD'S NAME _____ DOB ____/____/____

ADDRESS _____ PHONE _____

The undersigned(s) being the lawful parent(s) and/or guardian(s) of the above child, hereby consent to the participation by the child in all day care activities conducted by Creede Early Learning Center and to the participation of the child in all events related to said activities.

The undersigned hereby further authorize(s) any of the staff, employees, agents and representatives of Creede Early Learning Center to provide for, approve and authorize any health care at any hospital, emergency room, doctor's office or other institution, employ any physicians, dentists, nurses or other person whose services may be needed for such health care, review and if necessary disclose the contents of any medical records, execute any consent form required by medical, dental or other health authorities incident to the provision of medical, surgical, or dental care to the child. Health care shall include, but not be limited to the administration of anesthesia, x-ray, examination, performance of operations, diagnostic and other procedures.

The undersigned(s) hereby further authorize(s) emergency transportation by either day care personnel or if necessary by ambulance or other emergency vehicle.

If there is no medical emergency, the day care staff will first use reasonable efforts to contact the parent(s) and /or guardian(s) before administering or authorizing any treatment.

Notwithstanding other provisions in this consent form, Creede Early Learning Center shall not have the authority to withhold or withdraw life-sustaining procedures for the child.

The Creede Early Learning Center is well child proofed and the children are consistently well supervised. However, accidents do happen. The undersigned(s) assume(s) all risk of injury or harm to the child associated with participation in the daycare and agree(s) to release, indemnify, defend and forever discharge Creede Early Learning Center and it's staff, employees, and agents of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action in respect of death, injury, loss or damage to the child, or by the child, howsoever caused, arising or to arise by reason of or during the child's participation in the day care.

Signature of Parent/Guardian

Date

Witness

Date



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Parent/Provider Child Care Financial Agreement

The following contract is between the Creede Early Learning Center and:

	_____	_____	_____
	Mother/Legal Guardian	Home Phone	Work Phone
And	_____	_____	
	Address	Email	
	_____	_____	_____
	Father/Legal Guardian	Home Phone	Work Phone
	_____	_____	
	Address	Email	
	Start date of this Contract _____	End date of Contract _____	
		(may be renewed if all parties agree)	

Your child's first day of enrollment will be ____/____/____

Please let us know what your child's schedule will be. Please mark each day your child will attend by circling full, half or wrap to indicate days of attendance. (You may also fill out the current monthly care calendar if your child will be starting attendance this month.)

Monday			Tuesday			Wednesday			Thursday			Friday*		
Full	Half	Wrap	Full	Half	Wrap	Full	Half	Wrap	Full	Half	Wrap	Full	Half	Wrap

*Only available during summer break

The Center hours are 7:30am – 5:00pm. The daily tuition for the center is \$35 per day, \$22 for a half day, \$28 for wrap, \$18 for Preschool only, and \$2.50/day for meals. All tuition is due on the first of each month.

I understand that if I am receiving monies for the Colorado Childcare Assistance Program (CCCAP) and Creede Early Learning Center is not notified of termination, I am responsible for the entire amount of tuition. _____ (please initial)

_____	_____
CELCE Staff	Date
_____	_____
Mother/Guardian	Date
_____	_____
Father/Guardian	Date
_____	_____
Co-signer	Date
(Parents under 18 & assumes financial responsibility by signing)	



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Financial Assistance Program for the Creede Early Learning Center

The Creede Early Learning Center will implement an income-based tuition assistance program on February 1, 2018. Qualifying families will receive a discount of \$3/child/day. Qualifying families will be identified in the following ways:

- Present a current Health First Colorado (Colorado's Medicaid Program) or Child Health Plan Plus (CHP+) healthcare card or qualification letter.
- Or, Review of personal finances.
 - Students will qualify for the tuition assistance program by meeting the current income eligibility requirements equivalent to Health First Colorado or CHP+ Plan.

<https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>

- Please submit your most recent Tax Returns or Monthly check stubs to the Executive Director for review.

Tuition Assistance qualification will be reviewed and renewed with annual registration, or with a family's significant change of circumstance.

Child's Name _____

Your child's first day of enrollment will be ____ / ____ / ____

Mother/Legal Guardian	Home Phone	Work Phone

Address	Email

And

Father/Legal Guardian	Home Phone	Work Phone

Address	Email

Please include:

- A) Copy of your Child's CHP+ or Medicaid Card or Qualification Letter
- OR
- B) Most recent Tax Return
- OR
- C) Check Stubs



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BY SIGNING BELOW I acknowledge that I have read and discussed, with a Creede Early Learning Center staff member, these child care policies.

Parent/Guardian

Date

Creede Early Learning Center

Date