



Augustana Early Learning Center
Intake Form

Date Completed: _____

Date of Enrollment: _____

Child Information

Child's Full Name: _____ Nickname: _____

Date of Birth: _____

Home Address: _____

Family Information

Mother's/Guardian's Name _____ Home Phone: _____

Home Address (if different from child): _____

Place of Employment: _____ Work Phone: _____

Work Address: _____

Email Address: _____ Cell Phone: _____

Special instructions for contacting you while your child is at the center: _____

Father's/Guardian's Name _____ Home Phone: _____

Home Address (if different from child): _____

Place of Employment: _____ Work Phone: _____

Work Address: _____

Email Address: _____ Cell Phone: _____

Special instructions for contacting you while your child is at the center: _____

Child lives with: _____ Mom _____ Dad _____ both _____ Grandparents _____ Other

A Biological parent has the right to pick up their child at any time unless there is a court order on file at Augustana.

Emergency Contact/Pick-Up Information

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

Relationship to child: _____ Cell Phone: _____

This person may: _____ Be contacted in an emergency _____ Pick up my child _____ Both

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

Relationship to child: _____ Cell Phone: _____

This person may: _____ Be contacted in an emergency _____ Pick up my child _____ Both

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

Relationship to child: _____ Cell Phone: _____

This person may: _____ Be contacted in an emergency _____ Pick up my child _____ Both

Child's Medical Information

*(Please note: Current Health Form and Immunization Records are due at the time of enrollment and must be updated annually.)

Child's Doctor: _____ Phone: _____

Address: _____

Child's Dentist: _____ Phone: _____

Address: _____

It is required that we have a hospital of choice on file including address and phone number in the event of an emergency. Please circle your preferred hospital or provide information of your hospital.

Children's Hospital Colorado (Aurora)
13123 E. 16th Ave.
Aurora, CO 80045
720-777-1234

Children's Hospital Colorado (Denver)
1830 Franklin St.
Denver, CO 80218
720-777-1360

Denver Health Medical Center
777 Bannock ST.
Denver, CO 80204
303-436-6000

Exempla St. Joseph Hospital
1835 Franklin St.
Denver, CO 80218
303-837-7111

Other:
Name _____
Phone: _____

Address: _____

Health Insurance Provider: _____ Policy Number: _____
Name of person carrying the Insurance: _____

Does your child have any known allergies? _____ If so, please list allergies and reaction:

| Allergy to: | Sensitivity (mild; moderate; severe) | Reaction: |
|-------------|--------------------------------------|-----------|
| _____ | _____ | _____ |

Does your child have any other health concerns: _____
Explain treatment: _____

*Please note: a separate health care plan must be completed and on file for allergies.

Has your child ever been hospitalized? _____ If so, for what?

Family/Child Background Information:

Primary language spoken in the home _____ Race/Ethnicity _____

Additional persons living in household (not including parents/child):

| | | |
|-------|-------|--------------------|
| Name: | Age: | Relation to child: |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Home Church: Yes NA _____

Has your child ever been in group care before? _____ If so, when and in what type of care (home care, center, etc.) _____

Does your child have any significant fears? _____

How does your child respond to new situations? _____

How do you discipline your child? _____

How would you describe your child's personality? _____

Developmental History

Were there any complications during pregnancy? If so, what? _____

Where there any complications during labor/delivery? If so, what? _____

At what age did your child:

Sit alone _____ Crawl _____ Walk _____

Name simple objects _____ Talk in simple sentences _____

Does your child have any dietary restrictions? _____

At what age was your child toilet trained? _____ If currently potty training, what is your approach? _____

Does your child nap? _____ if so, for how long? _____

Are there any family or domestic issues that we should be aware of (please include information regarding any restraining orders)?

Does your child have an IEP or any special needs considerations? Yes No If yes, please briefly describe modifications or special accommodations:

Share any additional information that you feel would help us in providing the best possible care for your child:

Name of Parent/Guardian completing this form: _____

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



Augustana Early Learning Center
Parent/Legal Guardian Authorization and Release

I, _____ the undersigned parent or legal guardian of:
_____, give permission to and authorize the Augustana Early Learning Center to:

(Initial each line)

- _____ Take my child on field trips and other school related outings away from the premises of the Augustana Early Learning Center in vehicles furnished by the center.
_____ Take my child to Secrets of the Weald (Fairy Garden) located adjacent to AELC property
_____ Involve my child in physical activities of various kinds both on the premises of the center and away from the center.
_____ Transport my child to and from public schools as needed.

I understand that constant supervision of my child is provided by the staff of the Augustana Early Learning Center. I understand and agree that there are risks of injury to my child during such field trips, physical activities, outings, and transportation. I understand that the center shall bear no responsibility or liability for any injury to my child.

I further give permission to and authorize the Center to obtain such emergency medical attention for my child as the Center deems necessary, including ambulance service, care by a physician, or hospitalization. I hereby give permission for any physician or hospital to whom my child is brought by the Center to treat my child in an emergency. I understand and agree that the expenses of any such medical attention will be my sole responsibility and that the Center shall bear no responsibility or liability for having obtained such emergency medical attention for my child.

The Augustana Early Learning Center will not be held responsible for anything which might occur as a result of false information given to the Center at the time of enrollment.

The following information is provided by me for the use of the Center in case my child needs emergency medical attention:

Doctor to contact, time permitting:

Name: _____ Phone: _____

Hospital to contact, time permitting:

Name: _____ Phone: _____

Signature of Parent/Legal Guardian: _____

Relationship to child: _____ Date: _____

Multiple Permission form

Childs Name _____ Date of Birth _____

Sunscreen Form

Please apply sunscreen prior to check in. Preparations for daily logistics are the priorities in the morning. **Throughout the day teachers will encourage children 5 years and older to apply additional sunscreen.** For children under 5 and children that need assistance teachers will apply. Please send sunscreen labeled with your child's name. Please check your bottle of sunscreen frequently to ensure your child has enough sunscreen for the day.

Special instructions

- In the event that my child's sunscreen is not available, my child may use the sunscreen provided by the school.
- Please do not use any other sunscreen on my child other than the one that I provide.

Parent Signature _____ date _____

Diaper Ointment/Cream

- I give permission for the staff at AELC to apply over the counter diaper ointment cream preventively to my child. I understand that I may only provide diaper ointment cream in the original over the counter container labeled with your child's name.
- N/A

Parent Signature _____ date _____

Consent to eat food at parties

We like to celebrate children's birthdays in the classrooms as well as teachers' birthdays and/or other special events. These celebrations may include sweets provided by parents. We are aware of food allergies and other food restrictions and are seeking parent/guardian permission for the level of participation your child may have in eating these foods.

- My child may eat any food items as part of classroom celebrations.
- My child **should not** be given the following food items _____
- I will provide an alternative food for my child.
- I will **not** provide alternative food for my child.

Parent Signature _____ date _____

Family Contract

Our goal is to provide a safe, nurturing and stimulating camp experience for each child. Since parents have the most intimate and complete knowledge of their children, we need your help and partnership. This contract outlines things that parents can do to ensure that their children have the best possible experience at Augustana.

1. I will arrive no later than 8:15 am if I would like my child to eat breakfast provided by AELC.
2. I will sign my child in and out daily and will touch base with the teacher in charge. Prior to drop off I will: prefill my child's water bottle; apply sunscreen; make sure my child has either gone to the restroom & washed hands or has a dry diaper. At pick-up I will check my child's file or cubby to ensure timely correspondence
3. I will have my child dressed appropriately for outside play, according to the weather and will provide a change of weather appropriate clothes.
4. I will provide required supplies, large labeled water bottle; sunscreen and nap supplies (sheet & blanket) Diapers and wipes (Toddler class) I understand that Augustana is a nut free environment and I will not send nut products for my child to eat.
5. I will visit the classroom and communicate with my child's teacher regularly to stay abreast of activities and expectations. I will maintain current email for weekly correspondence.
6. I will notify teachers and administration of family changes, special events, health issues or other circumstances which might affect my child's disposition of learning at school.
7. I will promptly update contact information when there are changes. Health forms are good for one year and must be signed by a physician. I understand that it is my responsibility to provide a current health and immunization form for my child. I understand that if my child does not have a current health and immunization form on file my child will not be able to attend school until a current form is obtained.
8. I will review and follow the policies outlined in the AELC Parent Handbook
9. I will observe Augustana's illness policy in order to keep my child and others as healthy as possible. I will not bring my child to school if they have been ill during the night or need medication to decrease a fever. I agree to pick my child up within 30 minutes of being contacted in the event my child becomes ill. I understand that I will be charged \$ 1.00 per minute until my child is picked up, after the 30 minute pick-up window has expired.
10. I understand that if my child behaves in an unsafe manner that put themselves, other students or staff at risk of injury that I may be called and expected to pick up my child. If I am contacted under these circumstances, I understand that I will be expected to pick up my child.
11. I understand that I will be charged \$ 1.00 per minute for late pick-up (after 30 minute illness pick-up or after 6:00 pm).

Child's Name: _____

Parent/Family Name (Please Print) _____

Parent or guardian's signature

Date