

EARLY LEARNING

at DARREN PATTERSON CHRISTIAN ACADEMY



ENROLLMENT

Darren Patterson Christian Academy believes in the value of all human life, and admits students without regard to race, color, national or ethnic origin. DPCA does not discriminate on the basis of race, color, or national or ethnic origin in the administration of any of its student policies or educational programs.

INSTRUCTIONS

1. Complete the following packet, which includes...

- Busy Bees Preschool Options
- Student Information
- Contact Information
- General Health
- Health Record
- Statement of Authorization

2. Attach supporting documents, which include

- Immunization Records (Must be submitted by first day of attendance)

3. Submit all forms to DPCA, along with a \$40 non-refundable registration fee

- Stop by, drop it in the mail, or fax it to us:

Darren Patterson Christian Academy
518 S San Juan Ave, PO Box 1243
Buena Vista, Colorado 81211

Fax: 719.395.2055

4. Visit www.dpcaweb.org for more information, handbooks, and a downloadable version of the calendar.

For help with this application, please call 719.395.6046,
or email your question(s) to secretary@dpcaweb.org

Busy Bees Preschool Options

Offerings for 2 Day Class (3/4 year olds):

----- Tues/Thurs or Wed/Fri Morning Class 8:00am-11:45am

This class will consist of instruction time, play time, snack time, circle time, and various learning activities. Your child may be enrolled in this class if they are 2.5 years old by their first day of school AND potty trained.

----- Tues/Thurs or Wed/Fri Extended Day Program, 11:45am-3:30pm

During the extended day program students will eat lunch, take a nap, and have play time. Students will be asked to bring a lunch. This program is open to any 2.5-4 yr old even if they are not attending the morning class.

Offerings for 3 Day Class (PreK, 4/5 year olds):

----- Tues/Wed/Fri Morning Class 8:00am-11:45am

This class will consist of instruction time, Kindergarten prep, play time, snack time, circle time, and Fieldwork Fridays.

----- Tues/Wed/Fri Afternoon PreK Enrichment Program 11:45am-3:30pm

The afternoon Enrichment Program will consist of lunch time and learning time focused in various subjects. Students will be asked to bring a lunch. This program is open to any 4/5 yr old even if they are not attending the morning class.

Additional Option (PreK, 4/5 year olds):

---- Fieldwork Fridays, Morning Class 8:00-11:45am on Fridays

Fieldwork Friday is an out of the building, off the playground experience for hands on deeper learning. Every Friday the PreK class gets to experience learning in this way. If any of you are interested in a program like this for your 4/5 yr old but are not interested in enrolling in Tues/Wed classes than this is a great option!

Class	Ages	Tuition	If necessary, number needed to offer the course
T/TR or W/F Morning	2.5-4 yrs. old	\$1,310	
T/W/F Morning	4-5 yrs. old	\$1,665	
T/TR or W/F Extended Day	2.5-4 yrs. old	\$100/month	7 enrolled
T/W/F Enrichment Program	4-5 yrs. old	\$140/month	5 enrolled
Fieldwork Friday	4-5 yrs. old	TBD	

STUDENT INFORMATION

1. Name: _____
(last) (first) (mid)

Birthdate: ___ / ___ / _____ Male / Female

Days Attending (please circle): T/W/F (4/5 yrs.) or T/R (3/4 yrs.) or W/F (3/4 yrs.)

Start Date: ____/_____/_____

2. List any previous Preschool, Day Care, or School experience your child has had:

3. Briefly describe your child's personality (general attitude, social adjustment, special problems, fears, and whatever else might be helpful for teacher to best care for your child):

4. Other children in your family (please list name, age, and gender of each):

PICK-UP AUTHORIZATION

Person(s) ALLOWED to pick-up child (include name, number, address):

Person(s) NOT ALLOWED to pick-up child (include name & number, if possible):

I authorize the above person(s) to pick-up my child from school. I understand this permission will be in place until I communicate a change to the school.

Parent/Guardian Name: _____ Signature: _____

CONTACT INFORMATION

Name: _____

Relationship: _____

Email: _____

Cell #: _____

Work #: _____

Name: _____

Relationship: _____

Email: _____

Cell #: _____

Work #: _____

Employer: _____

Occupation: _____

Employer: _____

Occupation: _____

Child(ren) lives with: Father | Mother | Both Parents | Other: _____

Legal custody of child(ren) belongs to: Father | Mother | Both Parents | Other: _____

STUDENT(S) HOME

Phone #: _____

Mailing

Address : _____

Physical

Address: _____

EMERGENCY CONTACTS

1. Name: _____
(last) (first) (mid)

Relationship: _____ Phone #: _____

Address: _____

2. Name: _____
(last) (first) (mid)

Relationship: _____ Phone #: _____

Address: _____

GENERAL HEALTH

Child's Doctor: _____ Name of Agency: _____
Address: _____ Phone: _____

Preferred Hospital: _____
Address: _____ Phone: _____

(Note: In an emergency, paramedics will transport to HrTMC in Salida)

Child's Doctor: _____ Name of Agency: _____
Address: _____ Phone: _____

List any chronic or handicapping problems that your child has (e.g. seizures, asthma, diabetes, heart disease, respirator illness, drug reactions, etc.). Please describe symptoms and give instructions for care, if applicable: _____

List any allergies, including food, environmental, or drug that cause adverse reactions. Please describe symptoms and give instructions for care: _____

Check any illnesses your child has experienced:

Measles __ German Measles __ Chickenpox __ Mumps __ Scarlet Fever __ Strep Throat __
Rheumatic Fever __ Pneumonia __ Exposure to Tuberculosis __ Other _____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I/We hereby give my/our permission to Busy Bees at Darren Patterson Christian Academy to secure emergency medical treatment in the event of an injury or accident or emergency situation that involves my child. I understand that a conscientious effort will be made to contact me/us as to the injury and treatment of our son/daughter. In the event physicians, other persons named or parents cannot be contacted, school officials, emergency personnel or hospital physicians are hereby authorized to take whatever action is deemed necessary in their judgment, for the health and safety of the student. We will not hold the school, emergency personnel or hospital physician responsible for the emergency care and/or transportation for said student.

Parent/Guardian Name: _____ Signature: _____

HEALTH RECORD

Please note that the completion of this form by a physician is necessary for your child to be enrolled in Busy Bees Preschool at Darren Patterson Christian Academy.

Child's Name: _____ Date of Exam: ____/____/____

If Tuberculosis Test Given: Date: ____/____/____ Result: _____

Previous surgeries, accidents, illnesses, or handicapping conditions:

Need for medication or special diets (advise of symptoms):

Physical findings (include, if tested, vision & hearing):

Additional comments and recommendations to help child care personnel understand and work with child most effectively:

Immunization Record: a legible and official copy of the most current immunization record or signed waiver must accompany this form within 30 days of admission.

Doctor's Name: _____ Signature: _____

Agency: _____



Child Care Immunization Chart

2015-2016 Immunization Chart of Required Vaccines for Child Care, Preschool and K-Entry

1. This chart is a "guide" for childcare providers or parents to determine which vaccines children are required to have in order to be in compliance with state immunization requirements. Select the appropriate age range for the child from the left hand column. The number of required doses are located in each of the columns and vaccines are listed across the top of the page. Review the child's immunization record with this chart to make sure they have at least the number of doses required. Colorado Board of Health has accepted the Advisory Committee on Immunization Practices (ACIP) schedule for those immunizations already "required" for attendance. Immunizations that are not required but recommended include Rotavirus, Hepatitis A and Influenza vaccines.
2. Please follow the ACIP Immunization Schedule for specific guidance on our webpage, www.coloradoimmunizations.com, and click on Immunization Schedules.
3. If the child does not have the minimum number of doses, the parent is to be directly notified (in person, by phone, or by mail) that their child does not have the required minimum number of vaccine doses. Within 14 days of direct notification, the parent is to obtain the required vaccine(s) or makes a plan to do so providing written documentation of that plan. (Colorado law has allowances for medical exemption (to be signed by a health care provider), as well as religious or personal exemption (to be signed by parent or guardian). These signed exemptions are to be kept in the child's file.

Age of Child	# of required doses DT, DTP, or DTaP Diphtheria, Tetanus Pertussis	# of required doses Polio Polio	# of required doses MMR Measles Mumps Rubella	# of required doses Hib <i>Haemophilus influenzae</i> type b	# of required doses Hep B Hepatitis B	# of required doses Varicella Chickenpox	# of required doses PCV13 <i>Pneumococcal</i> Disease
By 1 mo.	-	-	-	-	1✓	-	-
By 3 mos.	1	1	-	1	2✓	-	1~
By 5 mos.	2	2	-	2	2✓	-	2~
By 7 mos.	3	2	-	3/2♥	2✓	-	3/2~
By 16 mos.	3	2	1+	4/3/2/1♥	2✓	1*	4/3/2~
By 19 mos.	4	3	1	4/3/2/1♥	3✓	1	4/3/2~
By 2 years	4	3	1	4/3/2/1♥	3✓	1	4/3/2/1~
By 7 yrs	5/4♦	4/3♣	2	-	3✓	2	-

- ♥ The number of Hib doses required depends on the child's current age and the age when the Hib vaccine was administered. If any dose is given at or over 15 months, the Hib requirement is met. For children who begin the series before 12 months, 3 doses are required, of which at least 1 dose must be administered at, or over, 12 months. If the 1st dose was given at 12 to 14 months, 2 doses are required. If the current age is 5 years or older, no new or additional doses are required. The number of doses and the intervals may vary depending on the type of Hib vaccine.
- ~ The number of doses of pneumococcal conjugate vaccine (PCV13) depends on the student's current age and the age when the 1st dose was administered. If the 1st dose was administered between 2 to 6 months of age, the child will receive 3 doses (2, 4 & 6 months) at least 4-8 weeks apart, and booster dose between 12 - 15 months, at least 8 weeks after last dose. If started between 7 to 11 months of age, the child will receive 2 doses, at least 8 weeks apart, and a booster dose between 12 to 15 months of age. If the 1st dose was given between 12 to 23 months of age, 2 doses, at least 8 weeks apart, is required. Any dose given at 24 months through 4 years of age, the PCV vaccine requirement is met. No doses are required once the child turns 5 years of age.
- + The first dose of MMR, vaccine given more than 4 days before the 1st birthday is not a valid dose and cannot be accepted. ACIP recommends that the 1st dose of MMR be given between 12 -15 months of age. The student is out of compliance if no record of MMR at 16 months of age.
- ♦ Five doses of pertussis, tetanus, and diphtheria vaccines are required at school entry in Colorado unless the 4th dose was given at 48 months of age or older (i.e., on or after the 4th birthday) in which case only 4 doses are required. There must be at least 4 weeks between dose 1 and dose 2, at least 4 weeks between dose 2 and dose 3, at least 4 months between dose 3 and dose 4, and at least 6 months between dose 4 and dose 5. The final dose must be given no sooner than 4 years of age (dose 4 may be given at 12 months of age provided there is at least 4 months between dose 3 and dose 4).
- ♣ Four doses of polio vaccine are required at school entry in Colorado. There must be at least 4 weeks between dose 1 and dose 2, at least 4 weeks between dose 2 and dose 3, and at least 6 months between dose 3 and dose 4. The final dose must be given no sooner than 4 years of age. A fourth dose is not required if the 3rd dose was administered at age 4 years or older and at least 6 months after the 2nd dose.
- * If a child has had chickenpox disease and it is documented by a health care provider, that child has met the varicella requirement. Varicella given more than 4 days before the 1st birthday is not a valid dose and cannot be accepted. ACIP recommends 1st dose between 12 - 15 months. The student is out of compliance if 1st dose not given at 16 months of age.
- ✓ The Hep B vaccine is the only immunization that can be given as a birth dose. The 2nd dose of Hep B is to be given at least 4 weeks after the 1st dose; 3rd dose to be given at least 16 weeks (4 months) after 1st dose; and last dose to be given at least 8 weeks after 2nd dose and at (24 weeks) almost 6 months of age or older.

STATEMENT OF AUTHORIZATION

Child's Name: _____

Date: ____/____/____

_____ I give permission for my child to use all outdoor equipment in the Busy Bees yard understand direct staff supervision and participate in all activities of the school.

_____ I give permission for my child to participate in walking field trips supervised by Busy Bees staff. I understand that I will receive information prior to each adventure with details.

_____ I give my permission for my child to watch short curriculum related audio visual clips on occasion.

_____ I give my permission for Busy Bees to take photos of my child for use in the classroom, website, and on promotional materials.

_____ I have received the information about how to file a complaint with the state licensing board (after discussing the concerns with the Busy Bees Director).

_____ I have received the State of Colorado immunization information letter and have paperwork on filed with Busy Bees to show that my child is properly immunized or have an authorized statement showing my reasoning for requesting exemption.

Parent / Guardian's Name: _____

Parent / Guardian Signature: _____

