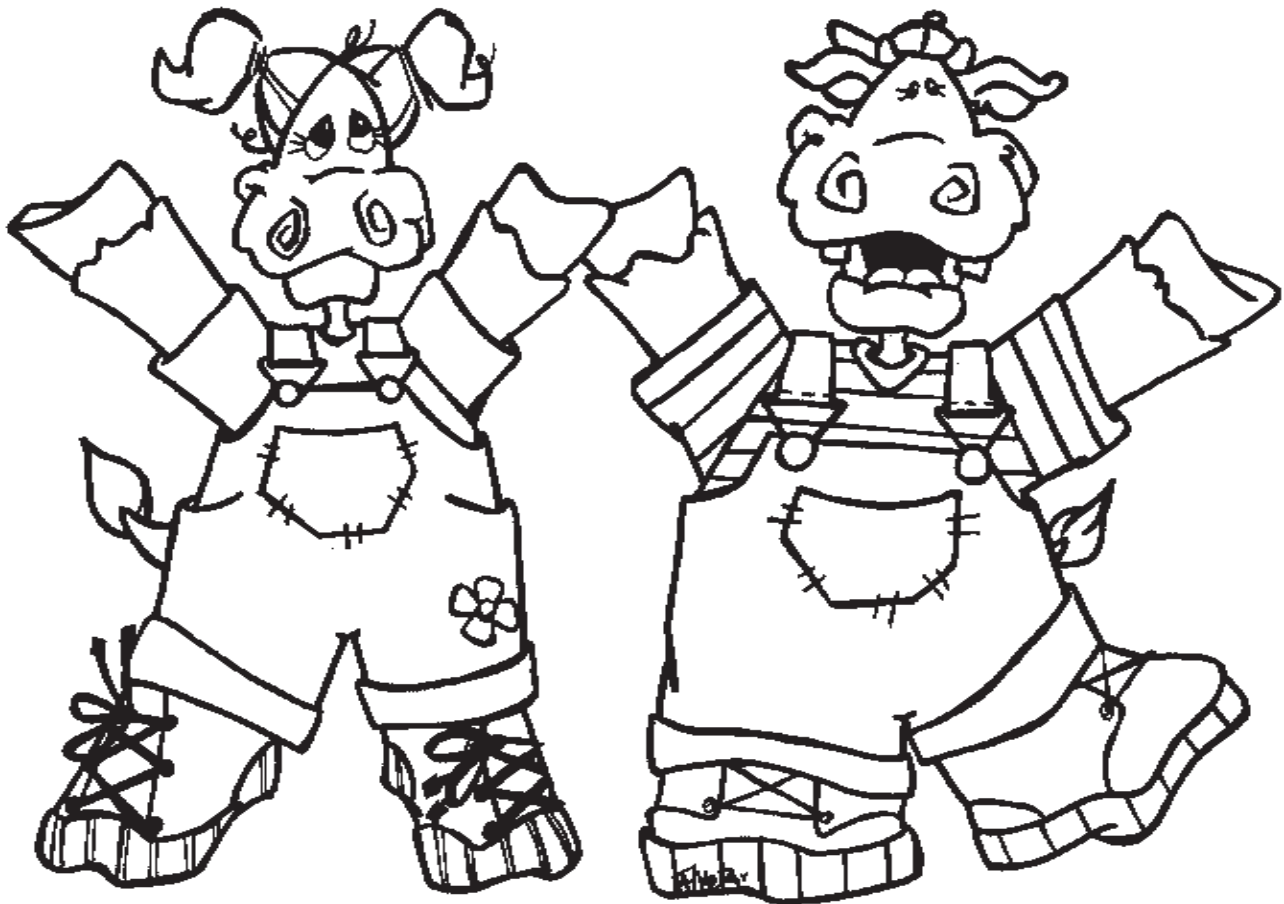




WESTMINSTER

City of Westminster Preschool Program



Parent Information Packet

Kinder Kid and Tiny Tot
Policies and Procedures

LETTER FROM THE DEPARTMENT OF HUMAN SERVICES

Dear Parent

Your child was recently enrolled in a child care program that is licensed by the Colorado Department of Human Services. The license indicates that the program has met the required standards for the operation of a child care facility. If you have not done so, please ask to see the license.

Most licensed facilities make every effort to provide a safe and healthy environment for children. Unfortunately, on rare occasions, an incident of physical or sexual abuse may occur. If you believe that your child has been abused, you should seek immediate assistance from your county department of social services. The telephone number to report child abuse is:

Adams County Dept. of Social Services
7401 Broadway, Denver, CO 80221
(303) 412-5212

Jefferson County Dept. of Social Services
900 Jefferson County Pkwy, Golden, CO 80401
(303) 271-4357

Colorado requires that child care providers report all known or suspected cases of child abuse or neglect.

Child care services play an important role in supporting families, and strong families are the basis of a thriving community. Your child's educational, physical, emotional, and social development will be nurtured in a well planned and run program. Remember to observe the program regularly, especially regarding children's health and safety, equipment and play materials, and staff. For additional information regarding licensing, or if you have concerns about a child care facility, please consult:

Colorado Division of Child Care
1575 Sherman Street, First Floor
Denver, CO 80203
303-866-5958

For any direct program concerns or comments please contact:

City of Westminster
4800 West 92nd Avenue
Westminster, CO 80031
303-658-2400

Matt Hess - Recreation Specialist
303-658-2215

Peggy Bocard - Recreation Programs & Facilities Manager
303-658-2211

WESTMINSTER PRESCHOOL PROGRAM GOAL

The Westminster Preschool Program philosophy is to provide a positive, fun, safe environment which provides a high quality program with a balanced, progressing curriculum allowing each child to grow and develop according to their age.

PROGRAM OBJECTIVES

To provide a safe, accepting and caring environment for all children.

To provide positive discipline techniques and help children develop and use their problem solving skills.

To encourage and build self-confidence and self-esteem through varieties of learning activities.

To encourage and develop new friendships.

To contribute to the development of physical growth, creativity, self-concept, social awareness and intellectual curiosity in children.

“Play is a developmental progression in which the child adds new, more complex understandings about the world at each stage. Play has a unique and personal meaning for each child.”

-Erik Erikson

EMERGENCY, HEALTH AND IMMUNIZATION INFORMATION

Each child must have a completed Emergency Information Sheet, Immunization card, and a medical release from his or her doctor stating they are in good medical condition. Children who might need medication during our program will need a Medication Permission slip and/or a health care plan. **Please turn in completed information on the first day your child attends class.** All information will be kept on file until September of the following year. You may be asked to complete Emergency Information Sheets for any class your child is registered for so the instructor has the information available in case of emergency. This program accepts children who are exempt from immunizations.

AGE REQUIREMENT

Children enrolled in the Tiny Tots Program must be three by October 1 of the current year. Children enrolled in the Kinder Kids Program must be four by October 1 of the current year, and must be planning on attending Kindergarten the next year. Parents may be asked to furnish a birth certificate if the age of a child comes into question.

FEES AND LOCATIONS

Westminster has three Recreation Facilities where preschool programs are held:

- 1) City Park Recreation Center, 10455 Sheridan Blvd. (105th & Sheridan), (303) 658-2901
- 2) Swim and Fitness Center, 3290 W. 76th Ave. (76th & Irving), (303) 427-2217
- 3) West View Recreation Center, 10747 W. 108th Ave. (108th & Oak), (303) 460-9530

2011-2012 Tiny Tots Schedule

Activity #	Days	Dates	Time	Location	Fee Due Per Month	Total Program Fee if Paid Monthly	*Discounted Total Program Fee
193510	MWF	Sep 7-May 18	10am-12 pm	City Park	\$120/\$140	\$960/\$1,120	\$924/\$1,084
193511	TTh	Sep 6-May 17	12:30-2:30pm	City Park	\$85/\$98	\$680/\$784	\$644/\$748
194510	TTh	Sep 6-May 17	10 am-12 pm	Swim and Fitness	\$85/\$98	\$680/\$784	\$644/\$748
197510	MW	Sep 7-May 16	10 am-12 pm	West View	\$83/\$96	\$664/\$768	\$628/\$732
197511	TTh	Sep 6-May 17	10 am-12 pm	West View	\$85/\$98	\$680/\$784	\$644/\$748
197512	TTh	Sep 6-May 17	12:30-2:30 pm	West View	\$85/\$98	\$680/\$784	\$644/\$748

2011-2012 Kinder Kids Schedule

Activity #	Days	Dates	Time	Location	Fee Due Per Month	Total Program Fee if Paid Monthly	*Discounted Total Program Fee
193520	MWF	Sep 7-May 18	12:30-3:30 pm	City Park	\$175/\$199	\$1,400/\$1,592	\$1,363/\$1,556
193521	TTh	Sep 6-May 17	9 am-12 pm	City Park	\$122/\$143	\$976/\$1,144	\$940/\$1,108
194520	MWF	Sep 7-May 18	9 am-12 pm	Swim and Fitness	\$175/\$199	\$1,400/\$1,592	\$1,363/\$1,556
197520	MWF	Sep 7-May 18	9 am-12 pm	West View	\$175/\$199	\$1,400/\$1,592	\$1,363/\$1,556
197521	TTh	Sep 6-May 17	12:30-3:30 pm	West View	\$122/\$143	\$976/\$1,144	\$940/\$1,108
197522	MWF	Sep 7-May 18	12:30-3:30 pm	West View	\$175/\$199	\$1,400/\$1,592	\$1,363/\$1,556

The preschool program classes are not held on Martin Luther King Day, President's Day, our in-service day (first Friday in March), Memorial Day, July 4, Labor Day, Thanksgiving Day, the Friday after Thanksgiving. The overall program fees are pro-rated for this and will appear in the computer when you register.

All Westminster classes take program breaks three times per year: one or two weeks in March, three or four weeks in August, and a two or three week break during the holiday/New Years season. The program break dates will vary year to year.

AMERICANS WITH DISABILITIES ACT

The Westminster Preschool Program welcomes everyone to participate and enjoy programs and facilities regardless of race, color, religion, sex, national origin, or disability. If your child has a disability and you would like more information for accessibility of programs, please call the Recreation Programs & Facilities Manager at (303) 658-2211.

REGISTRATION POLICY

Registration takes place three times a year. The City of Westminster operates a lottery registration for residents first and then registration is taken on a first-come first-served basis. The Kinder Kids and Tiny Tots registration takes place during the summer registration in March/April and once a child is placed into a Kinder Kids or Tiny Tots class, that child will have a space until May, as long as the class fee is paid on time once a month. Information and procedures for registering are located in the Activity Guide.

PAYMENT POLICY

The registration payment you made to enroll in the preschool program was the first of eight total payments. The second payment will not be due until October 2nd. The monthly fee can be automatically withdrawn from your bank account or credit card account on the 2nd day of each month. If your bank account has non sufficient funds (NSF) or your credit card is declined you will be notified and given three (3) days to come in with payment; a different credit card, cash or check in the full monthly amount. You will also be charged a \$25 NSF service fee from your checking account (checks and debit cards). Payments not received by the end of the three (3) day grace period due date (5th day of the month) will be charged a \$10 late fee. If payment is not received within the three (3) day grace period, enrollment will be cancelled.

We send out payment request to your bank institution at least two (2) days in advance so payments can be charged on the 2nd of each month. If you anticipate a declined credit card or NSF with a checking account or debit card, please let us know ASAP. We can stop the payment request so you can avoid penalty fees. The payment however, will still be due on the 2nd day of the month either with a different credit card, cash, or check (not from the same account if your payments are coming from a checking account or debit card). If you cannot make the payment on the due date, please notify the Recreation Specialist at (303) 658-2215 to arrange a different payment date for that month if we approve your request.

If using a credit or debit card and the expiration date falls during the months of the payment plan (October 2011 - March 2012) it is your responsibility to call us to update the expiration date. Failure to do so will result in the payment not going through and a \$10 late fee will be assessed.

WITHDRAWALS

Should parents find it necessary to withdraw a child from the preschool program, adequate notice must be given. This notice must be given to the Recreation Specialist at (303) 658-2215. If teachers and administration have reason to withhold services and dismiss a child, the parents will be notified by a conference.

WEATHER POLICY

Under most circumstances the preschool program will operate regardless of weather. Please use the News and Radio Stations as an information source. If **metro area Jefferson County School District is closed then West View and City Park** preschool classes will not be held. If **Adams County District 50 is closed, then the Swim and Fitness Center** will not hold preschool classes that day.

No credits or refunds are given for weather cancellations.

The Preschool Community Information Bulletin Board at (303) 412-8761, ext. 424 will also be updated in case of cancellations, if we have advance notice to post such a message. If the weather is severe and a cancellation is needed, City of Westminster staff will try to update the weather line in a timely manner.

Children will not be taken outside in excessively hot or cold weather.

OUR STAFF

We hire staff that is caring, nurturing, and are educated in Early Childhood Education. We are proud to offer a 8:1 ratio in our classrooms, and require of our staff to have the following:

- **Emergency Training:** All staff members are certified in First Aid, CPR, Universal Precautions and Medication Administration
- **Security:** All staff members must pass a background check by the Colorado Bureau of Investigations. In addition, they must be cleared through the Central Registry of the State of Colorado.
- **Training:** All staff members are required by the Colorado Department of Human Services to take 15 credit hours of training classes yearly in Early Childhood Education Child Care or related topics. Many staff take additional Early Childhood Education college courses.

CONFIDENTIALITY

The Westminster Parks and Recreation Department shall maintain complete records of children and personnel as required for licensing Preschool in accordance with Minimum Rules and Regulations for School-Age Child Care Centers.

The confidentiality of all personnel and children's records shall be available, upon request to authorized personnel of the State Department of Social Services. All other records regarding children and all facts learned about the children and their relatives shall be kept confidential, both by the staff and the Department.

CHILD ABUSE

To protect children, all adults are required to report child abuse, or suspected child abuse, to their supervisor, who will take it to the proper authorities.

PROCEDURES FOR IDENTIFYING WHERE CHILDREN ARE AT ALL TIMES

Parents will be required to sign-in and sign-out their child for any preschool class.

Instructors will perform head counts often during class.

Children are not allowed to leave the preschool rooms without an instructor or their parent/guardian.

Children will wear name tags until all names are learned.

Staff will follow up on any child not signed out of the program to make sure they are safe before leaving for the day.

POLICY FOR LOST CHILD

In the event of a lost child, staff will conduct a thorough search of the facility. If the child is not located then staff will call 911 and notify the parent/guardian.

DISCIPLINE POLICY

In order to make the preschool program a positive experience for all children, we ask that three basic principles be observed: **Keep yourself safe, Keep others safe, Keep materials and equipment safe**

When a child does not observe the expected guidelines, the Preschool Staff will discuss an appropriate plan of action which may include any or all of the following steps:

Separate the child from the group for an age appropriate amount of time.

Discuss with the child the inappropriate behavior before they return to the group.

Parents will be notified of any problems during the class.

Staff will document all behavior problems.

Staff will not subject child to any verbal, physical abuses, emotional harm, etc in regards to discipline. **7.702.66

If a child's behavior continues to be a problem and/or the safety of others is at risk, a decision could be made to suspend a child temporarily from the program or the child may be removed from the program entirely. The registration fee will not be prorated or refunded.

POLICY FOR NOTIFICATION OF ILLNESSES, ACCIDENTS AND INJURIES

Good health is an important factor in our preschool. If children are ill on a school day, please keep them home where they will be comfortable. **A good guideline is to not bring your child in if they look or act sick, or if they have had any of the following in the last 24 hours: a fever, vomiting, diarrhea, currently have colored discharge from the nose, or a croupy cough.** If your child contracts or is exposed to a contagious disease, such as pink eye, measles, chicken pox, hepatitis, or strep infection, please inform their teacher so that other parents can be notified.

If a child becomes ill during class, the parent/guardian will be called to pick up the child. An ill child will be removed from the group to rest until picked up by the parent/guardian.

If a child is injured, first aid will be administered and if deemed necessary 911 will be called.

The parent/guardian will be called and notified of the injury.

Staff will let the parent/guardian know if their child needs to be picked up or was transported to the hospital.

Minor scrapes and bumps will be reported to the parent/guardian when they arrive to pick up their child. All incidents will be documented by staff.

TORNADOES AND FIRES

Fire evacuation procedures for each recreation center are posted, staff is aware of where to direct children in case of a fire. Monthly fire drills will be held. Severe weather, lock down, and reverse evacuation drills will be held twice per school year.

The recreation centers have located the best option for tornado shelter at each center.

Staff is aware of where to direct children in case of a tornado. Periodic drills will be held.

City Park Recreation Center

Locker rooms/service entrance

Swim and Fitness Center

Racquetball area (fitness room)

West View Recreation Center

Locker rooms

TRANSPORTING CHILDREN/FIELD TRIPS

All of the preschool program field trips are in town and the children will either walk to them or parents will meet us at the designated sites. Children will not be transported in any City of Westminster vehicles. The preschool program staff will NOT transport any children in their personal vehicles. Before attending any field trip, parental permission slips must be signed. **No child may attend without a written permission slip.** While on field trips children will be under constant supervision at all times. Children are not permitted to bring money on field trips.

POLICY FOR LATE ARRIVING CHILD ON FIELD TRIP DAYS

In the event that a child is dropped off late on the day of a scheduled field trip, supervision will not be provided. We ask that children be dropped off well in advance of any scheduled site departures.

VIDEO POLICY

For the most part Videos/Movies are not utilized by the preschool classes due to the nature of our program and the time allowed per class. If an instructor feels that a video would be beneficial and necessary to the class (i.e. preschool fire safety video during safety week), prior permission must be given by the Recreation Specialist. Parents will then be notified as to what video will be shown and the rating of the video. Parent Permission must be given for any rating above a "G".

SIGN IN/SIGN OUT POLICY

For the safety of all children parents are required sign their child in and out each day. The preschool staff will need written authorization to release a child to someone other than the parent or guardian. Anyone not known by the preschool staff will be required to show a form of identification to prove who they are. The staff will then make sure the person is authorized to take the child.

Please do not send your child early to class, even when instructors are present. Instructors use this time to prepare the class for your child's day.

If you arrive late and the class is not in the usual room, check with the front desk for the class location if it is not posted in the room. Do not leave your child without first signing your child in with the instructor.

LATE PICK UP/LATE FEE

Please be prompt when picking up your child, however, if you know you are going to be late please call the Recreation Center to notify the instructors.

When a child is not picked up after class the instructor will place a call to the parent/guardian. If unsuccessful they will try the emergency contact number. After 30 minutes the Department of Social Services/Police will be contacted for the child's own safety.

A late fee, of \$5 for the first 10 minutes and \$1 for every (1) minute thereafter will be assessed for children not picked up at their scheduled time.

PROCEDURE FOR STORING AND ADMINISTERING MEDICINES

A Medication Permission Slip, signed by a physician, must be received before medication can be given to any child. All medications will be kept in a locked deposit bag and a way from all children.

Medication must be kept in the original container and bear the original pharmacy label that shows the prescription number, name of medication, date filled, physician's name, child's name and directions for dosage. When medication is no longer needed, it will be returned to the parent or destroyed. The procedure for storing and administering children's medicines and delegation of medication administration in compliance with Section 12-38-132, C.R.S., of the "Nurse Practice Act". Children requiring an Epi-pen also need to have a Health Care Plan form signed by a physician.

SUPPLIES AND CLOTHING

Active play, paints, sand water, etc., will be used during preschool. To avoid the worry of damaged clothes, please dress your child in simple play clothes and shoes appropriate for running and jumping. Parents are to provide a labeled back pack, a coat, gloves, and hat for outdoor play, and sunscreen applied daily. Please do not bring valuables to preschool.

SUN PROTECTION

Please apply sunscreen to your child before they come to class even during the colder months. Applying the sunscreen yourself insures that the children will have more playtime since our staff will not be taking valuable time applying it. If you forget and the preschool determines that the children are in need of using sunscreen before going outside, they will administer the sunscreen to each child. Staff will check to make sure that parents have given permission for this to be done. Staff will administer: Coppertone Waterbabies SPF 30 (Paba Free Formula). There is a box to check off that you have applied sunscreen to your child.

BIRTHDAYS

Birthdays are important to children. They enjoy sharing them with their friends. Please inform us in advance if you plan to bring treats for your child's special day. These treats must be prepackaged or store bought.

PROCEDURE CONCERNING PERSONAL BELONGINGS

The preschool staff highly recommends that personal toys, games, money or valuables should not be brought to the program and the staff is not responsible for any lost or stolen items. Note: Some classes do have show and tell as part of their schedule. In this case, please supply a bag for your child to store their belongings. The bag and belonging should be labeled with the child's name.

POLICY CONCERNING MEALS/SNACKS

Please have child bring in their own snack if they have food allergies. Many classes ask that parents share, on a rotating basis, in providing snacks. If a parent is unable or unwilling to provide a snack, please talk with the instructor and they can provide snack during your turn. All snacks brought to our programs must be prepackaged or store bought items. This will insure that we maintain a safe and healthy environment for your child.

*** We've provided some ideas for snacks that will be satisfactory and healthy:**

- Fruit and vegetables: Cut up into small pieces or slices to reduce choking risk, our staff would also appreciate grapes that are quartered. (least amount of choking and allergy risk)
- Items that are whole grain (crackers, cereal, cereal bars, baked chips, pretzels).
- Items that are low in or contain no trans-fats
- Cheeses, sticks or sliced
- Yogurt (low in sugar)
- Dried fruits
- Do not feel obligated to bring drinks (the center will provide water with every snack)

AGGRESSIVE TOYS & THREATENING BEHAVIOR

The Westminster Preschool Program strives to maintain a safe environment for patrons, children and staff alike. Therefore, weapons of any sort brought to class will not be tolerated. This includes toys or replicas. Threats of any kind will be investigated by the Westminster Police Department. Children/parents involved in any incident will be dismissed from the program.

POLICY ON DIAPERING AND TOILET TRAINING

Children in the Tiny Tot and Kinder Kid Program are encouraged to be toilet trained or a parent must be available to accommodate situations that come up. If your child is new to toilet training please inform instructors so they may help your child to be successful. Please pack a spare set of clothing in case your child has an accident. In case of an accident, clothing will be available at the center if parents have not provided any. We ask that parents please launder the clothes and return them as soon as possible due to the volume of classes held.

VISITOR POLICY

Visitors to the program will be kept to a minimum. All visitors must check in with the instructor and sign in on the visitor log. Staff will need to inspect/record one piece of identification.

Note: A Visitor is anyone other than staff working for the program and the parents of the children in the program.

PARENT/STAFF CONFERENCES

Parent/staff conferences may be held periodically to inform parents/guardians of a child's behavior, progress and social and physical needs.

SMOKING

All children will be protected from second hand smoke. Smoking is prohibited for all providers, visitors, volunteers, substitutes, employees and parents. Smoking is prohibited in the center and the outdoor play area.

Preschool Program Emergency Information

Site Attending: _____

Enrollment Date: _____

Child's Name: _____

Birth Date: _____ Age: _____ Female: _____ Male: _____

Address: _____

Home Phone: _____

Parent/Guardian Name: _____

Home Phone: _____

Address: _____

Cell/Pager: _____

Employer/Address: _____

Work Phone: _____

Parent/Guardian Name: _____

Home Phone: _____

Address: _____

Cell/Pager: _____

Employer/Address: _____

Work Phone: _____

Emergency Contact other than parent/guardian who will be contacted in an emergency if parent/guardian is unreachable

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name(s) of person(s) other than the parent to whom the child may be released

Name/Address/Phone _____

Name/Address/Phone _____

Name/Address/Phone _____

Name/Address/Phone _____

Release to Transport to a Medical Facility

In case of serious illness or injury, when neither parent/guardian can be reached, I give permission to the City of Westminster Preschool Program to transport my child to the nearest medical facility.

Hospital preferred (does not guarantee child will be taken there in an emergency) _____

Hospital Address/Phone: _____

Parent/Guardian Signature: _____

Date : _____

Release to Secure Medical Treatment

I hereby give permission to the City of Westminster Preschool Program to secure emergency medical and/or surgical treatment for the above named minor child while in the care of the above named program. All expenses of such care will be accepted by the parent/guardian.

Parent/Guardian Signature: _____

Date: _____

Continued on back...

Specific Medical Information

Allergies: _____

Known drug reactions: _____

Medications being taken** _____

**Medication Permission Slip must be completed if instructors are to administer any medications during class.

Other medical conditions/concerns: _____

Physician Name: _____ Address: _____ Phone: _____

Dentist Name: _____ Address: _____ Phone: _____

Release to Provide Sunscreen

If the City of Westminster Preschool Program determines that my child is in need of sunscreen, due to outdoor activities, I give my permission for them to provide and supervise administration of the following sunscreen: Coppertone Waterbabies SPF 30 (Paba Free Formula).

Parent/Guardian Signature: _____ Date: _____

Release for Field Trips

I hereby give permission to the City of Westminster Preschool Program to take my child on walking field trips around the building and/or parks surrounding the recreation center building.

Parent/Guardian Signature: _____ Date: _____

My child is permitted to participate in all program activities except the following: _____

_____, for the reason of: Physical: ____ Social: ____ Religious: ____

City of Westminster Preschool Program Child's Health Record

Dear Physician: The completion of this medical statement is required by state regulation for this child to attend our program. Please fill out completely and sign below. Thank you for your kind and quick attention to this important manner.

Child's Name: _____

Sex: _____

Child's Phone Number: _____

Birthdate: _____

Address: _____ City: _____

Zip: _____

Mother/Guardian _____

Father/Guardian _____

Special Problems or Chronic Health Conditions: (such as convulsive disorders, hearing/vision disorders, emotional/handicapping problems, past accidents, illnesses or surgery.):

Please indicate what child is allergic to:

Need for any medication or special diet:

Physical findings (include vision & hearing if tested):

Recommendations/comments to child care personnel (note any limitation of activity):

List all vaccines and the date each immunization was administered within the last year or attach immunization record.

This child is in satisfactory health and apparently free from any communicable disease. I find no reason for this child not to take part in the preschool program and activities except as listed above.

Physicians Signature: _____

Date: _____

Physicians Telephone: _____

Medication Administration Authorization

This authorization can only cover one child and one medication.
Each child will need their own authorization and so will each additional medicine.

Child's Name: _____

Date of Birth: _____

Medication: _____

(Epi-Pens require Health Care Plan form on back)

Dosage: _____

Route: _____

To be given at the following time(s): _____

Special Instructions: _____

Purpose of Medication: _____

Side effects that need to be reported: _____

Starting Date: _____

Ending Date: _____

License Number: _____

Signature of Health Care Provider with Prescriptive Authority

Health Care Provider number: _____

Date: _____

The Westminster Preschool Program agrees to administer medication prescribed by a licensed health care provider. It is the parent/guardian's responsibility to furnish the medication. The parent agrees to pick up expired or unused medication within one week of notification by a staff member.

Prescription Medications: must come in a container labeled with: child's name, name of medicine, time medicine is to be given, dosage, date medicine should be stopped, and licensed health care provider's name. Pharmacy name and phone number must also be included on the label.

Please ask the pharmacist for a separate medicine bottle to keep at the preschool, if necessary.

Over the counter Medication: must be labeled with the child's name. Dosage must match the signed health care providers authorization, and medicine must be packaged in original container.

By signing this document, I give permission for my child's health care provider to share information about the administration of the above listed medication with the nurse health consultant or preschool staff member delegated to administer medication.

Parent/Guardian Name

Signature of Parent/Guardian

Home phone

Work Phone

Date

City of Westminster Preschool Allergy & Anaphylaxis Action Plan

Student's Name: _____ D.O.B.: _____

Place Child's
Photo Here

Allergy To: _____

History: _____

Asthma: Yes No *Higher risk for severe reaction

STEP 1: TREATMENT

Symptoms: Give Checked Medications

* Suspected ingestion or sting, but <i>no symptoms</i>	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
MILD SYMPTOMS: Itchy mouth, hives, mild itch, mild nausea/discomfort	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
MOUTH: Itching, tingling, or swelling of lips, tongue, mouth	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
SKIN: Flushing, hives, itchy rash	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
STOMACH: Nausea, abdominal pain or cramping, vomiting, diarrhea	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
++THROAT: Tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
++ LUNG: Shortness of breath, repetitive coughing, wheezing <input type="checkbox"/> Inhaler	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
++ HEART: Weak or thready pulse, dizziness, fainting, pale, or blue hue to skin	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine
* If reaction is progressing (several of the above areas affected), give	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Antihistamine

++Potentially life threatening: give epinephrine first, then can give antihistamine!

Remember- severity of symptoms can quickly change!

DOSAGE

Epinephrine: inject intramuscularly (check one):

- EpiPen® 0.3 mg EpiPen® Jr. 0.15 mg
- Administer 2nd dose if symptoms do not improve in 15-20 minutes

Antihistamine: give _____

Medication/dose/route

****ATTENTION.. If antihistamine given, the parents will be notified to pick up their child for closer observation!

Asthma Rescue (if asthmatic): give _____

Medication/dose/route

Student has been instructed and is capable of self administering own medication. Yes No

Provider (print): _____ Phone Number: _____

Provider's (with prescriptive authority) Signature: _____

Start Date: _____ End Date: _____

STEP 2: EMERGENCY CALLS: If epinephrine is give, call 911. State that an allergic reaction has been treated and additional epinephrine, oxygen, or other medications may be needed.

1. Parent: _____ Phone Number: _____
2. Emergency Contacts: Name/Relationship _____ Phone Number (s) _____
- a. _____ 1. _____ 2. _____
- b. _____ 1. _____ 2. _____

EVEN IF A PARENT/GUARDIAN CANNOT BE REACHED; DO NOT HESITATE TO ADMINISTER EMERGENCY MEDICATIONS

TO BE COMPLETED BY HEALTHCARE PROVIDER

I give permission for the City of Westminster Preschool Program facility personnel to share this information, follow this plan, administer medication and care for my child and if necessary, contact our healthcare provider. I assume full responsibility for providing the Preschool Program with prescribed medication and delivery/monitoring devices. **I understand that medication must be provided the first day the child attends the program.** I approve this Severe Allergy Care Plan for my child. This Health Care Plan will be effective for one year or unless parents and/or physician request to have changes made sooner.

Parent/Guardian's Signature: _____ Date: _____

Student Name: _____ DOB: _____

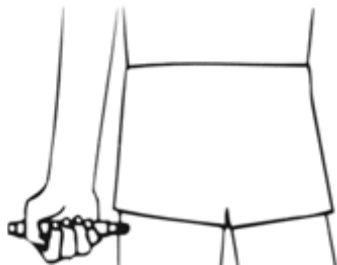
EpiPen® and EpiPen Jr.® Directions

Expiration Date: _____

1. Pull off blue activation cap.



2. Hold orange tip near outer thigh (always apply to thigh)



3. Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit **CALL 911**

4. Have student remain lying down.

COLORADO LAW REQUIRES THAT THIS FORM BE COMPLETED FOR EACH STUDENT ATTENDING COLORADO SCHOOLS

Name _____ Date of Birth _____

Parent/Guardian _____

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT—CERTIFICATE OF IMMUNIZATION

Vaccine		Enter the month, day and year each immunization was given					
Hep B	Hepatitis B						
DTaP	Diphtheria, Tetanus, Pertussis (pediatric)						
DT	Diphtheria, Tetanus (pediatric)						
Tdap	Tetanus, Diphtheria, Pertussis						
Td	Tetanus, Diphtheria						
Hib	<i>Haemophilus influenzae</i> type b						
IPV/OPV	Polio						
PCV	Pneumococcal Conjugate						
MMR	Measles, Mumps, Rubella						
Varicella	Chickenpox						
		Healthcare Provider Documentation Date _____				Lab Verification Date _____	
Vaccines recorded below this line are recommended. Recording of dates is encouraged.							
HPV	Human Papillomavirus						
Rota	Rotavirus						
MCV4/MPSV4	Meningococcal						
Hep A	Hepatitis A						
TIV/LAIV	Influenza						
Other							

THIS SECTION CAN BE COMPLETED BY CHILD CARE/SCHOOL/HEALTH CARE PROVIDER

- A) Child Care Up to Date**
Up to date through 6 months of age for Colorado School Immunization Requirements
Update Signature _____ Date _____
- B) Child Care Up to Date**
Up to date through 18 months of age for Colorado School Immunization Requirements
Update Signature _____ Date _____
- C) Child Care/Pre-school/Pre-K***
Up to date for Child Care/Pre-School/Pre-K for Colorado School Immunization Requirements
Update Signature _____ Date _____
- D) Complete for K–5th Grade**
Up to date for K–5th Grade for Colorado School Immunization Requirements
Update Signature _____ Date _____

* If age 4 years and fulfills Requirements for Pre-School & Kindergarten, check BOTH Boxes C and D.

HAS MET ALL IMMUNIZATION REQUIREMENTS FOR COLORADO SCHOOLS (6TH GRADE OR HIGHER)

Signed _____ Title _____ Date _____
(Physician, nurse, or school health authority)

STATEMENT OF EXEMPTION TO IMMUNIZATION LAW (DECLARACIÓN RESPECTO A LAS EXENCIONES DE LA LEY DE VACUNACIÓN)

IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS MAY BE SUBJECT TO EXCLUSION FROM SCHOOL AND TO QUARANTINE.
SI SE PRESENTA UN BROTE DE LA ENFERMEDAD, ES POSIBLE QUE A LAS PERSONAS EXENTAS SE LES PONGA EN CUARENTENA O SE LES EXCLUYA DE LA ESCUELA.

MEDICAL EXEMPTION: The physical condition of the above named person is such that immunization would endanger life or health or is medically contraindicated due to other medical conditions.

EXENCION POR RAZONES MÉDICAS: El estado de salud de la persona arriba citada es tal que la vacunación significa un riesgo para su salud o incluso su vida; o bien, las vacunas están contraindicadas debido a otros problemas de salud.

Medical exemption to the following vaccine(s):

La exención por razones médicas aplica a la(s) siguiente(s) vacuna(s):

Signed (Firma) _____ Date (Fecha) _____
Physician (Médico) _____
 Hep B DTaP Tdap Hib IPV PCV MMR VAR

RELIGIOUS EXEMPTION: Parent or guardian of the above named person or the person himself/herself is an adherent to a religious belief opposed to immunizations.

EXENCION POR MOTIVOS RELIGIOSOS: El padre o tutor de la persona arriba citada, o la persona misma, pertenece a una religión que se opone a la inmunización.

Religious exemption to the following vaccine(s):

Exención por motivos religiosos de la(s) siguiente(s) vacuna(s):

Signed (Firma) _____ Date (Fecha) _____
Parent, guardian, emancipated student/consenting minor
(Padre, tutor, estudiante emancipado o consentimiento del menor)
 Hep B DTaP Tdap Hib IPV PCV MMR VAR

PERSONAL EXEMPTION: Parent or guardian of the above named person or the person himself/herself is an adherent to a personal belief opposed to immunizations.

EXENCION POR CREENCIAS PERSONALES: Las creencias personales del padre o tutor de la persona arriba citada, o la persona misma, se oponen a la inmunización.

Personal exemption to the following vaccine(s):

Exención por creencias personales de la(s) siguiente(s) vacuna(s):

Signed (Firma) _____ Date (Fecha) _____
Parent, guardian, emancipated student/consenting minor
(Padre, tutor, estudiante emancipado o consentimiento del menor)
 Hep B DTaP Tdap Hib IPV PCV MMR VAR

City of Westminster Preschool Asthma Care Plan

Name:	Birth Date:
Parent/Guardian:	Cell Phone:
Home Phone:	Work Phone:
Other Contact:	Phone:
Preferred Hospital:	

Place Child's
Photo Here

Triggers: Weather (cold air, wind) Illness Exercise Smoke Dog/Cat Dust Mold Pollen Other _____
 Give 2 puffs of _____ rescue med 15 minutes before activity Indications: Exercise/sports Recess

Explanation:

Repeat in 4 hours if needed for additional or ongoing physical activity

YELLOW ZONE: UNCONTROLLED ASTHMA (Health provider complete dosing for rescue inhaler)

IF YOU SEE THIS:	DO THIS:
<ul style="list-style-type: none"> * Difficulty Breathing * Wheezing * Frequent Cough * Complains of chest tightness * Unable to tolerate regular activities but still talking in complete sentences * Other: _____ 	<ul style="list-style-type: none"> * Stop physical activity * GIVE RESCUE MED (NAME): _____ <input type="checkbox"/> 1 PUFF <input type="checkbox"/> 2 PUFFS <input type="checkbox"/> OTHER: ___ <input type="checkbox"/> Via Spacer * If no improvement in 10-15 minutes, repeat use of rescue med: <input type="checkbox"/> 1 PUFF <input type="checkbox"/> 2 PUFFS <input type="checkbox"/> OTHER: ___ <input type="checkbox"/> Via Spacer * If student's symptoms do not improve or worsen, CALL 911 * Stay with student and maintain sitting position * Call Parents/guardians * Student may resume normal activities once feeling better

++IF THERE IS NO RESCUE INHALER AT SCHOOL:

- CALL PARENTS/GUARDIANS TO PICK UP STUDENT AND/OR BRING INHALER/MEDICATIONS TO SCHOOL
- INFORM THEM THAT IF THEY CANNOT GET TO SCHOOL, 911 MAY BE CALLED

IF YOU SEE THIS: RED ZONE- SEVERE UNCONTROLLED ASTHMA	DO THIS IMMEDIATELY:
<ul style="list-style-type: none"> * Coughs constantly * Struggles or gasps for breath * Trouble talking (only able to speak 3-5 words) * Skin of chest and/or neck pull in with breathing * Lips or fingernails are gray or blue * Decreasing level of consciousness 	<ul style="list-style-type: none"> * GIVE RESCUE MED (NAME): _____ <input type="checkbox"/> 1 PUFF <input type="checkbox"/> 2 PUFFS <input type="checkbox"/> OTHER: ___ <input type="checkbox"/> Via Spacer * CALL 911 inform attendant the reason for the call is ASTHMA * Call parents/guardians and take slower deeper breaths * Stay with the student and remain calm * <i>School personnel should not drive student to the hospital</i>

Instructions for rescue inhaler use: Health provider: Please check appropriate box

Student has life threatening allergy, the EpiPen® is located: _____

Health Care Provider Signature

Please Print Providers Name

Start Date

End Date

I give permission for the City of Westminster Staff to share this information, follow this plan, administer medication and care for my child and, if necessary, contact our physician. I assume full responsibility for providing the school with prescribed medication and delivery/monitoring devices. I approve this Asthma Care Plan for child.

Parent Signature

Date



WESTMINSTER

Class Number: _____

City of Westminster

Kinder Kids/Tiny Tots Payment Plan

City Park Recreation Center Swim and Fitness Center West View Recreation Center

Kinder Kids Tiny Tots

M/W/F M/W T/Th A.M. P.M.

Primary Guardian's Last Name: _____ First Name: _____

Child's Last Name: _____ Child's First Name: _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Work/Cell Phone: _____ Email: _____

I hereby agree to the following payment plan for the Kinder Kids or Tiny Tots Preschool program.

\$ _____ will be charged to my credit card or withdrawn from my checking account on the 2nd of each month from Oct. 2, 2011 through Apr. 2, 2012. If the 2nd day of the month happens to fall on the weekend or a holiday, the withdrawal will be made on the next business day. **2011-2012 payment schedule:** Oct 3, Nov 2, Dec 2, Jan 2, Feb 2, Mar 2, and Apr 2

Please select and fill out one. Please print clearly.	
<input type="checkbox"/> Credit Card	
Credit Card Number: _____	Expiration Date: _____
Card Type: VS MC DS AX	3 Digit Security Code: _____
<input type="checkbox"/> Checking Account	Please attach a voided check, staff will fill this part out
Routing Number: _____	Checking Account Number: _____

I hereby acknowledge that I shall remain liable to pay the entire remaining amount for the re-enrollment in the Kinder Kids or Tiny Tots program should any credit card or checking account payment be rejected.

Billing: All monthly fees shall be automatically deducted from the participant's credit/debit card or checking account (to be determined by the customer). Customer may at any time pay the remaining dues owed to the City and cancel remaining withdrawals owed on the current contract year. **Cancellation of automatic withdrawals does not relieve customer of contract obligation; customer is responsible for the entire balance stated in this contract.**

The undersigned states that he or she has read and understand, the terms of this agreement, and agrees to be bound to this agreement and acknowledges that he or she has received a copy of this agreement.

I have read and agree to the payment plan.

Signature: _____ Date: _____

Office Use Only (Matt or Leah)
Date Processed: _____
Processed By: _____



Preschool Program Check List

Please initial and return to instructor with your paperwork

Child's Name: _____

Parent's Name: _____ Date: _____

- _____ I have filled out my Emergency Card (due the first day child attends).
- _____ I have my child's Health Record and it is signed by a physician (due first day).
- _____ I have a copy of my child's immunization record (due the first day).
- _____ If my child needs or may need medication during program hours I have provided a Medication Permission Slip signed and dated by a physician.
- _____ If my child has food allergies or asthma, I have provided a Health Care form and the exact medication prescribed, and understand that the forms and medication must be present whenever my child is at school. Failure to provide these will result in the child not being able to stay until medications and form is received by staff.
- _____ I have completed the automatic Payment Plan Form (due the first day of class).
- _____ I understand that payments are due the 2nd of each month from October 2011 through April 2012.
- _____ I understand I will be charged a \$25 NSF service fee from my checking account (checks and debit cards). Payments not received by the end of the three (3) day grace period due date (5th day of the month) will be charged an additional \$10 late fee. Failure to make payments by the 5th could result in my child's enrollment being canceled after the 3 day grace period.
- _____ I understand that if I wish to no longer attend I must call the Recreation Specialist (303) 658-2215, otherwise I could be liable for payment for days missed.
- _____ I understand that my child must be potty trained or I must stay in the Recreation Center during his/her class time.
- _____ I understand that the Preschool Program reserves the right to refuse service and terminate care based on excessive behavioral issues.
- _____ I understand the Preschool Program is not liable or responsible for my child before he/she is signed in or after he/she has been signed out.
- _____ I understand that each instructor will implement their own snack policy. Per State Licensing snacks must meet nutritional guidelines, be store bought or prepackaged and be healthy and low in sugar.
- _____ I give the Preschool Program permission to take appropriate photographs of my child during program activities to be displayed within the program or for promotion of the program.
- _____ I will apply sunscreen before each class time throughout the school year. If I forget or do not have sunscreen, the center will supply sunscreen for me to apply it to my child after I sign my child in.
- _____ I have read and understand the Preschool Program's weather policy.



WESTMINSTER

ACKNOWLEDGEMENT

I acknowledge that I have received a copy of the City of Westminster Preschool Parent manual, and have read and understood its contents.

In the event of conflict between this acknowledgement and any other statement, oral or written, present or future, concerning terms and conditions of enrollment, I understand and agree that this acknowledgement shall supersede any other statements.

Please sign, date and return this form to your child's instructor.

Signed: _____

Date: _____

Printed Name: _____