

Douglas County School District Preschool Program 2010/2011

Dear Parents,

Thank you for your interest in the Douglas County School District Preschool Program.

Tuition for the 2010/2011 school year will be:

2 days per week am or pm \$150.00 per month

4 days per week am or pm \$300.00 per month

Length of classes will be 2 hours & 45 minutes per session mornings or afternoons. Start and end times vary according to which building you are attending.

Please return all paperwork in person between March 8th and March 12th, 2010 to the **Early Childhood Center, 3950 Trail Boss Lane, Castle Rock, CO 80104.**

Paper work must include the following 4 items

1. Registration forms and Census form (both packets must be completed for registration)
2. Tuition Agreement form (initialed & signed)
3. Copy of Birth Certificate
To get a copy of Birth Certificate you can go to www.tchd.org/birthcertificates.html
4. **Proof of Residency (Only acceptable proof of residency are Deed of Trust, Property Tax Statement, or Rental Agreement)**
To get proof of residency you can go to <http://apps.douglas.co.us/treasurer/tidi/parcelsearch.do>

Phase I - Only applications received by March 12, 2010 will be included in the 10/11 lottery selection.

Phase II – Preschool registration forms will be accepted throughout the 09/10 school year. After the lottery on March 12th, students will be placed depending on available openings or, we are happy to put your child on a wait list for a specific site.

If you have any questions please feel free to call 720-433-0025.

Thank you,

Kerry Goudy
Early Childhood Coordinator

Mary DeLamar
Early Childhood Coordinator

Douglas County Preschool Program Registration Form (2010/11)

Must include a copy of your child's **Birth Certificate, Proof of Residency, (Deed of Trust, Property Tax Statement or Rental Agreement)**, the Tuition Agreement form and the Registration Fee Check (a non refundable registration fee required each school year, due upon acceptance).

Name as it appears on Birth Certificate (PLEASE PRINT CLEARLY)

Child's Last Name	First	Middle
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Parents Name	E-Mail Address
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Street or PO Box	City	Zip Code	Phone
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Birth Date	Ethnicity	Primary Language	Male	Female
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Please mark your 1st, 2nd and 3rd choice of schools.

Highlands Ranch

- Acres Green
- Arrowwood
- Bear Canyon
- Copper Mesa
- Coyote Creek
- Eagle Ridge
- Eldorado
- Heritage
- Highlands Ranch HS
- Lone Tree
- Mountain Vista HS
- Northridge
- Redstone
- Rock Canyon HS
- Roxborough (2 Sites)
- Saddle Ranch
- Sand Creek
- Stone Mountain
- Summit View
- Wildcat Mountain

Castle Rock

- Cantril North
- Castle Rock
- Castle View HS
- Clear Sky
- Early Childhood Center South
(3 sites at this location)
- Flagstone
- Soaring Hawk
- Rock Ridge
- ** Sage Canyon #47

Parker

- Cherokee Trail East
- Franktown
- Frontier Valley
- Gold Rush
- Iron Horse
- Legacy Point
- Legend HS
- Mammoth Heights
- **Mountain View
- Pine Lane Primary
- Pioneer
- Prairie Crossing #1
- Prairie Crossing #2

**New location

Please mark your 1st, 2nd and 3rd choice of sessions. Sessions are 2 hours & 45 minutes. Times vary according to which building you are attending.

- | | |
|--|--|
| <input type="checkbox"/> Mon/Wed-am session | <input type="checkbox"/> Mon/Wed-pm session |
| <input type="checkbox"/> Tues/Thurs-am session | <input type="checkbox"/> Tues/Thurs-pm session |
| <input type="checkbox"/> Mon/Tues/Wed/Thurs-am session | <input type="checkbox"/> Mon/Tues/Wed/Thurs-pm session |

Registration Fee: \$100.00 pending board approval per student
 Tuition will be: 2 days per week - \$150.00 per month
 4 days per week - \$300.00 per month

2010/11 School Year

Tuition Agreement Form

Please initial each item to indicate your understanding and acceptance of this tuition agreement.

Tuition for a 2-day a week program is \$150.00 per month and the 4-day a week program is \$300.00 a month.

A nonrefundable Registration Fee of \$100.00, per board approval per student, is due upon acceptance of a preschool position.

Monthly tuition is due the 15th of each month, starting in August. If payment is not received by the 1st of the next month, a \$15.00 late fee will be assessed.

Termination from the preschool program may occur following one month of non-payment of tuition. Notice of termination will be in writing. The tuition account will then be turned over to a collection agency.

Checks returned due to non-sufficient funds will be assessed a \$35.00 charge.

Your child must be picked up from preschool on time. After the 3rd late pickup, of 15 minutes or more, your child's preschool assignment may be terminated.

As stated in the Preschool Handbook, there is no reduction of fees when my child is ill or on vacation.

Parent/guardian must sign child in and out of preschool daily.

I understand and agree to abide by these policies regarding my child's enrollment in the Douglas County Preschool Program.

Child's Name: _____

Parent or Legal Guardian _____ Date: _____

Kerry Goudy
Early Childhood Coordinator

Mary Byrd
Early Childhood Coordinator

Preschool Handbook

I have read the Preschool Handbook that is posted on the Douglas County School District Web site.

Child's Name: _____

Parent/Guardian Signature

Date

I do not have internet access. _____

Photo Permission

Name of your preschool

I, _____, give my
(Parent's Name)

Permission for _____
(Child's Name)

to be photographed or videotaped for class purposes or
for publicity and training purposes.

There may be times when children may view a TV/video
show for educational purposes only.

Parent/Guardian Signature

Date

Yes _____ No _____



DOUGLAS COUNTY SCHOOL DISTRICT

HOME LANGUAGE SURVEY

Date: _____ Home School: _____

Student's Name: _____
(first name, middle name, and last name, same as birth certificate)

Date of Birth: _____ Grade: _____ Country of Birth: _____

Parent's or Guardian's Name: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Work or Cell Phone: _____

Federal and State regulations require schools to determine the language(s) spoken and understood by each student. This is in accordance with the English Language Proficiency Act of Colorado and the Office for Civil Rights to assist schools in developing equal opportunities for any student whose dominant language is not English. Thank you for providing this information.

1. What language or languages did you child use when he/she first began to Talk? _____
2. What language or languages does your **child speak with you at home?** _____
3. Did your child attend school in another country? **NO** **YES**
If **YES**: How many years? _____ Which country? _____
4. What language or languages does your child read? _____
5. What language or languages does your child write? _____
6. Has your child **ever** been in a bilingual or English as a Second Language Program? _____

7. What was the **last grade** in which he/she was enrolled in that program? _____

Parent or Guardian's signature _____ Date: _____

DISTRIBUTION: Give original to ESL teacher for your building. Please keep a copy in each student's Cum file. Call 303-387-0193 for more information.



Registration Form

Date of Enrollment: _____ Start Date: _____
Student ID #: _____ Grade: _____ Room: _____
Teacher/Counselor: _____ Track/Team: _____
Session: [] AM [] PM Permit Code: _____ Bus #: _____

School: _____ Preschool

PLEASE PRINT

2010-2011

Student Information

Legal Name from Birth Certificate _____ Nickname _____ Grade _____
Gender M [] F [] Date of Birth _____ Country of Birth _____ Phone _____ Cell _____
Residence Address _____ City _____
State _____ Zip _____ Date First Enrolled in US _____ Email _____

Race/Ethnicity

Notice to Parents and Students - Parents and students should be aware that if they choose not to answer the two-part question, school districts are required to identify an ethnicity and race on behalf of the student, based on several factors, including observation, in accordance with U.S. Department of Education and Colorado Department of Education Guidelines.
Part A. Is this student Hispanic / Latino? (choose only one)
[] No. NOT Hispanic
[] Yes. Hispanic/Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
The above part of the question is about ethnicity, not race. No matter what you selected in Part A above, please provide an answer to Part B by marking one or more boxes below to indicate what you consider your child's race to be.
Part B. Which of the following groups describe the student's race? (choose one or more)
[] American Indian or Alaskan Native - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
[] Black or African American - A person having origins in any of the black racial groups of Africa.
[] Asian - A person having origins of any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillipine Islands, Thailand, and Vietnam.
[] Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
[] White - A person having origins in any of the original peoples of Europe, the Middle East or North Africa

Previous School

Has the student attended another Douglas County School District school? Y [] N []
If Yes, School _____ Grade _____ School Year _____
Last school attended outside the Douglas County School District:
School _____ City _____ State _____ Grade _____
Is your child presently under an expulsion order from any other school district? Y [] N []
Is your child presently under consideration for expulsion? Y [] N []
Is your child presently involved in the Juvenile Justice system? Y [] N []

ESL

Does the student speak a language other than English? _____ Y [] N []
What language(s) does the student speak / understand? _____
Is a language other than English regularly used by the student's parents/guardians? Y [] N []
What language is primarily spoken in the home by the parent/guardian? _____
Home Language Survey needs to be completed for every new student enrolling in school.

Special Services

Is your child currently on an Individual Educational Plan for Special Services? Y [] N []
Has your child received any previous testing, evaluations or services in any of the following areas?
[] Learning Disabilities [] Counseling [] Gifted & Talented [] ILP
[] Speech/Language [] Psychological [] Remedial Reading (Title 1)
[] Physical Therapy [] Behavioral Difficulties [] 504 Services
[] Occupational Therapy [] Hearing/Visual Impaired [] Other

Parent/Guardian Signature _____

Date _____



Douglas County School District
Household Information
Registration Form

For Office use Only

Student Name: _____			
_____	_____	_____	_____
School: _____	Grade: _____	Student ID #: _____	Middle _____
Teacher/Counselor: _____			Room: _____

PLEASE PRINT

2010-2011

Household Info

Residence Address _____
 City _____ State _____ Zip _____
 Household Telephone _____ Unlisted? Y N

Parent / Guardian Info

Name _____ Relationship to Student _____
Last First Middle
 Residence Address _____ City _____ State _____ Zip _____
 Mailing Address _____ City _____ State _____ Zip _____
(if different from above)
 Phones: Home _____ Work _____ Cell _____ Email _____
STUDENT RESIDES WITH _____
 Receive Mailings Y N You Y N Legal Guardian Y N **Step-Parent Y N
 Employer _____ Phone _____

Name _____ Relationship to Student _____
Last First Middle
 Residence Address _____ City _____ State _____ Zip _____
 Mailing Address _____ City _____ State _____ Zip _____
(if different from above)
 Phones: Home _____ Work _____ Cell _____ Email _____
STUDENT RESIDES WITH _____
 Receive Mailings Y N You Y N Legal Guardian Y N **Step-Parent Y N
 Employer _____ Phone _____

Name _____ Relationship to Student _____
Last First Middle
 Residence Address _____ City _____ State _____ Zip _____
 Mailing Address _____ City _____ State _____ Zip _____
(if different from above)
 Phones: Home _____ Work _____ Cell _____ Email _____
STUDENT RESIDES WITH _____
 Receive Mailings Y N You Y N Legal Guardian Y N **Step-Parent Y N
 Employer _____ Phone _____

Note: When a student does not reside with both parents, additional information must be on file so that the school can determine who is responsible for the student. If there are applicable legal documents, such as custody papers, a copy should be provided to the school.

Note: **Step-parents are not considered legal guardians unless they have legal guardianship paperwork which must be provided to the school.

Other Children Under Age 18 in the Home - Names MUST be from Birth Certificate

First Name	Middle Name (full)	Last Name	Date of Birth	Gender	Relation to Student	School Attending	County

Parent/Guardian Signature _____

Date _____



Student Name: _____			
_____	_____	_____	_____
School: _____	Grade: _____	Student ID #: _____	_____
Teacher/Counselor: _____			Room: _____

PLEASE PRINT

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Emergency Contacts are not the Parent/Guardian and should be a Colorado Resident

Please provide at least one (1) local emergency contact.

Emergency Contact Info

Name _____ Relationship to Student _____

Additional Information _____

Phones **Home** _____ **Work** _____ **Cell** _____

Name _____ Relationship to Student _____

Additional Information _____

Phones **Home** _____ **Work** _____ **Cell** _____

Name _____ Relationship to Student _____

Additional Information _____

Phones **Home** _____ **Work** _____ **Cell** _____

I authorize, by my signature below, that if the above people cannot be reached, school personnel are authorized to use their best judgment in an emergency situation, which includes calling for emergency medical care. The School District does not have medical or dental insurance for students. It is understood that all costs related to emergency treatment will be the responsibility of the parent. As long as the medical treatment considered necessary is in accordance with generally accepted standards of medical practice, I impose no specific prohibitions regarding treatment unless stated.

Parent/Guardian Signature _____ **Date** _____

Authorized to Pick Up Child

Name _____ Relationship to Student _____

Additional Information _____

Phones **Home** _____ **Work** _____ **Cell** _____

Name _____ Relationship to Student _____

Additional Information _____

Phones **Home** _____ **Work** _____ **Cell** _____

Name _____ Relationship to Student _____

Additional Information _____

Phones **Home** _____ **Work** _____ **Cell** _____

Doctor

Doctor's (full) Name _____ Phone _____ Ext _____

Address _____

Dentist's (full) Name _____ Phone _____ Ext _____

Address _____

Parent/Guardian Signature _____ **Date** _____



Registration Form

Student Name: _____
School: _____ Grade: _____ Student ID #: _____
Teacher/Counselor: _____ Room: _____

*** PLEASE PRINT ***

2010-2011

Health Info

Hospital of Choice: (Please check one or list an alternative)

- Sky Ridge Medical Center 303/788-2550 1010 Ridge Gate Parkway, Lone Tree, CO
Swedish Medical Center 303/788-5000 501 E Hampden Avenue, Englewood, CO
Littleton Adventist Hospital 303/730-8900 7700 S Broadway, Littleton, CO
Parker Adventist Hospital 303/269-4000 Parker Road & E-470, Parker, CO
Alt: _____

Is your student taking any medications at home or at school? [] Y [] N List: _____

If your student needs to take medication at school, the "Student Medication Request Release Agreement" or "Permission to Carry" form is available at the school office. These forms must be completed for any medication a student will need to take during school hours. They are also available at www.dcsdk12.org - search "medication form." (Contained in the Health Services web page.)

Does your student have any known allergies?

- Seasonal Reaction: _____ Food _____ Reaction: _____
Insect Sting Reaction: _____ Other _____ Reaction: _____
Latex Reaction: _____ Other _____ Reaction: _____

Does your student (please check applicable boxes):

- Wear glasses/contacts? Have heart problems? Hearing impaired?
Have asthma/respiratory ailments? Have convulsions/seizures? Have diabetes?
Had a head injury/significant bump to the head? Have physical activity limitations?

Please explain any conditions marked above: _____

Other medical conditions the school needs to be aware of: _____

Please note: Health information will be shared with school personnel to provide for the health and safety of your student. By signing below, you indicate your agreement with sharing this information.

Parent/Guardian Signature _____ Date _____

Medicaid

I give consent and authorize the Douglas County School District Re. 1 to release to Health Care Policy and Financing (HCPF), information related to Medicaid services delivered to my child, if/when my child is enrolled in the Medicaid program. I understand that the school district is entitled to receive partial reimbursement from Medicaid for services provided to my child, including but not limited to: audiology; counseling; nursing; occupational/physical therapy; orientation and mobility; psychological; social work; speech; and targeted case management.

Parent/Guardian Signature _____ Date _____

Acknowledgement

The information contained on this Student Registration form is true and correct. In accordance with Colorado Revised Statutes Sections 22-33-104 and 22-33-107, I acknowledge my obligation to ensure that every child between the ages of 6-17 under my care and supervision shall attend school. The only exceptions shall be illness and other absences excused by the Principal.

I acknowledge and give my permission for this information to be shared.

Notice

Notice to Parents and Students - All students new to the district shall be enrolled conditionally until records, including discipline records, from the schools previously attended by the student are received by the district. In the event the student's records indicate a reason to deny admission, the student's conditional enrollment status shall be revoked.

THIS PAGE MUST BE SIGNED EVERY SCHOOL YEAR.

Parent/Guardian Signature _____ Date _____