



Miramont Preschool

MIRAMONT
LIFESTYLE FITNESS

Child Information Form

Child's Name: _____

 Last First Middle

Birth Date: _____ Sex: M or F _____ Home Ph: _____

Child lives with: Both Parents Mother Only Father Only Split Custody

Mother's Name: _____ Cell: _____

Mother's Address: _____

 Street City Zip Code

E-mail Address: _____

Employer: _____ Work Ph: _____

Work Address: _____

Father's Name: _____ Cell: _____

Father's Address: _____

 Street City Zip Code

E-mail Address: _____

Employer: _____ Work Ph: _____

Work Address: _____

EMERGENCY CONTACTS (other than parent) Please fill out completely.

Name: _____ Phone: _____

Address: _____ Cell: _____

Name: _____ Phone: _____

Address: _____ Cell: _____

Child's Doctor: _____ Phone: _____

Doctor Address: _____

Preferred Hospital: _____ Phone: _____

Child's Dentist: _____ Phone: _____

Dentist Address: _____



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ADDITIONAL PERSONS WHO MAY PICK UP MY CHILD: (Must have this filled out!)

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

** Any person picking up for the first time, MUST be on permission list and have I.D. ready*

PLEASE LIST NAME OF SIBLINGS AND AGES:

GENERAL HEALTH INFORMATION

Special Diet: _____

Allergies: _____ Type of Reactions: _____

Current Medications: _____

Describe any recurrent health problems (asthma, seizures, ear infections, diabetes, etc.)

Immunizations are up-to-date and have been submitted to preschool staff :

Yes _____ No _____

EMERGENCY MEDICAL CARE

I hereby give permission to Miramont Preschool to secure emergency medical and/or surgical treatment for the above named minor child while in the care of the above named facility. All expenses of such care will be accepted by the parents.

Parent signature: _____ Date: _____

Date of Enrollment: _____



Miramont Preschool

TRANSPORTATION PERMISSION FORM

I hereby authorize Miramont Preschool to transport my son/daughter,
_____, by Miramont vans, as well as walking to and from
Miramont Park.

PHOTOS AND VIDEOTAPING

I give my permission for Miramont Preschool to take and use photos and videotape of my child for educational and promotional purposes.

Parent Signature _____ Date _____

CLASS LIST

I give my permission for my name, phone number and e-mail to be printed on a class roster and distributed to parent's in my child's class.

Parent Signature _____ Date _____



Miramont Preschool

ACTIVITIES PERMISSION FORM

Miramont Preschool will be participating in the following activities throughout the school year.
If for some reason your child is unable to participate in one of these activities, please circle the item, and sign at the bottom.

If your child is able to participate in all these activities, please sign at the bottom.

- Art
- Games and Puzzles
- Math
- Manipulatives/Sensory (fine motor skill work)
- Science and Social Studies
- Listening and Lang. Arts
- Circle Time
- Story Time
- Dramatic Play
- Creative Movement and Music
- Court Sports and Large Gross Motor Activity (P.E)
- Playground
- Playing at the Park
- Outside Speakers
- Speech Screening and Services
- Vision/ Hearing Screening
- Occupational Therapy Observation & Services

Parent Signature _____ Date _____



ADMISSIONS

To register for preschool children must be 2 1/2, 3 or 4 years old on or before September 15th of the school year they are enrolling.

To register for the Pre K program children must be 5 by the end of the PreK school year.

HOURS OF OPERATION

A.M. Classes: 8:30-11:30am, T/TH or MWF, 9:00-11:00am, T TH

Lunch Bunch: until 12:30 pm (for 3yr class & 4yr class)

Extended Care: until 2:00 pm (for 3yr class & 4yr class)

Pre K Program: 8:30-2:30pm

3-4 year olds bridge: 12:00-2:30pm

REGISTRATION FEES

There will be a non-refundable fee of \$80.00 per family to reserve your child's spot due at the time of registration. This fee is due annually.

TUITION FEES

2 1/1yr olds.....Members- \$190/mo./child, Non-members- \$210/mo./child

3 year olds.....Members-\$210/mo./child, Non-members-\$230/mo./child

3-4 year olds bridge.....Members-\$200/mo./child, Non-members-\$220/mo./child

4 year olds.....Members- \$260/mo./child, Nonmembers-\$280/mo./child

Pre K Program.....Members-\$355/mo./child, Non-member-\$375/mo./child

10% Sibling Discount

Lunch Bunch Care: \$6.00/day/child, additional

Extended Care: \$15.00/day/child, additional

Two weeks notice must be given to withdraw your child from the Preschool

PAYMENT POLICIES

- Tuition payment in full must be received by the first day of each month Sept.-May
- All payments can be made by Visa, MasterCard, Discover, AMEX, or debit card.
- Non-tuition checks can be made payable to Miramont Lifestyle Fitness
- Returned check fee: A \$20.00 returned check fee will be assessed for returned checks
- *Credit is not given for missed days due to illness or vacation*

SICK STUDENTS

The policy for sick children will be:

- The parents of a sick child will be notified if the staff feels the child's health is a risk to themselves or others.
- If the staff feels the child is to be sent home, his/her parent will be contacted and asked to pick up their child. If the staff is not able to reach the parent, the child's emergency contact will be called.

Children with the following symptoms will not be accepted into the Preschool for the day:

- Sore throat
- Rash
- Vomiting
- Diarrhea
- Eye discharge (thick mucous or pus draining from the eye or Pink Eye)
- Fever (temp. of 100 F or higher)
- Earache
- Yellowish skin or eye

* A child must be fever-free for 24 hours without medication to return to school.

* A doctor's note will be required for contagious illnesses stating they are not contagious



PICK UP/LATE PICK UP

Parents who pick up their children after 11:30 (am class), 12:30pm (Lunch Bunch), 2:00pm (Extended Care) 2:30pm (Pre K) will be charged an additional \$1.00 per minute. While we understand that there are times when this cannot be avoided, we are willing to overlook the first incident with a warning, but in the case of repeated occurrences the charge will be administered.

If a child needs to be picked up by a person other than stated on the emergency form, the parent will need to provide staff with a written authorization okaying that adult to pick up his/her child. The substituted person will also need to provide a picture ID at the time of pick up. No verbal authorizations will be substituted for written ones.

MEDICATION POLICY

If a child requires medication to be given on a daily basis, Miramont staff will need the original childproof container. The container needs to have the child's first and last name, as well as an expiration date. We will store the medication, in accordance with the form filled out by the parent stating the dosage, time to be given, and any other special instructions that may be needed. We recommend parents ask their pharmacist for two separate containers for the medication; one for home and one for us at preschool.

NOTIFICATION POLICY

If for any reason a parent may need to contact Human Services, the address and phone numbers are as follows:

Division of Child Care
 Department of Human Services
 1575 Sherman Street, 1st floor
 Denver Colorado 80203-1714
 Ph: 303-866-5700
 Fax: 303-866-4214

I hereby agree to the above policies and procedures set by the staff of Miramont Preschool .

Parent Signature _____ Date _____

Staff Signature _____ Date _____