

BETHANY BUSY BEE PRESCHOOL

6240 So. Broadway, Littleton, CO 80121 303-468-9521 303-795-9520 Fax

Child's Full Name _____ Name Used _____
Birthdate _____ Age as of 10-1-09 _____ years _____ months Sex _____
Address _____ City _____ Zip _____ Home Phone _____

Mother/Guardian's Name: _____ Father/Guardians's Name: _____
Address: _____ Address: _____
Home Phone: _____ Home Phone: _____
Business Name: _____ Employer: _____
Work Address: _____ Work Address: _____
Work Phone: _____ Work Phone: _____
Cell Phone: _____ Cell Phone: _____
E-Mail: _____ E-Mail: _____

Person(s) responsible for your child (other than parents) during the day:

Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____

Person(s) we can contact in an emergency when we cannot reach a parent:

Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____

Child's Doctor _____ Address _____ Phone _____
Child's Dentist _____ Address _____ Phone _____
Hospital of Choice _____ Address _____ Phone _____
Insurance Carrier: _____ Phone: _____

Person(s) authorized to pick up your child:

Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____

Names of persons you DO NOT want picking up your child:

(Please keep us updated on these names.) _____

Please list any allergies your child has. _____

List any health or speech problems (diabetes, seizures, etc.) _____

Does your child have any special fears? _____

List names and ages of siblings. _____

What main goals do you have for your child's preschool experience? _____

What special interests does your child have? _____

Do you have a hobby or occupation that you would care to demonstrate to your child's class? _____

What? _____

Are you a member of a church? yes ___ no ___ Does your child regularly attend with you? yes ___ no ___

If so, which church? _____

OVER please

Permission From Parents For Participation in Busy Bee Preschool Programs

Parents, please read and initial or sign where indicated

I give permission for my child to use all of the play equipment and participate in all of the activities at school. Please initial if you give permission _____

PERMISSION TO USE STAIRS

On days of inclement weather, the preschool teachers would like to use the gym for recess. In order to do this, we need to have your permission to take the children down the stairs in the building. If this is permissible, please sign this section also. If this is not signed, your child will be not allowed to go to the gym. Please initial if you give permission _____

PHOTO RELEASE

I give permission for my child's picture and first name to be included in the class picture and in other children's photo books. Please initial if you give permission _____

I give permission for my child's picture to be on the Busy Bee web site in a group photo without any child's name. If this is permissible, please sign this section also. If this is not signed, your child's picture will not be included on the Busy Bee web site. Please initial if you give permission _____

TELEVISION AND VIDEO VIEWING PERMISSION

I give permission for my child to watch appropriate short videos during class time. I understand that this will never be a major part or the main activity of the regular school day, and that my child will be directed to another activity during video viewing time if I do not grant permission. Please initial if you give permission _____

Printed name of person completing this form: _____ Relationship: _____

Date: _____ Signature: _____

Please complete and return this form before your child begins school to help us better meet his/her needs.

If there is any other information you would like to provide, please use this space.

COLORADO LAW REQUIRES THIS FORM BE COMPLETE AND PROVIDED TO THE SCHOOL

Name _____ Date of Birth _____
 Parent/Guardian _____

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT—CERTIFICATE OF IMMUNIZATION

Vaccine		Enter complete date each immunization was given					
Hep B	Hepatitis B						
DTaP/Tdap	Diphtheria, Tetanus, Pertussis						
DT/Td	Tetanus, Diphtheria						
Hib	<i>Haemophilus influenzae</i> type b						
IPV/OPV	Polio						
PCV7	Pneumococcal Conjugate						
MMR	Measles, Mumps, Rubella						
Varicella	Chickenpox						

Vaccines recorded below this line _____

HPV Human Papillomavirus _____

Rota Rotavirus _____

MCV4/MPSV4 Meningococcal _____

Hep A Hepatitis A _____

TIV/LAIV Influenza _____

Other _____

To the best of my knowledge

Signed _____ (Physician, nurse, or other health care provider)

Healthcare Provider Documentation Date _____ Lab Verification Date _____

_____ Date _____

Please Pick this form up from preschool office

Table 1. MINIMUM

Vaccine ^a	Child Care					School Entry				
	Child Care 2 to 3 mos	Child Care 4 to 5 mos	Ch. 6 to 11 mos	Ch. 12 to 15 mos	Ch. 16 to 23 mos	Preschool 2 to 4 yrs	K Entry 4 to 6 yrs	Grades K to 5 5 to 10 yrs	Grades 6 to 12 11 to 18 yrs	College
Pertussis/Tetanus/Diphtheria	1	2	3							
Polio ^e	1	2	3							
Measles/Mumps/Rubella ^g				1	1	1	1	2 ^h	2 ^h	2 ^{h,i}
<i>Haemophilus influenzae</i> type b (Hib) ^j	1	2	2	3 ^k	3/2	3/2/1	3/2/1			
Pneumococcal Conjugate ^k	1	2	3/2	3/2	4/3/2	4/3/2	4/3/2			
Hepatitis B ^l	1	2	2	2	3	3	3	3	3	
Varicella ^m					1	1	1	3	3	
Meningococcal								2 ⁿ	2 ⁿ	2 ^{n,o}

a: Vaccine doses administered \leq 4 days before the minimum interval or age are to be counted as valid.

b: Five doses of pertussis, tetanus, and diphtheria vaccines are required at school entry in Colorado unless the 4th dose was given at \geq 48 months (i.e., on or after the 4th birthday) in which case only 4 doses are required.

c: For students \geq 7 years who have not had the required number of pertussis doses, no new or additional doses are required. Any student \geq 7 years at school entry in Colorado who has not completed a primary series of 3 appropriately spaced doses of tetanus and diphtheria vaccine may be certified after the 3rd dose of tetanus and diphtheria vaccine (or tetanus, diphtheria, and pertussis vaccine if 10 or 11 years) if it is given $>$ 6 months after the 2nd dose.

d: The student must meet the minimum prior requirement for the 4th or 5th doses of diphtheria, tetanus, and pertussis vaccine and have 1 tetanus, diphtheria, and pertussis vaccine dose.

e: For polio, in lieu of immunization, written evidence of a laboratory test showing immunity is acceptable.

f: Four doses of polio vaccine are required at school entry in Colorado unless the 3rd dose was given \geq 48 months (i.e., on or after the 4th birthday) in which case only 3 doses are required. Four valid doses are a complete series regardless of age at completion.

g: For measles, mumps, and rubella, in lieu of immunization, written evidence of a laboratory test showing immunity is acceptable for the specific disease tested. The 1st dose of measles, mumps, and rubella vaccine must have been administered at \geq 12 months of age (i.e., on or after the 1st birthday) to be acceptable.

h: The 2nd dose of measles vaccine or measles, mumps, and rubella vaccine must have been administered at least 28 calendar days after the 1st dose.

i: Measles, mumps, and rubella vaccine is not required for college students born before January 1, 1957.

j: The number of Hib vaccine doses required depends on the student's current age and the age when the vaccine was administered. If any dose was given \geq 15 months, the Hib vaccine requirement is met. For students who began the series $<$ 12 months, 3 doses are required of which at least 1 dose must have been administered at \geq 12 months (i.e., on or after the 1st birthday). If the 1st dose was given at 12 to 14 months, 2 doses are required. If the current age is \geq 5 years, no new or additional doses are required.

k: The number of pneumococcal conjugate vaccine doses depends on the student's current age and the age when the 1st dose was administered. If the 1st dose was administered at: (i) \leq 6 months, 3 doses are required at 6 to 14 months and 4 doses are required at 15 to 23 months with 1 dose administered on or after the 1st birthday; (ii) 7 to 11 months, 2 doses are required at 6 to 14 months and 3 doses are required at 15 to 23 months with 1 dose on or after the 1st birthday; (iii) 12 to 23 months, 2 doses are required. If the current age is \geq 2 years, no new or additional doses are required.

l: For hepatitis B, in lieu of immunization, written evidence of a laboratory test showing immunity is acceptable.

m: For varicella, written evidence of a laboratory test showing immunity or a documented disease history from a health care provider is acceptable. The 1st dose of varicella vaccine must have been administered at \geq 12 months of age (i.e., on or after the 1st birthday) to be acceptable.

n: The second dose of varicella vaccine must have been administered at least 28 calendar days after the 1st dose. See Table 2 for the year of implementation for the second dose of varicella; for school year 2007–2008, the second dose of varicella is only required for kindergarten entry.

o: If the 1st dose of varicella vaccine was administered at \geq 13 years, 2 doses are required, separated by a minimum of 4 to 8 weeks.

p: Information concerning meningococcal disease and the meningococcal vaccine shall be provided to each new student or if the student is under 18 years, to the student's parent or guardian. If the student does not obtain a vaccine, a signature must be obtained from the student or if the student is under 18 years, the student's parent or guardian indicating that the information was reviewed.