



OUR School  
Glenwood Springs, CO 81602  
Phone & Fax 970-947-0636  
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[www.ourschoolglenwood.org](http://www.ourschoolglenwood.org)

Our School Enrollment Packet



Thank you for choosing Our School

## Enrollment information

Child's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Parents: Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widow(er) \_\_\_\_\_

Father's Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Vehicle make \_\_\_\_\_ Model \_\_\_\_\_ License Plate Number \_\_\_\_\_

Vehicle make \_\_\_\_\_ Model \_\_\_\_\_ License Plate Number \_\_\_\_\_

Brothers/Birthdate

Sisters/Birthdate

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Names of persons regularly picking child up from school

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there any one who is not to pick up your child?

Which contact information would you like us to publish in OUR School directory?

NONE \_\_\_\_\_ Parents Names \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Other (Please list) \_\_\_\_\_

### **ENROLLMENT CONTRACT**

Please read this agreement carefully before signing.

**I (we) agree to the following conditions for:**

**Name of child in full** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

In the event my child becomes ill, I (we) agree to remove the child from school upon request, and shall return only upon a physician's assurance that he/she is free from communicable or contagious diseases.

I understand the giving or application of medication shall be provided only on a prescription from a physician. Medication prescribed for a child shall be kept in the original container showing the name of the medication, physician's name, child's name and amount/or directions for dosage.

Payment is to be made in advance. Payment is made regardless of illness or vacation time. Holidays, snow days, and other acts of God are considered regular days of attendance, and the full rate is paid.

I (we) give OUR School authorization for my preschool child to rest on a 2" pad during rest time.

I (we) agree that this child shall not be permitted to leave OUR School with any person other than parent or legal guardian unless previously designated, and then only under conditions acceptable to the school. No child will be permitted to leave the center without a responsible adult, 16 years or older.

A thirty Day advance notice is required prior to withdrawal. If proper notice is not given, I (we) agree to pay the tuition for the month period following withdrawal, and such fee is to be paid before withdrawal.

I (we) understand the school reserves the right to terminate enrollment if such action is deemed necessary after considering the goals and purposes of the school. This includes inability of the child or parent to adjust to the program. In this event, a two week notice will be given.

**Delinquency in payment of tuition is grounds for immediate dismissal.**

**All returned checks will be subject to a service fee of \$25.00**

**I (we) have read the Parent Handbook and understand and agree to the conditions of the school.**

**Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*\*\*\*Our School affords equal opportunity for enrollment without regard to race, color, sex, gender, sexual orientation, religion, marital status, age, disability, veteran status or national origin or any other criteria protected by law with regard to either prospective enrollees (children) or their parents/families.\*\*\*\***

## Payment Contract

I, \_\_\_\_\_, I understand that if I have not paid my tuition in full by the payment date indicated by my contract, the credit card below will be charged for the full amount due on that date. If the charges are declined by the credit card, I will be charged an additional \$25 late fee and denied Our School services until the balance has been paid in full.

**Please choose ONE of the following options below:**

\_\_\_\_ I will pay my tuition balance in full by the twenty-first day of each month by check or cash.

\_\_\_\_ I will pay using the click to pay feature on my electronic invoice for my tuition payment. I understand I will be charged a 3% fee on this credit card transactions.

\_\_\_\_ I authorize OUR School to charge my bank account via electronic funds transfer to pay my tuition balance in full by the twenty-first day of each month by automatic bank withdrawal. (You must provide a voided check for this method of payment.)

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Credit card type: \_\_\_\_\_

Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Billing zip code: \_\_\_\_\_

**YOUR CHILD MAY NOT ENROLL INTO OUR SCHOOL WITH OUT A WORKING CREDIT CARD ON FILE IN THE EVENT PAYMENT ISN'T MADE. PLEASE FILL OUT CREDIT CARD INFORMATION REGARDLESS OF THE PAYMENT METHOD YOUR FAMILY CHOOSES.**

### PERMISSION TO APPLY SUNSCREEN

OUR School encourages all parents to administer sunscreen to their child **BEFORE** coming to school. Please mark down when you applied sunscreen to your We will be applying additional sunscreen before the children go outside. The sunscreen we use is Up & Up brand Baby Sunscreen SPF 50, or NO AD brand Baby or Kids Sunscreen SPF50. Children 4 years old and older can apply it themselves under staff supervision. Staff will apply it to children under 4 years of age.



I, \_\_\_\_\_ give permission to the staff of OUR School, to apply

Up & Up brand or NO AD Baby or Kids Sunscreen SPF 50 to my child \_\_\_\_\_.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**-OR-**

I, \_\_\_\_\_ give permission to the staff of OUR School,

to apply my own labeled sunscreen \_\_\_\_\_ to my


child \_\_\_\_\_.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Back Up Sunscreen Authorization**

I, \_\_\_\_\_ agree that in the event my sunscreen is not available I agree to allow Our School to use their sunscreen and/or place my child in sun protective clothing (long sleeves and a hat) and remain in a shaded area of the school.

Signature \_\_\_\_\_ Date \_\_\_\_\_

|  |  |                    |
|--|--|--------------------|
|  |  | Date               |
| <p>I, _____, give permission to</p> <p>OUR School to take or use pictures, digital images, or other reproductions of my minor child _____, or of materials created by my child, and to put the finished pictures, slides, or images to use on <b>Our School's Website, Newspaper Publications, Facebook Page</b>, or other <b>Printed or Electronic Materials</b> related to the role and function of Our School. I understand, under no circumstances, my child's name will be used.</p> <p style="text-align: center;">OR (if you have exceptions to any of the above):</p> <p>I, _____, give permission to</p> <p>OUR School to take or use pictures, digital images, or other reproductions of my minor child _____, or of materials created by my child, and to put the finished pictures, slides, or images to use on: (<i>CIRCLE</i>) <b>Our School's Website, Newspaper Publications, Facebook Page</b>, or other <b>Printed or Electronic Materials</b> related to the role and function of Our School. . I understand, under no circumstances, my child's name will be used.</p> |  |                    |
| Printed Name   |  |                    |
| Signature<br>   |  | Telephone Area/No. |

### **Field Trip Permission Form**

I give my permission for my child\_\_\_\_\_ to leave the premises of OUR School from time to time, to participate in excursions to places of interest which are planned as part of the school program, whether on foot or by vehicle.

It is understood that adequate supervision will be provided by members of the staff of the school, and while every care will be taken, OUR School or staff will not be held liable for any accident or injury that may occur.

**Parent or Guardian Signature**\_\_\_\_\_

Date\_\_\_\_\_

### **Teaching Strategies Gold Assessment Tool Parent Consent Form**

I \_\_\_\_\_ (Parent of Legal Guardian) give my consent for OUR School to use the Teaching Strategies Gold Assessment Tool with my child\_\_\_\_\_ (Child's name) during their time enrolled at Our school. I understand that this tool will be used to assess my child in a natural, observational manner throughout my child's preschool year. I understand that this tool will be used to generate assessment records that initially will be maintained by OUR School. I hereby give my consent, without requiring the Glenwood Springs School District to obtain further consent or authorization, to transfer all assessment record to the Glenwood Springs School District at the time my child enrolls in kindergarten in the district. I understand that authorized personnel of OUR School, the Glenwood School District and the Colorado Department of Education will have access to these records and that , although the primary us of these records is for data collection, I hereby consent to the ruse of these records by authorized personnel of these entities for whatever purpose they deep reasonable and necessary. I understand that, except as provided herein, no third parties will have access to my child's assessment data or records.

\_\_\_\_\_ ( Name of preschool child who attends OUR School)  
 \_\_\_\_\_ ( Printed name of Parent)  
 \_\_\_\_\_ ( Parent Signature)  
 \_\_\_\_\_ ( Date)

## **OUR School's Parent Participation Requirement**

Because we value parent partnerships here at OUR School, we require parents to contribute two hours per month to your child's experience at OUR School. We will post a project calendar every month on which you can sign up for designated projects, or you can sign up for specific classroom needs with your child's teacher. We realize not every parent has the job flexibility to participate during school hours, so we will have other opportunities posted which will count toward participation hours. We will post maintenance projects that can be done after hours or on weekends, projects for home (such as making playdough or costumes), and we also post a list of janitorial and snack items we may need in case some parents would like to participate by purchasing items for the school.

Although we will work closely with you to make sure participating in our program is both convenient and worthwhile, some parents simply cannot find the time or the desire to fulfill the requirement for participation. If your monthly participation requirement is not fulfilled by the last day of the month, your account will be charged \$50.

Because OUR School values parent partnerships, we also hold Parent Advisory Committee meetings every other month in order to hear feedback from parents regarding any concerns, questions, or general information you may have to share with us. We strongly encourage parents to attend these meetings in order to meet other parents, strengthen relationships with teachers, and learn more about our philosophy and program. Serving on various committees can also count toward your participation hours as well. We are very interested in parent input toward how we can improve our services, and we all gain from working together.

*I have read and understand the Parent Participation Requirement for OUR School.*

Signed \_\_\_\_\_ Date \_\_\_\_\_

## **WHY OUR SCHOOL HOLDS PARENT PARTICIPATION VALUABLE**

Studies have shown that parents who are active in their child's first educational experience, stay active throughout their child's years of formal education. Being active in your child's education, is one of the most important factors in contributing to a child's success at school

### **What will your child gain from your participation AT OUR School?**

- A quality educational experience
- An atmosphere in which curiosity and creativity are encouraged

- The chance to enjoy having a parent, grandparent or caregiver sharing time in the classroom, once or twice a month
- The opportunity to build friendships with others and be a part of a caring community of teachers, classmates and parents.
- Learning to value time together in an educational setting

### **What benefits do parents receive from their participation?**

- You will have an opportunity to be an active partner in your child's education
- The opportunity to share classroom time with your child, and other children of the same age
- The opportunity to increase knowledge and understanding in your role as a parent
- OUR School offers a venue to share parenting experiences and support with your peers i.e. PAC
- A chance to meet other parent, make new friends and feel part of friendly community

Parents are welcome at school any time. We hope you will find time to have lunch at school with your child periodically, to assist on special occasions or just come in to play and observe.

Because we believe so strongly in the value of your participation, we incorporate a monthly **Parent Participation requirement** as a core element of our program. Parents may fulfill their participation requirement in any of the following ways each month:

- Volunteer in the classroom or in another capacity (maintenance, fundraising, cleaning, yard work, parent committees) 2 hours per month
- Purchase needed items for the school from a list prepared by the Director
- Participate in school functions such as Back to School Night, scheduled on-site Work Days, fundraising efforts, etc.
- Pay a \$50/month fee in lieu of participation

**INFORMATION FOR GOVERNMENT MONITORING PURPOSES**

The following information is requested by the Federal Government for certain types of assistance in order to monitor compliance with equal opportunity laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or service provider may not discriminate on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not wish to furnish the information, please check the box below.

**Ethnicity:**

☐ Not Hispanic or Latino

☐ Hispanic or Latino

**Race:**

☐ American Indian or Alaska Native

☐ Native Hawaiian or Other Pacific Islander

☐ Asian

☐ White

☐ Black or African American

☐ Other

**Sex:**

☐ Female

☐ Male

☐ I do not wish to furnish this information

## OUR School

**We are interested in providing the most beneficial and meaningful environment for your child. In order to accomplish this, it is necessary to have as much information about your child as possible. Would you please give the following questions your careful attention and thereby assist us in helping your child and family? Thanks!**

**What is your child popularly known as?**\_\_\_\_\_

**How does he/she get along with other children?**\_\_\_\_\_

**What adjective would you use to describe your child?**\_\_\_\_\_

**How does your child respond to discipline?**\_\_\_\_\_

**Are there any foods that do not agree with him/her? Please list**\_\_\_\_\_

**Do you encourage your child to try small amounts of food that are new to him/her?**\_\_\_\_\_

**Are there any allergies?**\_\_\_\_\_

**Any developmental challenges?**\_\_\_\_\_

**Does he/she wear glasses?**\_\_\_\_\_

**Has he/she any nervous habits such as thumb sucking, nail biting etc.?**\_\_\_\_\_

**Is he/she liable to have any toilet accidents?**\_\_\_\_\_

**Has he/she ever had psychiatric guidance?**\_\_\_\_\_

**Any serious fears and what are they?**\_\_\_\_\_

**Any shyness or indications of a feeling of inferiority and what are they?**\_\_\_\_\_

**Is he/she adopted?**\_\_\_\_\_ **Is he/she aware of it?**\_\_\_\_\_ **Any siblings adopted?**\_\_\_\_\_

**Are there other adults or children living in the home?**\_\_\_\_\_

**Please list**\_\_\_\_\_

**If your child is under 5 years old, has he/she been away from home in a group experience before?**\_\_\_\_\_

**Where?**\_\_\_\_\_

Was this a happy experience? \_\_\_\_\_ What made it so? \_\_\_\_\_

Would you be interested in helping out at our learning center? \_\_\_\_\_

**Additional comments:**

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**Parent's Emergency Consent Form**

Name of child \_\_\_\_\_

**In the event of an emergency, every effort will be made to contact one or both parents or the responsible person named.**

**If at any time due to such circumstances as accident or sudden illness, medical treatment if necessary; I authorize OUR School to obtain emergency medical/surgical care for this child in the event that we cannot be reached. I understand that any expense incurred for such treatment is my responsibility.**

**Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

Emergency Contact Person (other than parents) \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

Relationship to child \_\_\_\_\_

Family Physician and Phone \_\_\_\_\_

Family Dentist and Phone \_\_\_\_\_

**Preadmission Report by Physician**

(Name of child) \_\_\_\_\_, whose date of birth is \_\_\_\_\_ has applied for enrollment at OUR School Preschool. The daily program involves both vigorous and quiet indoor and outdoor play, including the use of climbing equipment, under the supervision of a professional teacher and assistant(s).

Does this child require special attention, medication, or routines or have any physical condition that may have to be taken into consideration in planning for the child's time at school?

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(Yes or No, if yes explain)

In your opinion, is this child physically and emotionally able to participate in a preschool/child care program?

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(Yes or No, if no explain)

Is this child currently free from any contagious diseases?

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(Yes or No, if no explain)

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

# OUR School Statement of Policies and Procedures Parent Agreement

I \_\_\_\_\_ agree that my child, \_\_\_\_\_

is to be enrolled in the OUR School Program.

I have received a copy of and understand that it is my responsibilities to follow the policies and procedures put forth in OUR School's Parent Handbook (updated in 2018).

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PARENT/GUARDIAN SIGNATURE

DATE