

Independence Academy Pre-Kindergarten  
675 29 Rd. Grand Junction, CO 81504  
(970) 254-6850 (970) 241-2064 (fax)

Please fill out the following paperwork for your Pre-K child. We will offer a full-day and a half-day program this year. Siblings and staff member's children will be placed into the program first. We will do our best to offer you a slot that works best for your schedule. Please know however that due to high numbers, you might not end up with your preferred time. We will use our lottery system if necessary to fill remaining spots.

Child's Name: \_\_\_\_\_

Child's Birthdate (student must be 4 by July 15) : \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Parent Phone # : \_\_\_\_\_

Parent e-mail : \_\_\_\_\_

My child has a sibling that attends Independence Academy      yes      no

\_\_\_\_\_ We would prefer full-day Pre-K (8:00 – 3:30)

\_\_\_\_\_ We would prefer half-day Pre-K

Morning (8:00 – 11:00) \_\_\_\_\_

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Dear Parents,

We are so excited to be preparing for your child's first day of Pre-K! Below is a checklist of all of the things your child's folder will need to register for the program. The items checked have already been turned in to us. The items left will need to be turned in as soon as possible.

\_\_\_\_\_ Copy of Birth Certificate:

You will need the Certified Birth Certificate. You can obtain one at the Health Department, 510 29 ½ Rd. The cost is \$20.00

\_\_\_\_\_ Current immunization record

\_\_\_\_\_ Current medical form **SIGNED** by doctor. Current physical - has to have been performed within this calendar year (form included).

\_\_\_\_\_ Parental Rights Custody Statement

\_\_\_\_\_ Medical Treatment Authorization Form

\_\_\_\_\_ Emergency Treatment and Sunscreen Consent form

\_\_\_\_\_ Media / Technology Consent forms (included)

\_\_\_\_\_ Pre-K Program Handbook form signed

\_\_\_\_\_ Hearing and Vision permission form signed

\_\_\_\_\_ First Month's non-refundable deposit \$100 goes towards first month's fees

\_\_\_\_\_ Remaining August fees Due August 1<sup>st</sup>. All fees due the 1<sup>st</sup> of every month

Please be sure that you complete this checklist by May 15<sup>th</sup>.

We are excited for our first year of little Phoenix Pre-K to begin!

Thank you,

IACS Pre-K Staff

## Information for parents of Independence Academy Pre-Kindergarten

- Fees:       \*Four half-days per week, for the school year 2017-2018 = \$265 per month.  
              \*Four full-days per week for the 2017-2018 school year = \$500 per month. Your first registration payment of \$100 will be due no later than May 16, 2017 and will be applied to your August fees. \*\*note\*\*If, at any point, fees are more than 15 days overdue, your child's spot will be at risk of termination.
- Our Pre-K program is a blended program with both full-day and half-day slots. It is taught by a highly qualified teacher who holds a 4 year degree and a Director's License. The classroom will also have at least one certified, full-time aide at all times.
  - \* Both morning and afternoon sessions will be a structured, 3-hour program specifically focused on the Colorado Academic Pre-K standards. During this time, your child will have plenty of time to learn through movement, exploration, play, creation and participation in music. Teachers will also foster the development of a growth mindset and social skills.
    - o ½ day students will need to bring a healthy snack from home daily.
  - \* The students attending all day Pre-K will have lunch after the morning session and then a quiet/ nap time before the afternoon session begins. They will then participate in a "flipped schedule" that is very similar to the morning's structure. Within both schedules, students may also visit the library, computer lab, gym, music room, participate in field trips and have guest speakers in!
    - o Full day students will need to bring their own lunch and two healthy snacks from home daily. They will also need to bring a sheet, blanket, and pillow weekly, for quiet time.
- Our school calendar will be identical to Independence Academy's school calendar. We will have a calendar of our school year in the Pre-Kinder Handbook at the beginning of the school year.
- Our Pre-K program is closely aligned to the curriculum and philosophy of Independence Academy's K-8 program. However, participation in the Pre-K program does not necessarily guarantee your child acceptance into the IACSA K-8 program.
- Upon acceptance and your confirmation of your child's attendance into the Pre-K program, your \$100 registration fee (which goes towards first month's fees) is non-refundable.
- We must have 30 days written notice if you are canceling your child's attendance in the Pre-K program. This will allow us time to fill your child's spot in the program.

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

Independence Academy Pre-Kindergarten

Student Information Form

(970) 254-6850

(970) 241-2064 (fax)

Child's Full Name: \_\_\_\_\_

Nickname the child may like to go by: \_\_\_\_\_

Parent or guardian: \_\_\_\_\_

Email address for information: \_\_\_\_\_

Parent or guardian: \_\_\_\_\_

Email address for information: \_\_\_\_\_

Child lives with: Mother Father Both Other: \_\_\_\_\_

What would you like us to know about your child: \_\_\_\_\_

What are your hopes for your child in our Pre-K program? \_\_\_\_\_

What are your child's strengths? \_\_\_\_\_

In what area would you like to see your child improve? \_\_\_\_\_

We are always looking for volunteers in our program that can offer their time. What would you be able to contribute to our program? (occupation, hobbies, interests)? \_\_\_\_\_

What would be a learning goal for your child? \_\_\_\_\_

How does your child solve problems? \_\_\_\_\_

ID # _____
Grade _____
Entry Date _____
Enter Code _____
Teacher/Counselor _____



## Registration Form

Save As
Print

Date: \_\_\_\_\_

Please print and fill in all information

School Name: \_\_\_\_\_

<b>Section 1: Student Information</b>									
Last Name			First Name				Middle Name		
Grade	Gender	M <input type="checkbox"/>	F <input type="checkbox"/>	Date of Birth	Birth State	Birth Country			
Resident Address					City	State	Zip	Phone	
Mailing Address (if different)									
Are you Enrolled in an Online School or a Home School? Yes <input type="checkbox"/> No <input type="checkbox"/>									
Does your family qualify for Migrant service? Yes <input type="checkbox"/> No <input type="checkbox"/>									
Are you a Refugee Yes <input type="checkbox"/> No <input type="checkbox"/>									
Race/Ethnicity: You must answer both parts of the following questions.									
Part A: Do you consider yourself to be of Hispanic/Latino origin? Yes <input type="checkbox"/> No <input type="checkbox"/>					<input type="checkbox"/> 1=American Indian or Alaska Native <input type="checkbox"/> 2=Asian <input type="checkbox"/> 3=Black or African American <input type="checkbox"/> 5=White <input type="checkbox"/> 6= Native Hawaiian or Other Pacific Islander				
Part B: Which of the following groups describe your race? (you may select more than one)									

<b>Section 2: Parent /Guardian Information</b>									
1. Parent/Guardian Name					Relationship				
Address					Phone				
					Cell				
Employer					Work Phone				
Email:					Email:				
2. Parent/Guardian Name					Relationship				
Address					Phone				
					Cell				
Employer					Work Phone				
Email:					Email:				

**Section 3: Custody: A Custody Statement must be filled out each school year ( Form in registration packet)**

**Section 4: Emergency Information if parent/guardian cannot be reached in case of EMERGENCY, please contact:**

1. Last Name	First Name	Phone Home	Relationship to Student
		Cell	
		Work	
2. Last Name	First Name	Phone Home	Relationship to Student
		Cell	
		Work	

**Section 5: Person(s) allowed to pick up student PRIOR to end of school day (Dr, Dentist, appointments etc.)**

1. Last Name	First Name	Relationship to Student	Notes:
2. Last Name	First Name	Relationship to Student	Notes:

**Section 6: Medical: A Health History Form must be filled out each school year (Form in Registration Packet)**

**Section 7: Previous School Information**

Has student attended a public U.S. school continuously for more than 3 full academic years? Yes  No

Has student ever been enrolled in District 51 under another name? List Name(s): \_\_\_\_\_

Has student ever attended any District 51 school or Preschool?  Yes  No

Has your student ever received Gifted and Talented Services?  No  Yes - In state  Yes - Out of state

**Has your student ever received Special Education Services?**  No  Yes - In state  Yes - Out of state

Last School Attended? \_\_\_\_\_ City/State \_\_\_\_\_

**Section 8: Home Language Survey** Mark only those that apply to your family (Please don't include languages you've learned in school)

1. What was the first language spoken	English <input type="checkbox"/>	Spanish <input type="checkbox"/>	Other <input type="checkbox"/>
2. Identify all languages spoken in the home	English <input type="checkbox"/>	Spanish <input type="checkbox"/>	Other <input type="checkbox"/>
3. List all languages understood by student	English <input type="checkbox"/>	Spanish <input type="checkbox"/>	Other <input type="checkbox"/>
4. Language spoken in the home by student	English <input type="checkbox"/>	Spanish <input type="checkbox"/>	Other <input type="checkbox"/>
5. Has your child ever been enrolled in an English as a Second Language Program?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
6. Do you require district information translated in a language other than English?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If yes, what language? _____

\*I request the school to notify me in case of an emergency or serious illness. If I am unable to be reached, I grant permission for the school to contact appropriate emergency agency/facility.

X Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Emergency persons allowed to pick up your student only during an emergency

1.Name:	2.Name:	3.Name:
Phone:	Phone:	Phone:
Relationship:	Relationship:	Relationship:

Address 1:

Address 2:

Address 3:

# Parental Rights/Custody Statement

District 51 requires a new custody agreement to be completed each year for every student.

Student Name: \_\_\_\_\_ ID \_\_\_\_\_ Grade \_\_\_\_\_

Is there a custody agreement for this student?

YES Please complete this custody statement.

Date of Agreement \_\_\_\_\_

- Attach copy of custody agreement

NO Please sign and date below.

1. Is this student subject to a court order regarding school attendance, custody or a major decision making agreement?

Yes      No

2. Who has legal custody or major decision making responsibility?

\_\_\_\_ Mother    \_\_\_\_ Father    \_\_\_\_ Both    \_\_\_\_ Other -Please Specify \_\_\_\_\_

Please complete Parent(s) or Legal Guardian(s) name and address: if you need additional space please use the back of the form

Father/Guardian

Mother/Guardian

Address

Address

City, State, Zip

City, State, Zip

Home Phone

Home Phone

Work Phone

Work Phone

District 51 is not responsible for enforcing Parenting Rights/Issues, including which days parents have visitation.

If both parents share joint decision making regarding educational decisions and are unable to reach an agreement for the child, or in the absence of parent authorization, the school will make a decision based on the best interest of the child. Under the Privacy Act of 1974, parents are entitled to copies of their child's records, unless their rights have been terminated by the courts or the district has received a Colorado Court Restraining Order specifically requesting we not release student records to the requesting parent.

PLEASE NOTE: If possible, both parents must sign this statement indicating they agree with the above information. If there is only one signature, District 51 requires an explanation as to why there is only one signature.

**X**

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

If only one signature, please explain why: \_\_\_\_\_



Name \_\_\_\_\_

Allergies \_\_\_\_\_  
\_\_\_\_\_

Special Instructions if a reaction happens \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medication for allergies \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact \_\_\_\_\_



CHILD'S STATEMENT OF HEALTH STATUS FOR ENROLLMENT IN A CHILD CARE FACILITY

The child care facility must obtain for every child who enrolls in child care programs a signed and dated statement of the child's current health status which indicates the child's abilities and/or limitations to participate in a regularly scheduled child care program. This report is to be filled out by a licensed physician or other health care professional who has seen the child in the last twelve months.

Name of Facility \_\_\_\_\_ Type of Facility \_\_\_\_\_

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Past Illnesses - check those the child has had and give approximate dates:

Chicken Pox _____	Rubeola _____	Rubella _____
Rheumatic Fever _____	Asthma _____	Hay Fever _____
Diabetes _____	Mumps _____	Epilepsy _____
Whooping Cough _____	Polio _____	Other _____

Comments: \_\_\_\_\_

Surgery/Accidents/Illnesses/Chronic Health Problems: \_\_\_\_\_

Describe any physical condition requiring the facility's special attention: \_\_\_\_\_

Medication(s) prescribed: \_\_\_\_\_

Allergies: \_\_\_\_\_ and prescribed routine: \_\_\_\_\_

If tuberculin test given: Date \_\_\_\_\_ Result \_\_\_\_\_

If chest x-ray taken: Date \_\_\_\_\_ Result \_\_\_\_\_

Vision \_\_\_\_\_ Hearing \_\_\_\_\_

Please record immunizations and dates administered on the Colorado Department of Health Certificate of Immunization and attach to this form.

Date of my most recent examination of the child: \_\_\_\_\_



Signature of licensed physician or other health care professional \_\_\_\_\_ Date \_\_\_\_\_

Please print: \_\_\_\_\_  
Name of Physician/Health Care Professional  
\_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
\_\_\_\_\_  
Zip \_\_\_\_\_ Phone \_\_\_\_\_

## Medical Treatment Authorization Form

This form grants temporary authority to Independence Academy Pre-K to provide and arrange for medical care for a minor in the event of an emergency, where the minor is not accompanied by either parents or legal guardians, and it may not be feasible or practical to contact them. This form should be given to Director or Principle and then carried by the Director or Principal.

**Minor**

Full Legal Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Female \_\_\_\_\_ Male \_\_\_\_\_

**Information for Medical Treatment** Physician's Name and Location of Practice:

\_\_\_\_\_

Physician's Phone # : (\_\_\_\_) \_\_\_\_\_

Medical Insurer/Health Plan: \_\_\_\_\_ Policy #: \_\_\_\_\_

Insurance Phone : (\_\_\_\_) \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

Allergies (Other): \_\_\_\_\_

Please note **all** conditions for which the child is currently receiving treatment:

\_\_\_\_\_

Note any other significant medical information:

\_\_\_\_\_

**AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)**

I do hereby state that I have legal custody of the aforementioned Minor. I grant my authorization and consent for \_\_\_\_\_ (hereafter "Director/Principal") to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Director or Principal to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Director or Principle in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

Parent / Legal Guardian Printed Name: \_\_\_\_\_

Parent/ Legal Guardian Signature: \_\_\_\_\_

Date \_\_\_\_\_

# Authorization for Emergency Medical Care

I, \_\_\_\_\_ hereby give my permission to Independence Academy Pre-Kindergarten staff to call for medical or surgical care (911) for my child, \_\_\_\_\_ should an emergency arise. It is understood that a conscientious effort will be made to locate me before emergency action will be taken, but if this is not possible, the expenses of emergency medical treatment or care will be accepted by me.

***Preferred Hospital  
(please circle)***

St. Mary's Hospital  
2635 N 7th St, Grand  
Junction  
(970)298-2273

Community Hospital  
2351 G Rd, Grand  
Junction  
(970)242-0920

Colorado Canyons  
Hospital  
300 W. Ottley Ave,  
Fruita  
(970)858-3900

***Physician***

***Dentist***

<b>Name:</b>	<b>Name:</b>
<b>Address:</b>	<b>Address:</b>
<b>Phone:</b>	<b>Phone:</b>

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Parent/Guardian Signature and Date

## Authorization for Sunscreen Application

IAPK will provide **NO-AD Sun care Sunscreen (SPF 50)**, which will be applied by the child daily before leaving the classroom for any outdoor activity. Notification of application by parent will be verified at sign-in and, if needed, sunscreen will be available for the parent or guardian to apply at drop-off. If additional sunscreen is required during the preschool day, sunscreen in its original container, will be supplied and applied by the preschool staff. Children over 4 years of age may apply sunscreen to themselves under the direct supervision of a staff member.

I, \_\_\_\_\_ hereby give my permission to Independence Academy Pre-Kindergarten program for my child \_\_\_\_\_ to self-apply sunscreen.

**Sunscreen brand provided: NO-AD Suncare Sunscreen (SPF 50). Initial for consent to use this brand \_\_\_\_\_**  
**If another brand is desired, it must be provided by the parent/guardian, in its original container and labeled with the child's first and last name.**

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Parent/Guardian Signature and Date

For Office Use:

Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_



District 51 requires a new Publicity and Media Consent form be completed each year for every student.

## PUBLICITY AND MEDIA CONSENT FORM

(Parent Name) \_\_\_\_\_

Parent/guardian of (PRINT CHILD'S NAME)  
\_\_\_\_\_

I consent to my Child being photographed, video/audio taped and/or interviewed by representatives of television, radio and other news or broadcast media organizations if such photographs, video/audio recordings or interviews are authorized in advance by Mesa County Valley School District 51 ("District") and are supervised by District or school personnel.

I also consent to Mesa County Valley School District taking, using, disclosing, posting or publishing photographs or video/audio recordings of my Child for official school or District communication purposes via print or internet-based media, including, but not limited to, District publications, District or school-sponsored websites, including District or school sponsored web pages on third-party social networking websites. I understand that by giving such consent a photograph or video/audio recording of my Child may be disseminated or disclosed to the general public or to television, radio and other news or broadcast media organizations who receive or have access to such District publications, websites or web pages.

\_\_\_\_\_ Yes I will allow the above media release

\_\_\_\_\_ No - I do not allow the above media release

X \_\_\_\_\_ P \_\_\_\_\_ / \_\_\_\_\_ Date \_\_\_\_\_  
SIGNATURE OF PARENT GUARDIAN

Mesa County Valley School District 51

JS-E

STUDENT USE OF INFORMATION TECHNOLOGY RESOURCES

(Responsible Use Agreement)

Superintendent Effective Date: May 4, 2010

Revised: February 29, 2012

Page 1 of 1

Mesa County Valley School District 51 offers students access to computers and the Internet to support the District vision and mission. In order to provide open access to the resources, tools and equipment we believe are essential to teaching and learning, it is important that users understand their responsibilities and conduct themselves as responsible learners at all times. Students and parents should read the District's policy (JS) and regulation (JS-R) on Student Use of Information Technology Resources, which can be found online at the District's website using the following links:

<http://www.d51schools.org/board/policies/documents/JS.pdf>

<http://www.d51schools.org/board/policies/documents/JS-R.pdf>

Alternatively, students or parents may request a printed copy from school administration.

Listed below are guidelines that outline responsible use.

**I will:**

- Keep private information private. (My password and identity are mine and not to be shared.)
- Treat others with respect, both online and offline.
- Report anyone who tries to use the computer to hurt or harass me to a teacher or other adult.
- Tell adults when someone makes me uncomfortable.
- Strive to be and encourage others to be a responsible digital citizen.
- Have appropriate conversations in all my interactions with others.
- Use computers and personal devices for school-related purposes; realizing we share limited bandwidth and wireless connections.
- Credit my sources when I am using other people's information, images, audio or other material.
- Respect the work of other students and not try to copy, damage, or delete their work.
- Follow District policies, rules, and regulations; including copyright policies.
- Ask for permission before connecting my own devices to the District network.

**I will not:**

- Read another student's private communications without permission.
- Use improper language or pictures.
- Use communication tools to spread lies about others.
- Pretend to be someone else online.
- Give out my full name, password, address or any other personal information to someone I don't know.
- Give out the full name, address, or picture of others.
- Send e-mail to anyone who asks me not to.
- Look for, read, view, or copy inappropriate pictures or information.
- Load software on District computers or network, unless I have received permission.
- Try to get access to or make the computer or network do things not approved by my school and the District.
- Use technology to intimidate, hurt or harass another individual.

**Consequences for misuse:**

Depending on the nature of the misuse:

I might not be allowed to use the computers or the District network.

I may be suspended or expelled from school or be referred to law enforcement

Student ID

Student's Name (Printed)

Student's Signature (Grades 6-12)

Date

I have made sure my child understands the expectations of this document and the District's policy and regulation.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

**NOTE:** Completed forms will remain on file at the student's school for as long as the student is attending the school.