



# Eagles' Nest Early Learning Center

10655 Highway 119, Black Hawk, CO 80422 Phone: 303-582-0895

**Enrollment Date:** \_\_\_\_\_

**Child's Name**(First,Middle,Last): \_\_\_\_\_

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

**Gender/Ethnicity/Race:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_  
\_\_\_\_\_

**Mother/Guardian**

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

Home Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

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

**Father/Guardian**

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

Home Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

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

**Please list person(s) who HAVE your permission to pick/up deliver your child:**

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Contact in case of emergency? Yes / No (circle) \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Contact in case of emergency? Yes / No (circle) \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Contact in case of emergency? Yes / No (circle) \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

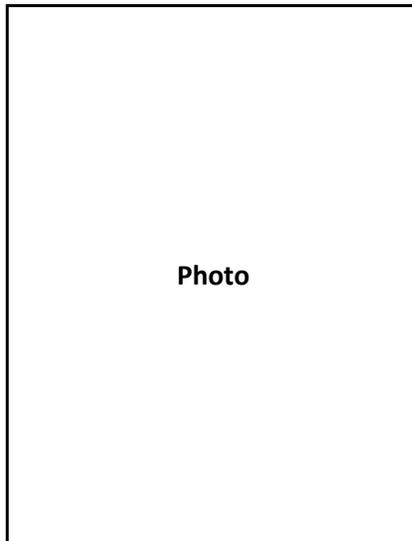
Cell Phone: \_\_\_\_\_

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

Contact in case of emergency? Yes / No (circle) \_\_\_\_\_

**Please list person(s) NOT permitted to pick up your child:**

\_\_\_\_\_



**Mother/Guardian**

**Signature:** \_\_\_\_\_

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

**Father/ Guardian**

**Signature:** \_\_\_\_\_

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

# Parental Consent Form

If you do not give permission for an item, write NO over that item and sign it.

## Pictures

I hereby authorize Eagles' Nest Early Learning Center to take photographs of my child. Photos will only be used in the center or classrooms. Pictures of your child will not be given out for social media or to the news papers.

Parent or Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

## Walks/Field Trips

I give permission for my child to be taken on short walks around the center or to walk my child to or from Gilpin County School. When the class is not in their room or on the adjacent playground, a note will be posted on the door. The note will describe where the group is, when they left, and when they expect to return. Parent/guardian will be asked to sign a permission slip for that trip.

Parent or Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

## Transportation

Parents will receive information prior to any field trip that requires transportation and will be asked to sign a permission slip for that trip. I give permission for an Eagles' Nest staff person to take my child on a previously informed field trip.

Parent or Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

## Sunscreen

I give permission for an Eagles' Nest staff person to REAPPLY sunscreen as needed. I understand that I need to bring a bottle with my child's full name on it. Waterproof and all day formulas are recommended. I also understand that it is my responsibility to bring my child wearing sunscreen. If you do not have a chance to apply sunscreen, let your child's teacher know, so they can apply it. Please remember how long it could take a group of 5-10 children to get outside if several children

Parent or Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

## Lotion/Topical Preparations/ Bug Spray

I give permission to use lotion, bug spray, diaper rash ointment, and any other ointment while at the center with written parental authorization. These preparations may not be applied to open wounds or broken skin unless there is a written order by the prescribing health care practitioner.

Parent or Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

## TV/Video/Computer

I give permission for my preschool age child to have the use of computers, videos, and/or television. The use of media will be permitted only with the written approval of a parent or guardian. These activities will not contain inappropriate content. All children will be provided an alternative activity once they lose interest in the media activity. The use of the classroom computer is a free choice activity with time limits of 10 minutes.

Parent or Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

## Emergency Medical Release and Transportation

I understand that no emergency treatment may be given without parental consent except in a life-threatening situation. Because informed consent must be given at the time of the incident, I agree to leave numbers where I (or my spouse or a responsible adult designated by me) can be reached promptly (Emergency numbers can be found on page 1). Eagles' Nest Early Learning Center will provide first aid and take appropriate measures including contacting the emergency medical services (EMS) system. My child will be transported by an ambulance or other rescue vehicle to the nearest hospital or my hospital of choice only when his/her condition is life threatening. At no time will a staff member drive with my child to the hospital. I hereby authorize Eagles' Nest Early Learning Center to follow this procedure. Eagles' Nest Early Learning Center has permission to use discretion in securing medical aid in an emergency. The parent/legal guardian must pay any and all expenses incurred. Eagles' Nest Early Learning Center and/or its personnel responsible for obtaining medical aid will not be responsible for any expenses incurred.

Parent or Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

## General Health Information

### Please Attach the Following Items:

\_\_\_\_\_ **Current Immunization Records**

\_\_\_\_\_ **Health Approval from your doctor's office**

Doctor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

Dentist Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

### Hospital Preferred for Emergency Treatment: (Check One)

\_\_\_\_\_ Boulder Community Foothills, 4745 Arapahoe Ave. Boulder, CO 80301 (303) 938-4710  
\_\_\_\_\_ Children's Hospital, 13123 E. 16th Street, Aurora, CO (720) 777-1234  
\_\_\_\_\_ Good Samaritan Medical Center, 200 Exempla Circle, Lafayette, CO 80026 (303)689-4000  
\_\_\_\_\_ Lutheran Exempla Hospital, 8300 W. 38th Ave. Wheat Ridge, CO 80033 (303)425-4500  
\_\_\_\_\_ Other (if other please fill in information below)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Health Insurance: \_\_\_\_\_

Policy Number: \_\_\_\_\_  
Group Number: \_\_\_\_\_

Describe any recurrent health problems / medical conditions (such as asthma, seizures, ear infections, diabetes, etc.) illness, hospitalization or concerns with development:

\_\_\_\_\_ None  
\_\_\_\_\_ Describe (please include a doctor's note with instructions for Eagles' Nest Early Learning Center Staff)

Surgery, Accidents, Illnesses, Chronic, or Handicapping Problems: \_\_\_\_\_

Special Diet: \_\_\_\_\_

Allergies and Type of Reaction: \_\_\_\_\_

Drug Reactions: \_\_\_\_\_

Current Medications: \_\_\_\_\_

**Note: Before any Eagles' Nest Early Learning staff may dispense ANY medication, including over the counter medication, a Medication Administration form must be completed and signed by the doctor and parent/guardian and returned to us. Forms are available from your classroom teachers.**

## **THE AMERICANS WITH DISABILITIES ACT**

The Americans with Disabilities Act (ADA) gives civil rights protection to individuals with disabilities similar to those provided to individuals on the basis of race, color, sex, national origin, age and religion. It guarantees equal opportunity for individuals with disabilities in public accommodations, employment, transportation, state and local government services and telecommunications. According to Title III of the ADA, child care center and family child care homes are public accommodations and must comply with this law. The ADA went into effect in January 1992.

The ADA mandates that equal access be given to all children with disabilities in child care programs and that children with disabilities are fully integrated into the regular activities. The law not only covers the facility where child care is offered, but also features which are needed to access the facility such as sidewalks, doors and bathrooms. However, child care providers are not expected to do the impossible.

Child care programs are required to make “readily achievable accommodations” for all children with disabilities. “Readily achievable” is defined as being “able to accomplish easily and without much difficulty or expense.” Programs are not required to make changes that would create an undue burden, which is most simply defined as creating significantly difficult or expense, or increasing safety or crime considerations.”

For the purposes of the ADA, a disability is a “physical or mental impairment that substantially limits one or more major life activities.” Short term or temporary illnesses or conditions do not qualify.

Child care programs are required to make an individual assessment about whether it can meet the particular needs of the child without fundamentally changing the program. The ADA generally does not require centers to hire additional staff or provide constant one-to-one supervision of a particular child with a disability.

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