



Monument Academy

New Student Registration for Preschool 2019-2020

Enrollment Packet must be completed in its entirety. Incomplete packets will not be accepted and your child's seat will not be guaranteed.

Registration Packet Contents

- ☐ Registration Form
- ☐ Home Language Survey
- ☐ Health Information Form
- ☐ Allergies Form (Provided by Request)
- ☐ Preschool Letters of Agreement/Handbook Acknowledgment
- ☐ Authorization to Transport
- ☐ Preschool Tuition Contract

Parent Provided Documentation

- ☐ Physician Authorization to Attend Preschool (Provided by Physician)
- ☐ Birth Certificate (Copy)
- ☐ Immunization Record (Copy)
- ☐ Copy of Parent Picture ID
- ☐ Custody Documentation or Power of Attorney
(Only if student will not reside with both parents)

Pay Fees: Tuition Deposit & Materials Fee

Sent to District: _____ Date: _____ Sent By: _____

Registration Form

Student Last: _____ Student First: _____ Student Middle: _____ Start Date: _____

Grade: _____ Gender: Male Female Birth Date: _____ Place of Birth: _____

Ethnicity (Choose One): Hispanic/Latino: _____ Not Hispanic: _____

Race (Choose one or more):

American Indian or Alaskan Native- A person having origins in any of the original people of North, Central, or South America.

Asian- A person having origins in any of the original people of the Far East, Southeast Asia, or the Indian Subcontinent.

Black or African American- A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Pacific Islander- A person having origins in any of the peoples of Hawaii, Guam, Samoa or Pacific Islands.

White- A person having origins in any of the peoples of Europe, Middle East or North America.

Male Head of Household: _____ **Employer:** _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____ Legal Guardian: Yes No

Relationship to Student: _____ Reside With: Yes No

Female Head of Household: _____ **Employer:** _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____ Legal Guardian: Yes No

Relationship to Student: _____ Reside With: Yes No

Street Address: Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: Address: _____

(If Different) City: _____ State: _____ Zip Code: _____

Names of other children in the household (Please Include Preschool Students)

Last Name: _____ First Name: _____ Middle: _____

Grade: _____ Birth Date: _____

Last Name: _____ First Name: _____ Middle: _____

Grade: _____ Birth Date: _____

Registration Form (Continued)

Emergency Contacts: List individuals that live locally, can be reached and are authorized to pick up your student.

Last Name: _____ First Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Last Name: _____ First Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Last Name: _____ First Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Has your child ever been in a Colorado School? Yes No

Has your child ever been in the District before? Yes No

Has your child ever been assigned to any Special Programs? Yes No

If Yes, please check which Special Programs?

IEP

G/T

RTI

504 Plan

READ

Child Find

Other _____

Last School Attended: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

If neither guardian nor emergency contact are available, I authorize school personnel to use their best discretion in caring for my student.

Signed By: _____ Date: _____

School Assignment: _____ Contact /Phone: _____ Transportation: _____

Copies To: Parent: School: ESS(IEP): Accounts Payable: (Pre-K/K)

Information Entered By: _____

Home Language Survey

Student Last: _____ Student First: _____ Student Middle: _____

Birth Date: _____ Parent/Guardian Name: _____

What Language(s) did your child use when he/she began to speak? _____

What languages are spoken to the child by the following people?

Mother _____ Father _____ Siblings _____ Others in the Home _____

Yes No Do the adults in your home (parents, guardians, grandparents, others) speak to each other in a language other than English all or part of the time?

If Yes, what language(s) are spoken/how often?

Child's Country of Birth: _____ Date Child Entered Colorado: _____

Date Child Entered USA _____

Can information be sent home in English? Yes No

If a language other than English has been indicated above, your child's English proficiency may be tested.

Yes No Does your child understand the conversations between adults in the home when they are speaking a language other than English?

Yes No Does your child participate in the conversation even though he/she might use English?

What Language(s) did your child read? _____

What Language(s) did your child write? _____

Yes No Did your child ever attend school in another country?

If yes, in which country and during what grades? _____

What languages were used for instruction? _____

Parent or Guardian Signature: _____ Date/Time: _____

Health Information Form

This information will help us provide the best services for your child.

Student Legal Name: _____ Birth Date: _____ Grade: _____

Male Head of Household: _____ Relationship to Student: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Female Head of Household: _____ Relationship to Student: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Physician's Name: _____

Physician's Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Hospital: _____

Dentist's Name: _____

Dentist's Address: _____

City: _____ State: _____ Zip Code: _____

Check conditions listed below if student currently has any of the following:

- ☐ ADD
- ☐ ADHD
- ☐ Allergies
- ☐ **Student has EpiPen

- ☐ Asthma
- ☐ **Student has Inhaler

- ☐ Autism Spectrum Disorder
- ☐ Congenital Defects
- ☐ Depression
- ☐ Diabetes -Type I
- ☐ **Pen/Injections

- ☐ **Pump
- ☐ Diabetes -Type II
- ☐ Developmental Delays
- ☐ Head Injury
- ☐ Heart Condition
- ☐ High Blood Pressure
- ☐ Migraines
- ☐ Mood Disorder
- ☐ Neurological Disorder
- ☐ Orthopaedic Problems

- ☐ Prematurity
- ☐ Seizures/Epilepsy

Type of Seizures

Other:

Health Information Form Continued

If you check any above, please explain:

Is your child under medical care for any of the above health concerns: Yes No

Please explain medical care provided:

Does your student take medication regularly: Yes No

Medication: _____ Dosage: _____ Times a Day: _____

Taken for:

Has the student had any immunization within the last year? Yes No

Has the student had any serious injuries, illness or surgeries? Yes No

Describe:

Are there any physical conditions limiting the students activity? Yes No

Describe:

Does the student wear any prosthetic devices? (hearing aids, crutches, artificial limbs, braces)

Yes No

Describe:

Does the student wear glasses? Yes No

Does the student wear contact lens? Yes No

Does the student have a known color deficiency? Yes No

Optometrist Name:

Does your student have any hearing, speech or language difficulties? Yes No

Describe:

Date of last eye exam: _____ Date of last physical exam: _____

Date of last dental exam: _____

Does the student have any special dietary limitations? Yes No

Describe: _____

Any other health, emotional or legal concerns about the student? Yes No

Describe: _____

Does your student have an IEP, 504 or school action plan? Yes No

Is the student covered by a health insurance plan or Medicaid Yes No

Name of Carrier: _____

Previously reported condition which is now no longer a problem?

Is there anything about your child we need to know?

I give permission for this information to be shared with adults in the school setting who will be working with my child on a need-to-know basis. It is the responsibility of the parent to notify the school nurse whenever there is a change in the student health status or care.

Parent Signature: _____ Date: _____



Monument Academy

Preschool Parent Letter of Agreements

(initial) We have read, understand, and are committed to abide by the policies and procedures as outlined in the Monument Academy Parent/Student Handbook (specifically but not limited to the section regarding the preschool).

(initial) We confirm that the preschool child being registered is potty trained according to the guidelines as outlined in the Monument Academy Student Handbook.

(initial) We understand that Monument Academy Preschool follows the same basic calendar schedule as grades K-8 in regard to non-contact days including but not limited to holidays, an allotment of snow days and conference days. As such, these days have been taken into consideration with regard to the annual tuition and no tuitions will be refunded for delay start days, snow days or student absences.

(initial) If neither guardian nor emergency contacts are available, I/we authorize school personnel to use their best discretion in caring for my student. I/we understand I/we are responsible for all costs associated with the emergency transport of my student.

(initial) We understand that, according to the Rules regulating childcare centers 7.702.52. 2a & b), we are required to provide proof of the following in order to attend Monument Academy Preschool:
1) Our student's current immunizations or exemption status.
2) Current records from a physical examination done by a licensed physician. These records must be dated within the last twelve months.

(initial) It is our responsibility to keep this information current throughout the school year and to re-submit an updated copy upon the expiration of the previous exam. Monument Academy reserves the right to refuse attendance if the above stated documentation is not current and tuition will not be refunded for any days missed.

(initial) We give permission to release our student's photo/name for promotional purposes. We give permission to display our student's art work, including bulletin boards and displays within the school.

(initial) We give Monument Academy Preschool employees permission to apply sunscreen for my child. If we do not prefer to use the provided sunscreen (Rocky Mountain Sunscreen SPF 30) we will provide sunscreen for our child SPF 30 or higher. For ingredient information on Rocky Mountain Sunscreen SPF 30 go to www.rmsunscreen.com

Parent Signature: _____ Date: _____

Authorization to Transport

Student Name: _____

**The following persons ARE authorized
to transport my child to and from Monument Academy Preschool:**

Name: _____

Relationship: _____

Phone: _____

Name: _____

Relationship: _____

Phone: _____

Name: _____

Relationship: _____

Phone: _____

**The following persons ARE NOT authorized
to transport my child to and from Monument Academy Preschool:**

Name: _____

Relationship: _____

Phone: _____

Name: _____

Relationship: _____

Phone: _____

Name: _____

Relationship: _____

Phone: _____

Yes No I authorize Monument Academy preschool staff to sign my child in and out of class
for the express purpose of participating in car line during the 2018/19 school year.

Parent Signature: _____ Date: _____

Parent Print: _____ Cell Phone: _____ Daytime: _____

Preschool Tuition Contract

Dear Parent/Guardian,

Congratulations! Your child has been accepted to the Preschool program at Monument Academy. We are delighted you and your family will be joining Monument Charter Academy for the 2019-2020 school year.

From the options below, please let us know what schedule you would like for your child:

Level One Options (Must be 3 years of age prior to the first day of school)

☐ **M-TH AM** (8:00am – 11:00am & Fri 8:00am – 12:00pm)
10 Payments of \$400.00

☐ **M-TH PM** (12:00pm – 3:00pm)
10 Payments of \$300.00

Level Two Options (Must be 4 years of age prior to first day of school)

☐ **M-F Dual** (M-Th 8:00am ~ 2:45pm and Fri 8:00am ~ 12:00pm)
10 payments of \$700.00

☐ **T/Th All Day** (8:00am ~ 2:45pm)
10 payments of \$300.00

☐ **M/W All Day** (8:00am – 2:45pm) & **Fri** (8:00am – 12:00pm)
10 payments of \$420.00

The first payment plus a \$50 materials fee is due at this time. This is a **non-refundable deposit** that ensures your child's seat in the program.

The remaining payments are due the first day of each month from August to April.

Please sign the bottom of this form and return it with your non-refundable deposit. Make checks payable to Monument Academy. Call Julie Shook at 481-1950, extension 1709 if you are interested in paying by credit card, PayPal or automatic check withdrawal. Monthly tuition statements will not be mailed but will be posted on your Infinite Campus Parent Portal. Please visit www.monumentacademy.net for information on how to sign up for a Parent Portal.

Late Fees: If payment has not been received by the 10th of the month a \$10 late fee will be added to the balance due. If no arrangement for payment has been made and payment is 30 days past due, administration will be notified and your child may be removed from the Preschool program. By signing this acceptance letter you agree to make payment(s) when due and to abide by the policies and regulations of Monument Academy.

Student Name: _____

Parent Signature: _____ Date: _____

Address: _____ State: _____ Zip Code: _____

Email: _____ Daytime Phone: _____