



AUTHORIZATION FOR EMERGENCY CARE

I hereby authorize the staff of **Teaching Tree Early Childhood Learning Center** located at (424 Pine Street, Suite #100, Fort Collins, or 2109 Maple Drive, Loveland, CO) to call an emergency ambulance in case of accident or acute illness and to arrange for necessary emergency medical and surgical care in case I am not immediately available. It is understood that a conscientious effort must be made to notify me (Parents) before such action will be taken. I also agree to accept responsibility for the cost of medical services not covered by my insurance.

Child's Name: _____

**We must be provided the complete information below.
If you do not have a Doctor or Dentist you may put N/A and inform us as soon this information changes.*

Physician's Name: _____ **Phone:** _____

Address: _____ **City:** _____

Dentist's Name: _____ **Phone:** _____

Address: _____ **City:** _____

Which hospital do you want your child transported to: *You must list two.*

1st choice: _____ **Address** _____

2nd choice: _____ **Address** _____

Parent/Guardian Signatures:

Mother: _____ **Date:** _____

Father: _____ **Date:** _____

Legal Guardian: _____ **Date:** _____

_____ **Date:** _____

This form must have two signatures. If your child is in the custody of one parent, please indicate.

PERTINENT PATIENT DATA

1. Child's full name _____

2. Home address with zip code: _____

3. Home phone number with area code: _____

4. Child's date of birth: _____

5. Mother's full name: _____

Place of employment: _____

Phone # with area code: _____

6. Father's full name: _____

Place of employment: _____

Phone # with area code: _____

7. Name and policy number of insurance company: _____

8. Allergies to any foods or medications: _____

9. Date or year of child's last tetanus toxoid injection: _____

10. Any chronic or recurrent medical conditions: e.g.: Diabetes, Asthma

11. Any medication that the child takes daily over period of time: e.g.: insulin,

Phenobarbital, dilantin, etc. _____

12. Any special conditions that will help in the treatment of your child: e.g.: Hyperactive, afraid of

needles, etc. _____

Comments: _____

*This form will need to be updated annually.
Please inform your Director if any of this information changes.*



Teaching Tree Early Childhood Learning Center Registration Contract

Name of Child _____ Date _____

- I have received a copy of the Parent's Handbook and understand the policies of Teaching Tree. I have also received a copy of the letter from the Department of Social Services.

Parent/Guardian Signature

- I give permission for my child to be photographed. I understand that these photos, along with my child's name, may be used in the classroom as well as appearing in newspapers or other publicity.

Parent/Guardian Signature

- I give permission for my child to view videos while at Teaching Tree. I understand that only G rated movies and educational videos will be shown.

Parent/Guardian Signature

- I give permission for my child to sleep on a cot.

Parent/Guardian Signature

- In the event of a minor medical emergency, I authorize the staff of Teaching Tree to administer first aid to my child.

Parent/Guardian Signature

- I give permission for my child to participate in field trips as listed on my child's lesson plan.

Parent/Guardian Signature

- I give permission for the staff of Teaching Tree to administer medication to my child. I understand that only medication that I provide in its original container will be given. I also understand that authorization from my child's Doctor and myself is needed.

Parent/Guardian Signature

- I give permission for the staff of Teaching Tree to share information in matters related to the health, safety, education, and best interests of my child, as well as statistical information required for funding. I herewith release Teaching Tree from any and all liability to me for supplying such information.

Parent/Guardian Signature

- I give permission for Teaching Tree to apply sunscreen to my child for outdoor activities. Children over 4 years may apply sunscreen to themselves with direct supervision. TT will use Rocky Mountain sunscreen SPF 30 or higher that is paba free, waterproof, hypoallergenic, fragrance-free, non-greasy, moisturizing, and aloe based. A complete list of ingredients used in Rocky Mountain Sunscreen is available via written request to RMSS Offices, 12100 West 52nd Avenue #120, Wheat Ridge, CO 80033.

Parent/Guardian Signature

- DECA is a tool used to assess your child's social emotional development. Staff have undergone extensive training to learn about the program. Your child will be administered a pre and posttest. These results will be used in discussing developmental milestones and goals at conferences. These scores will also be supplies to funders to provide documentation of quality programming. No names will be used. I give permission for my child to participate in DECA. This will be an ongoing process.

Parent/Guardian Signature



CHILD INFORMATION FORM (ages 3-5)

Child's Name _____ Date _____

This form is used to gather information concerning your child that will allow our staff to help them adjust to routines at Teaching Tree.

1. Please describe your child's favorite activities or toys for both indoor and outdoor play. What types of experience does your child have playing with other children?

2. What are your child's eating routines at home? Where in your home do they eat? What are any foods that your child particularly likes or dislikes? Does your child have any food allergies?

3. How many hours of sleep does your child get at night? At naptime? Are there any special routines your child uses to go to sleep?

4. Does your child have any fears our staff should be aware of?

5. At this point, do you have any concerns about your child's development or behavior?

6. Has your child had any previous group care experiences? Please give places and dates.

INFANT/TODDLER INFORMATION FORM (ages 6 weeks to 2 years)

Child's Name _____ Date _____

This form is used to gather information concerning your child that will allow our staff to help them adjust to routines at Teaching Tree.

1. Please describe your child's favorite activities or toys for both indoor and outdoor play.

2. What are your child's eating routines at home:

Where in your home does he/she eat? _____ Does your child self-feed? _____

What type of cup does your child use? _____ What are foods that your child likes _____ or

dislike? _____ Does your child have any food allergies? _____

3. How many hours of sleep does your child get at night? _____ At naptime? _____ What routines does your child use to go to sleep?

4. How old was your child when he/she started to walk? _____

6. Does your child use a pacifier? _____ A bottle? _____

7. Are you potty training at home? _____ If so, please describe how? _____

8. How do you calm you child down? _____

9. Does your child have any fears our staff should be aware of? _____

10. Has your child had any previous group care experiences? Please give places and dates.

11. Is there anything else you would like the staff to know about your child? _____
