

Registration Packet
Welcome to McKinley Preschool!
2021-2022 School Year



We are a brand new preschool program in Canon City, held within McKinley Elementary School located at 1240 McKinley Street. There are four preschool classrooms with both half day and full day; AM and PM sessions serving children aged 2 ½ years old to kindergarten entry (5 by August 1st).

➤ **Please fill out this packet, using the checklist on the following page, and collect all of the required documents listed. Then return everything to ECHO at 490 North Diamond Ave or at the McKinley Office at 1240 McKinley Street.**

➤ **Once we receive your completed packet, your child's teacher will contact you, with more information regarding the classroom placement, open house, family orientation and give you the family handbook.**

Your children will flourish and grow in our preschool program and we are thrilled to be a part of their early childhood experiences! - Kelly Coyle, Director and Teacher

"Children need the freedom to appreciate the infinite resources of their hands, their eyes, and their ears, the resources of forms, materials, sounds and colors." - Loris Mallaguzzi

Required Documents for McKinley Preschool Checklist

___ Copy of Child's Birth Certificate

___ Immunization record

___ General Health Appraisal Form, signed and dated within thirty (30) calendar days after admission, and within thirty (30) calendar days following the expiration date of a previous health statement. Health statements must be dated within the past 12 months.

___ Enrollment and Family Contact Information

___ General Consent Form

___ Free and Reduced Lunch Form

___ If applicable, a health care plan authorized by the child's health care provider and parent(s)/guardian(s) defining the interventions needed to care for a child who has an identified health or developmental condition or concern including, but not limited to: seizures, asthma, diabetes, severe allergies, heart or respiratory conditions, and physical disabilities.

Enrollment and Family Contact Information

Date of Enrollment: _____

Child's Name: _____ Nickname: _____

Age: _____ Sex: _____ Date of Birth: _____

Home Address:

Primary Phone Number: _____

Family Members:

*Mother or Guardian's Name: _____

Address if different from child's:

Email: _____ Employer: _____

Employer Address: _____

Work Phone: _____ Cell or Home Phone: _____

*Father or Guardian's Name: _____

Address if different from child's:

Email: _____ Employer: _____

Employer Address: _____

Work Phone: _____ Cell or Home Phone: _____

Special instructions for reaching parents or guardians:

**Emergency Contacts and Authorized People for Pickup
Must provide at least two**

1. Name: _____ Phone: _____

Relationship to child: _____

Address:

2. Name: _____ Phone: _____

Relationship to child: _____

Address:

3. Name: _____ Phone: _____

Relationship to child: _____

Address:

4. Name: _____ Phone: _____

Relationship to child: _____

Address:

If you call to tell us one of these contacts is picking up, or arrange it ahead of time, the person must bring an ID.

Medication and Illnesses

Name, Address and Phone Number of Child's Doctor:

Name, Address and Phone Number of Child's Dentist:

Nearest hospital is:
St. Thomas More
1338 Phay Ave
Canon City, CO 81212
(719) 285-2000

Chronic Medical Conditions:

Does your child have a health care plan (for asthma, epi-pen, medication, etc)? _____
If so, the plan must be provided *before* the first day of child care.

Food Allergies and alternative substitutes:

Current Daily Medications:

Physical Limitations:

Operations or Serious Injuries:

Any sight, sound or touch sensitivities?:

Is he/she in any therapeutic services or early intervention?

I hereby give permission to McKinley Preschool to call a doctor or emergency medical services and for the doctor, hospital or medical service to provide emergency medical or surgical care for my child, _____.

It is understood that the child care provider will make a conscientious effort to locate the parent/guardians and emergency contacts listed on the registration document before any action will be taken. If it is not possible to locate emergency contacts listed treatment will not be delayed.

I/we will accept the expense of any emergency transportation, medical or surgical treatment.

Parent/Guardian Signatures:

Date: _____

Date: _____

General Consent Form

I, _____, give McKinley Preschool permission for the following, regarding my child _____ (please initial):

_____ Apply equate brand spf 50 sunscreen

_____ Apply insect repellent, for outdoor activities, when necessary

_____ Apply these topical ointments (chapstick, lotion, diaper cream) listed here and provided by me:

_____ Use pictures of my child on:

_____ McKinley’s website and Facebook Page

_____ ECHO’s website and Facebook Page

_____ In emailed parent newsletters

_____ McKinley Preschool’s website and Facebook Page

_____ Walk to nearby places of interest with at least 24 hours notice

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

Date: _____

**General Health Appraisal Form
Dated within the last 12 months**

(due by the first day of school or have a scheduled appointment within 30 days)

PARENT please complete AND SIGN

Child's Name:

Birthdate: _____

Allergies: None or Describe

_____ Type
of Reaction

Diet: Age Appropriate Special Diet

I, _____ give consent for my child's care health provider, school child care or camp personnel to discuss my child's health concerns. My child's health provider may fax this form (& applicable attachments) to my child's school, child care or camp personnel. FAX #: _____

Date: _____

Parent/Guardian Signature _____

HEALTH CARE PROVIDER: Please Complete After Parent Section Completed

Date of Last Health Appraisal: _____

Weight @ Last Exam: _____

Physical Exam: Normal Abnormal (Specify any physical abnormalities)

Allergies: None or Describe

Type of Reaction

Significant Health Concerns: Severe Allergies Reactive Airway Disease Asthma Seizures Diabetes Hospitalizations Developmental Delays Behavior Concerns Vision Hearing Dental Nutrition Other _____ Explain above

concern (if necessary, include instructions to care providers):

Current Medications/Special Diet: None or Describe

Provider Signature:

Next Well Visit: Per AAP* Guidelines or Age _____ This child is healthy and may participate in all routine activities in school sports, child care or camp program. Any concerns or expectations are identified on this form.

Signature: _____

Date: _____

*The Colorado Chapter of the American Academy of Pediatrics (AAP) and Healthy Child Care Colorado have approved this form. 04/07 *The AAP recommends that children from 0-12 years have health appraisal visits at: 2, 4, 6, 9, 12, 15, 18 and 24 months, and age 3, 4, 5, 6, 8, 10 and 12 years.*