

St. Therese Catholic School

STUDENT REGISTRATION CHECK LIST



Pre-School 3 years and 6 months by August 15th
Pre-Kindergarten 4 and 5 years old by August 15th

- ☐ Enrolled on TADS
- ☐ Background Information Form
- ☐ State Immunization Card
- ☐ Universal Medical Information/Emergency Contract/Release and Consent Form
- ☐ Physician's Release Form (**Dated after June 1, 2019 and must be on file before the 1st day of school**)
- ☐ Activities/Field Trip Release Form
- ☐ Video/Sunscreen Form
- ☐ Letter of Understanding
- ☐ Release of Liability/Waiver of Claims/Express Assumption of Risks (1 per family)

PLEASE CIRCLE PRESCHOOL SESSION YOU WILL BE ATTENDING

SESSION TIMES

TUITION FEES

Pre-School: 3 years 6 months (8/15/19)

(AM) Monday thru Friday 8:00am to 11:00am

\$220.00 per month

Pre-Kindergarten: 4-5 years old (8/15/19)

(PM) Monday thru Friday 12:00pm to 3:00pm
Friday - 12:00pm to 2:00pm

\$220.00 per month

Classrooms have limited availability. Please return the above documents to the school's office as soon as possible to ensure your child's slot is reserved. Please call the office, 561 – 1121 if you have any questions.

Thank you!

Gerard Flores

Gerard Flores
Principal,
St. Therese Catholic School

St. Therese Catholic School

For Internal School Administrative Use Only



BACKGROUND INFORMATION

Child's Name _____ Birthdate _____
Sex _____ Place of Birth _____ Nationality _____
Address _____ Telephone _____

Name of Mother or Guardian _____
Occupation _____ Work Phone _____

Name of Father or Guardian _____
Occupation _____ Work Phone _____

Marital Status of Parents _____
Custody-Visiting Arrangements _____

If child is adopted, list age at adoption _____
Is child aware of adoption? _____

List siblings and their ages _____

Are there other members of the household? If so, list name, age, and relationship _____

Is your child toilet trained? _____ Describe assistance needed and words used _____

Does your child nap? _____ When? _____
Does your child have any special fears? _____

Does your child have any problems with vision or hearing? _____
If so, please explain _____

Does your child have any allergies? _____
If so, please describe _____

Does your child take any regular medication? _____

When was your child last to a doctor? _____ Dentist? _____

Are there any special medical, physical, or emotional needs that the school or staff should be aware of?

List illness your child has had _____
Does your child have frequent colds? _____ Earaches? _____

St. Therese Catholic School



Sore throats? _____ Stomachaches? _____
Fevers? _____

Has your child had any serious accidents or operations _____
If so, please describe _____

Do you have any concerns about any aspect of your child's development? _____

Age at which your child . . .

Crawled on hands and knees _____ Sat alone _____ Walked _____
Named simple objects _____ Spoke in complete sentences _____
Slept through the night _____ Toilet trained _____

Do you feel your child's speech is clear? _____
Can strangers understand when he or she speaks? _____

Does your child play well alone? _____ In groups? _____
Are there neighborhood playmates _____
If so, with what age children does your child usually play? _____
Does your child accept correction easily? _____
What is the method of behavior control used in your home? _____

Please circle items below that describe your child . . .

Happy	Aggressive	Friendly	Moody	Clumsy
Dependent	Stubborn	Impulsive	Fearful	Quiet
Good-natured	Even-tempered	Attentive	Sympathetic	Shy

Sleepy

Other: _____

Has your child had group play experience? _____
Has your child been cared for by someone besides the family? _____
If so, please describe _____

Has your child gone to preschool or daycare before? _____
Please describe previous experiences _____

What do you hope will be included in your child's preschool program? _____

St. Therese Catholic School
UNIVERSAL MEDICAL INFORMATION/EMERGENCY CONTRACT/
RELEASE AND CONSENT FORM
2019-2020



**CONSENT TO TREATMENT OF CHILD
AND HANDLING OF CONFIDENTIAL INFORMATION**

I am a parent or legal guardian of _____,
_____, ("MY CHILD") WHO IS A STUDENT AT St. Therese Catholic School. I
have read, understand and consent to the following concerning my child:

Allergies: (for example, hay fever, strawberries, peanuts, etc.)

Medications: _____

Allergies to Medications: _____

Medicines to be Self-Administered by the Child: (See Below): _____

Dosage: _____ Frequency: _____

Medical Conditions: (for example, diabetes, epilepsy, heart conditions, etc.)

Disabilities: _____

**CONSENT TO TREATMENT OF CHILD
AND HANDLING OF CONFIDENTIAL INFORMATION**

I am a parent or legal guardian of _____,
_____, ("MY CHILD") WHO IS A STUDENT AT St. Therese Catholic School. I
have read, understand and consent to the following concerning my child:

- 1. First-Aid/Emergency Treatment:** Without limiting other emergency powers that may be provided by law; I authorize school personnel to administer first aid to my child if the school administration deems it necessary or appropriate to preserve the life, limb or well-being of my child. If the school administration believes, in its sole discretion, that a medical necessity exists beyond that which can be reasonably be dealt with on school grounds by school personnel, I authorize the school to contact and engage qualified medical personnel and arrange for emergency treatment of my child, including transportation either by school staff or by professional transport for medical, dental, surgical or hospital care of diagnosis, and I consent to that treatment for my child. Arrangements for treatment will be made in the following order of priority: 1) The "emergency physician" listed above; 2) the "primary physician" listed above; 3) another physician or health-care professional licensed by the State of Colorado. I understand and agree that I will be financially responsible for any such medical treatment.

St. Therese Catholic School

UNIVERSAL MEDICAL INFORMATION/EMERGENCY CONTRACT/ RELEASE AND CONSENT FORM *(continued)*



2. **Medical Supervision /Administration of Medicines:** I understand that the school is not legally obligated to store or administer medication for students and will not do so, either on a temporary or ongoing basis, except by special agreement. If I have indicated, by signing this paragraph below, that the school may administer medications to my child, and if the school has agreed to administer medications by signing this paragraph below, I authorize the school to administer the medicines listed on this form, as indicated, but recognize that the school does not thereby undertake any ongoing duty to administer drugs or medicine, or to supervise or participate in any self-medication or medical program or ongoing, routine or non-emergency needs of my child, all of which remain my responsibility. Before any medication is given by the school, I will provide those medications in their original pharmacy containers, with the child's name and doctor's instructions on the label, and I will provide a written, signed authorization from a physician, including complete instructions.

NOTE: ALL MEDICINES TO BE TAKEN ON SCHOOL GROUNDS, WHETHER SELF-ADMINISTERED OR ADMINISTERED BY THE SCHOOL (IF SCHOOL AGREES TO DO SO), MUST BE ARRANGED FOR IN ADVANCE, AND MUST BE PROVIDED IN THEIR ORIGINAL PHARMACY CONTAINER, INCLUDING THE CHILD'S NAME AND DOCTOR'S INSTRUCTIONS.

THE SCHOOL WILL NOT ADMINISTER MEDICINES UNLESS A PHYSICIAN'S WRITTEN AND SIGNED AUTHORIZATION, INCLUDING COMPLETE INSTRUCTIONS, IS ATTACHED TO THIS FORM.

In consideration of the arrangement indicated above, the undersigned hereby releases and discharges the Diocese of Pueblo, its constituent organizations, including but not limited to the School, and their respective officers, agents and employees for any and all claims for personal injuries or property damage that I or my child may suffer as a result of this arrangement whether or not such injuries or damages be caused by the negligence (whether active or passive) of any of the entities or individuals named or described above, excepting only injuries or damage resulting from Diocese's willful misconduct. I authorize and request the school to administer the above medications to my child on these terms.

Signature of Parent/Legal Guardian

On behalf of the School, I agree to supervise administration of the above medications, consistent with the terms contained herein.

Signature of School Principal

St. Therese Catholic School



UNIVERSAL MEDICAL INFORMATION/EMERGENCY CONTRACT/ RELEASE AND CONSENT FORM *(continued)*

3. ***Release of Student to Qualified emergency/Medical Personnel and Third Parties:*** Without limiting other emergency powers as may be allowed by law, in the event of disaster or medical necessity involving the life, limb or well being of my child in which it is necessary in the opinion of the school administration to transport my child from school property, or if it is necessary to evacuate the school grounds, the school will make a reasonable effort (in view of the nature of the necessity) to first contact a parent or legal guardian. If no parent/legal guardian is available, I authorize the school to release my child into the custody of third parties for the purpose of transporting my child from school grounds and arranging for such care as my child may need, in the following order of priority: 1) the persons listed above as emergency contacts; 2) qualified medical/emergency professionals; 3) another responsible adult.

4. ***Gathering, Use and Release of Medical Information:*** Without limiting other emergency powers that may be provided by law, in the event of disaster or medical emergency, I specifically authorize the gathering, use and release to, from, and among the school personnel and to, from and among any medical professionals, of any medical information reasonably necessary to provide emergency medical care and otherwise ensure the life, limb and well-being of my child, including without limitation, the information contained in this form, until I can reasonably be notified and take custody of my child.

I understand that this information will be requested, gathered and/or released only for the purpose of providing first-aid or emergency medical care necessary in the absence of a parent or legal guardian, or as otherwise allowed by law.

5. ***School Athletics:*** As a condition of participating in school athletics, the school reserves the right to obtain medical information regarding any physical or emotional condition or injury that pertains to my child's ability to participate safely and constructively in school sports, and to require a written medical clearance at any time before my child may participate in, or return to participation in, school sports activities during the school year. This information will be used solely to evaluate my child's ability to participate in school sports activities and will not be obtained by or disseminated to any third parties, except the school's coaches, administrators, trainers and athletic staff, and only for these purposes or as otherwise allowed by law.

6. ***Psychological and Educational Information:*** I understand that if any counseling services offered through the School, they are primarily short-term, temporary services aimed at the more effective education and socialization of my child within the school community, and to provide the means for teachers and the School Administration to serve my child and the school community more effectively. These services may involve the individual participation of my child, or the participation of my child in conjunction with family, teacher(s) and/or the School Administration. I understand that these services are not intended as a substitute for emergency psychological intervention, nor do they take the place of permanent, long-term, or comprehensive psychological counseling, therapy or medication, which are not responsibility of the School. I acknowledge that it is my sole responsibility to determine whether additional or different services are necessary, and whether to seek them for my child. I hereby give my consent for my child to receive counseling services through the School on these terms.

St. Therese Catholic School



UNIVERSAL MEDICAL INFORMATION/EMERGENCY CONTRACT/ RELEASE AND CONSENT FORM *(continued)*

Because these School counseling services are primarily intended to serve my child as a member of the school community, in addition to circumstances otherwise allowed or required by law I authorize the counselor, in his or her discretion, to share any information, diagnosis or recommendation derived from these services, and only such information, with me or another parent or legal guardian of my child, my child's teacher(s), the school principal or other school administrators. Such information will be used only for the purposes of facilitating the education or socialization of my child or of the School community.

Date: _____

Parent/Guardian's Signature: _____

7. ***Children with Disabilities:*** I understand that the school is not legally obligated to accept children with disabilities nor does it have the same level of funding for personnel, equipment, and other resources that may be available to private and/or government supported institutions to care for individuals with disabilities. I understand and agree that the School will try, but in fact may fail in its attempt, to adhere to the special needs and circumstances pertaining to my child, and I specifically agree to assume the risk that the school may fail in its attempt, including but not limited to, its attempts to provide proper supervision and/or to prevent classroom/playground bumps, falls, and other incidental contact and/or any related cuts, scrapes, etc. I also understand that any special accommodations or programs that may be made for my child or other children may be discontinued in the discretion of the School administration.

If I have indicated above that my child has a disability, in consideration of my child's enrollment in the school I authorize the school to perform whatever tasks and to impose whatever conditions the school deems in the best interests and safety of my child, including limitations on activities, or provision of special activities or supervision, and I authorize the school personnel and administration to gather, use and disseminate to other school personnel information concerning my child's disability as is reasonably necessary to further the education of my child and the efficient operation of the school community.

I hereby release and discharge the Bishop of Pueblo, a Corporation Sole (Diocese of Pueblo) and its constituent organizations, including but not limited to the School, and their officers, agents and employees from any and all claims for personal injuries or property damage that I or my child may suffer while my child is enrolled at the school which arise out of or relate to my child's physical condition and the school's oversight of that condition, whether or not such injuries or damage are caused by the negligence (whether active or passive) of the Diocese, excepting only such injuries or damage resulting from the Diocese's willful misconduct.

INITIALS OF PARENT/GUARDIAN: _____

St. Therese Catholic School
**UNIVERSAL MEDICAL INFORMATION/EMERGENCY CONTRACT/
RELEASE AND CONSENT FORM (continued)**



8. General Terms and Parental Consent:

CONFIDENTIAL MEDICAL OR EDUCATIONAL INFORMATION AS DESCRIBED IN THIS FORM WILL BE GATHERED, USED AND DISSEMINATED ONLY BY THE PERSONS AND ONLY FOR THE PURPOSES DESCRIBED IN THIS FORM OR AS OTHERWISE ALLOWED BY LAW.

THIS AUTHORIZATION IS EFFECTIVE ONLY FOR SCHOOL YEAR LISTED ABOVE, AND WILL EXPIRE ON JUNE 15, 2020. IT MAY BE REVOKED AT ANY TIME BY A WRITING SIGNED BY THE PARENTS. IF REVOKED, HOWEVER, THE SCHOOL RESERVES THE RIGHT TO SUSPEND OR TERMINATE THE ATTENDANCE OF THE CHILD AT THE SCHOOL.

I AGREE TO AND CONSENT TO THE ACTIONS DESCRIBED ABOVE AND HEREBY GRANT AUTHORIZATION OF THE SCHOOL TO OBTAIN AND USE MEDICAL INFORMATION AND RECORDS BY THE PERSONS, FOR THE PURPOSES, AND DURING THE TIME DESCRIBED ABOVE.

I UNDERSTAND THAT I HAVE THE RIGHT TO RECEIVE A TRUE COPY OF THIS AUTHORIZATION. BY MY SIGNATURE, I ACKNOWLEDGE THAT A TRUE COPY OF THIS AUTHORIZATION HAS BEEN RECEIVED BY ME.

DATED: _____

Signed: _____

Relationship to child: _____

Print name: _____

St. Therese Catholic School



PHYSICIAN'S STATEMENT *Preschool*

STUDENT'S NAME _____
Last First MI

Date of Birth _____

I have examined the above named student and _____ his/her participation in preschool activities.
approve/disapprove

RESTRICTIONS: _____

Signature of Physician Date: _____

Name of Physician (*please print or type*) Phone # _____

***Please Note: This statement must be current and dated after June 1, 2019.
The child may not attend unless the school has this statement on file in the office.**

St. Therese Catholic School

CONSENT AND RELEASE FOR SCHOOL ACTIVITIES, PROJECTS AND FIELD TRIPS Preschool



The Undersigned Parent or Legal Guardian of _____, a minor child (student) who is enrolled as a student at St. Therese Catholic School, hereby authorizes the student to participate in the activities of St. Therese Catholic School.

The undersigned also acknowledges and understands that some of the activities include projects and field trips away from the school. The undersigned consents and gives the student permission to participate in the activities, projects and trips that are conducted by the school away from school property.

In addition, consent is given to St. Therese Catholic School to use photos of school activities containing images of my child, publish works produced by my child as part of the curricula, and utilize photos or film footage of my child in advertising the school program or as part of a bonafide effort to promote the mission of the school.

This consent and release shall be in effect for the school year 2019-2020. To rescind this permission, there must be a written notice from the undersigned.

I have read the above consent and agree to be bound by its terms for my child named below:

Print Student's Name

Date _____

*Parent or Guardian Signature**

*Parent or Guardian Signature**

**If parents are divorced and there is joint custody, both parents must sign.*

St. Therese Catholic School
VIDEO POLICY AND SUNSCREEN POLICY
Preschool



Dear Parents,

In accordance with Colorado Division of Human Service's rules, our preschool must provide you with a policy for watching videos and applying sunscreen. We must have your written permission on file for these two activities. Please read the following policies and sign for each activity.

VIDEO POLICY

We believe children benefit most from hands-on and active learning. However, at times we will use educational videos as part of a learning unit or special occasion. These videos will always be "G" rated.

My child _____ ☐ **is** ☐ **is not** permitted to watch any videos shown at St. Therese Catholic School. I understand that only "G" rated videos will be shown.

Parent Signature

Date

SUNSCREEN POLICY

We normally do not go outside if it is very hot and sunny. However, in the event that we should go outside for an extended period of time, we will apply sunscreen to your child's exposed skin. A sunscreen especially made for children, will be applied. If you prefer to send your own sunscreen to school, please label it with your child's first and last name.

The staff at St. Therese Preschool ☐ **is** ☐ **is not** permitted to apply sunscreen on my child _____. I understand that my child will not be taken outside or on a very hot day unless an unexpected occasion arises.

Sunscreen to be provided by parent **No** ☐ **Yes** ☐

Type: _____

Parent Signature

Date

St. Therese Catholic School

LETTER OF UNDERSTANDING

Preschool



Date Enrolled _____ (to be filled out by Director)

We desire to have our child (or children) enrolled in St. Therese Catholic Preschool. We understand that:

1. Registration and enrollment is not assured until registration fee, and matters pertaining to tuition have been completed.
2. Tuition is due by the 15th of the month. **A late fee of \$35.00 will be assessed if tuition is paid after the 15th of each month.**
3. If any check is returned by a bank, unpaid, an additional \$35 service charge will be assessed.
4. Tuition is computed on a school year basis. It may be paid in full at registration or in nine (9) equal installments (September-May). Because tuition is an annual fee, **NO REFUNDS ARE GIVEN FOR ILLNESS OR VACATION.** These days can be made up by contacting the Preschool Director in advance.
5. In the event that tuition payment is not received, child (or children) will be withdrawn from preschool, and the obligation for unpaid tuition remains. For the following year's enrollment to continue, all tuition and fees must be paid by May 10th, or the child's enrollment will be suspended until payment is made.
6. No child is to be brought to preschool more than ten (10) minutes before class begins or picked up later than ten (10) minutes after class is over. **If a child is left beyond these limits a babysitting fee of \$5.00 will be charged and \$1.00 per minute there after, or the child may be withdrawn from preschool.**
7. If after a period of adjustment, a child displays anti-social or aggressive behavior, or is a threat to other children, the school reserves the right to withdraw the child (or children) from the preschool program.
8. If a child is withdrawn from preschool, a two (2) week notice is required so that another child can fill the vacancy. Tuition will be charged for two (2) weeks after the office is notified of withdrawal.
9. Because tuition does not cover all the operating expenses of the school, parents may sometimes be asked to participate in fundraisers.

We have read this document in its entirety, and on this _____ day of _____, in the year 2019-2020, agree to follow the school policies and rules.

Signature

Signature

St. Therese Catholic School

RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISKS, AND HOLD HARMLESS AGREEMENT



In consideration of my Child's participating in field trips and/or educational activities (the "Field Trips"), offered as part of the course curriculum to St. Therese Catholic School students enrolled during the 2019-2020 school year, I hereby agree as follows:

I, _____ enter into this agreement individually and on behalf of _____ [*insert name of child*], my son or daughter, who is not eighteen (18) years of age. For myself and my Child, and for our respective estates, heirs, administrators, executors, and assigns, I hereby release and hold harmless St. Therese Catholic School, its Executive Board, its officers, directors, employees, representatives, agents, and volunteers (collectively, the "Releases"), from any and all liability and responsibility whatsoever, however caused, for any and all damages, claims, or causes of actions that I or my Child, or our respective estates, heirs, administrators, executors, or assigns may have for any loss, illness, personal injury, death, or property damage arising out of, connected with, or in any manner pertaining to my child's participation in the Field Trips, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASES or otherwise.

I fully understand that there are potential risks and hazards associated with the Field Trips and its related travel, including, but not limited to, possible injury or loss of life. Despite the potential risks and hazards associated with the Field Trips, I, individually and on my Child's behalf, wish for him or her to proceed, and freely accept and assume all risks and hazards that may arise from his or her participation in the Field Trips and that could result in loss, illness, personal injury, death, or property damage to him or her, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASES or otherwise.

I further hereby agree to indemnify and hold harmless the Releases from any judgment, settlement, loss, liability, damage, or costs, including court costs and attorney fees from both the trial and appellate levels, that Releases may incur as a proximate result of any negligent or deliberate act or omission by my Child during his or her participation in the Field Trips.

In signing this agreement, I acknowledge and represent that I have read and understand it; that I sign it voluntarily and for full and adequate consideration, fully intending to be bound by the same; and that I am at least eighteen (18) years of age, fully competent, and the legal parent or guardian of my Child. I hereby agree that this agreement shall be construed in accordance with the local law and the state of Colorado, without respect to the conflict of law rules of Colorado or any other jurisdiction.

I HAVE READ THIS AGREEMENT, UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND AGREE INDIVIDUALLY AND ON BEHALF OF MY CHILD TO BE BOUND BY IT.

PARENT'S NAME (PRINTED) _____

PARENT'S SIGNATURE _____

DATE _____