



# Enrollment Packet 2010/2011

Preschool and Prekindergarten  
157 5<sup>th</sup> Street  
Frederick, CO 80530  
303-833-3868

### Office Use Only

Student Name _____
ID# _____ Ck'd DOB _____
Reg. Fee Pd. _____ Check# _____
Completed Packet _____ Meds _____

Applying for: \_\_\_ Preschool (3 yr. olds) \_\_\_ Prekindergarten (4 yr. olds)

To enroll in preschool a student must be 3 by October 1st.  
To enroll in prekindergarten a student must be 4 by October 1<sup>st</sup>.

Thank you for choosing the St. Vrain Valley School District. St. Vrain Valley School District Re-1J is an equal opportunity educational institution and will not discriminate on the basis of race, color, religion, sex, national origin, age, or disability in its educational programs, activities, or employment practices.

**Have you ever had or do you currently have students that attend St. Vrain Valley School District?**

- Yes       No

### STUDENT ENROLLMENT CHECKLIST

**Step One: Complete Enrollment Packet**

- Enrollment Packet
- Tuition Agreement
- Pink Emergency Card
- Individuals authorized to pickup child form
- Walking Field Trip Permission Form

**Step Two: Return to School with Completed Forms from Step 1 along with the following required items to complete enrollment of your child(ren)**

**STUDENT'S UP-TO-DATE IMMUNIZATION RECORD—REQUIRED\***

Certificate of Immunization must be approved by the Colorado Department of Public Health and Environment (CDPHE)

(Parents with a religious, personal, or medical objection to immunizations may sign an exclusion statement included on the Colorado Certificate of Immunization.)

- General Health Appraisal Form (signed by health provider)

**CUSTODY DOCUMENTS (Required if student does not reside with both biological parents)\***  
(any one of the following)

- Notarized letter from other parent acknowledging student will be registered in a St. Vrain Valley School District school.
- Court document stating you are the residential custodian
- Notarized guardianship letter stating both parents are giving guardianship to another party in matters of health and education.

\*PLEASE NOTE: Your child(ren)'s enrollment will NOT be processed if any of the required documents are missing.



# Primary Residence

Telephone Number for the Primary Residence #: \_\_\_\_\_

**Physical Address** House #: \_\_\_\_\_ Street Name: \_\_\_\_\_ Unit #: \_\_\_\_\_  
City: \_\_\_\_\_ County \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Mailing Address** (if different) House #: \_\_\_\_\_ Street Name: \_\_\_\_\_ Unit #: \_\_\_\_\_  
City: \_\_\_\_\_ County \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Is there an additional family living at this address? No Yes If yes, who? \_\_\_\_\_

If rented/leased, landlord's name \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Primary Language Spoken at Home: English Spanish Other \_\_\_\_\_

**Parent/Guardian #1** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Nickname (if applicable) \_\_\_\_\_ Gender: Male Female

Cell Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone # \_\_\_\_\_ Ext. \_\_\_\_\_

**Parent/Guardian #2** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Nickname (if applicable) \_\_\_\_\_ Gender: Male Female

Cell Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone # \_\_\_\_\_ Ext. \_\_\_\_\_

**Please list all children living in the household** (even those who are not attending school or are attending a different school).

First and Last Name	Gender	Birth Date	Attending School	Student ID #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



# Secondary Residence (if applicable)

**Note:** When a student does not reside with both parents, additional information must be on file so that the school can determine who is responsible for the student. If there are applicable legal documents, such as custody papers, a copy should be provided to the school.

**Note:** \*\*Step-parents are not considered legal guardians unless they have legal guardianship paperwork which must be provided to the school.

Mailings are sent to the primary residence listed for the student(s).

Do you want an additional mailing to go to this address? Yes No

**Telephone Number for the Secondary Residence #:** \_\_\_\_\_

**Physical Address** House #: \_\_\_\_\_ Street Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

City: \_\_\_\_\_ County \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Mailing Address** House #: \_\_\_\_\_ Street Name: \_\_\_\_\_ Unit #: \_\_\_\_\_  
(if different)

City: \_\_\_\_\_ County \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Parent/Guardian #3** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Nickname (if applicable) \_\_\_\_\_ Gender: Male Female

Cell Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone # \_\_\_\_\_ Ext. \_\_\_\_\_

**Parent/Guardian #4** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Nickname (if applicable) \_\_\_\_\_ Gender: Male Female

Cell Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone # \_\_\_\_\_ Ext. \_\_\_\_\_

### Please list all children living at the Secondary Residence

First & Last Name	Gender	Birth Date	Attending School	Student ID #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



# General Information and Policies

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**Your signatures indicate that you have read and understand the information below.**

## **CRS #22-33-104 COMPULSORY SCHOOL ATTENDANCE**

Two of the most important factors in ensuring a child(ren)'s educational development are parental involvement and parental responsibility. It is the obligation of every parent to ensure any child(ren) under their care and supervision receives adequate education and training. Please partner with the St. Vrain Valley School District to ensure your child(ren)'s attendance at the public school in which they are enrolled.

I have read the above statement and understand and accept the responsibility to ensure my child(ren)'s attendance.

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Parent/Guardian Signature

Date

The St. Vrain Valley School District encourages you to evaluate your own health and disability insurance to determine if you have adequate coverage for any injuries your child(ren) might sustain while at school or participating in school activities. Please be advised that the district does not carry insurance for your child(ren) on your behalf. The district may have no liability or only limited liability for injuries that occur at school or during school activities, pursuant to the Colorado Governmental Immunity Act. Voluntary Student Accident insurance is available to all students K-12. Application forms are distributed through the main office in each building.

Colorado Child Health Plan (CHP+) is a low cost health insurance plan for Colorado's uninsured children 18 and under whose families earn too much to qualify for Medicaid but cannot afford private insurance. To find out more about CHP+, call (800) 359-1991 or visit [www.cchp.org](http://www.cchp.org).

Colorado law allows schools to withhold the grades, diploma, or transcript for unreturned or damaged textbooks, library materials, or unpaid fees for materials used in class.

I hereby certify that the student(s) being enrolled is(are) not enrolled in an online program including but not limited to Colorado Online Virtual Academy, Branson Online or Hope Co-Op Online Learning Academy, and that I have thoroughly read and understand the information and questions of this enrollment form as noted by my signature below.

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Parent/Guardian Signature

Date



# Carbon Valley Academy Preschool

157 5<sup>th</sup> St.  
Frederick, CO 80530  
303-833-3868  
[www.cvapreschool.org](http://www.cvapreschool.org)

2010/2011 Enrollment  
Application

\$65.00 Application Fee Pd \_\_\_\_\_  
Check #: \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth\* \_\_\_\_\_  
Gender: (Please Circle) Male or Female Application Date \_\_\_\_\_  
Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Language spoken @ home: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Email \_\_\_\_\_

*\*3 year old program: must be 3 on or before October 1, 2010. \*4 year old program: must be 4 on or before October 1, 2010.*

Please answer the following questions:

1. Does the child live in this school's attendance area? Yes\_\_ No\_\_
2. Does the child have a sibling in this school? Yes\_\_ No\_\_
3. Does the child have a parent on staff at this school? Yes\_\_ No\_\_
4. Did the child attend this preschool in the previous year? Yes\_\_ No\_\_

A \$65.00 non-refundable application fee is required. Please make checks payable to Carbon Valley Academy.

Monthly Tuition:

- \$150.00 2 half-day classes
- \$200.00 3 half-day classes
- \$250.00 4 half-day classes

Please indicate your 1<sup>st</sup> & 2<sup>nd</sup> choice from the following programs offered at this school:

- \_\_ 3 year old class Tuesday and Thursday AM (8:15 - 11:15)
- \_\_ 4 year old class Monday, Wednesday, Friday AM (8:15 - 11:15)
- \_\_ 4 year old class Monday, Wednesday, Friday PM (12:20 - 3:20)
- \_\_ 4 year old class Monday, Tuesday, Wednesday, Friday PM (12:20 - 3:20)

Carbon Valley Preschool participates in CPP, the Colorado Preschool program that provides tuition assistance. Must meet free and reduced income guidelines to qualify.



## Parent Contract

Understanding that Carbon Valley Academy is a charter school, a school of choice, I \_\_\_\_\_,  
(Parent name)

have read and agree to the responsibilities of the following on behalf of my student, \_\_\_\_\_.  
(Student Name)

I will support the mission and intention of Carbon Valley Academy to provide rich content and solid skills instruction in an environment that champions character and personal academic achievement, through academic and character nurturing of my child, and respect to the school and it's staff.

I will ensure that my child arrives to school on time, and make every effort to help them have excellent attendance.

I will attend parent/teacher conferences and parent orientation meetings and make every effort to communicate with school staff as required.

I will ensure that my child treats students and staff members with kindness and respect and will take responsibility for my child for infractions according to the school's discipline policy.

Upon conflict with the school or teacher I will respect staff members and commit to resolve conflict with said persons individually, and then if resolution is not found, I will report to the administration of Board of Directors, as needed.

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(Parent signature/date)

This record is to be kept on file with the student's file and must be completed for enrollment in Carbon Valley Academy each year.



# Tuition Agreement

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

Child's Name: \_\_\_\_\_

Level of program child is attending:

\_\_\_\_\_ Level I Tuition    Tues., Thurs. Preschool            \$150.00/Month

\_\_\_\_\_ Level II Tuition    Mon., Wed., Fri. Pre-K            \$200.00/Month

\_\_\_\_\_ Level II Tuition Mon., Tues., Wed., Fri. Pre-K            \$250.00/Month

Yearly tuition is divided into 9 equal payments from September through May. Monthly payments remain the same regardless of in-service days, holidays, Thanksgiving, Winter and Spring breaks.

I understand that all monthly payments are due on the first day of each month in advance. I agree to pay a late payment of \$5.00 for 1 day late, \$10.00 for 2 days late, \$20.00 for 3 days late and \$40.00 for 4 days late. If my account falls short more than 1 week, then my child will not be able to attend until the balance is paid in full.

I agree to pay a \$65.00 registration fee and understand that it is non-refundable.

I have read and agree to comply with all tuition policies of Carbon Valley Academy Preschool.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## INDIVIDUALS AUTHORIZED TO PICK UP MY CHILD

CHILD'S NAME \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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