

WELCOME TO ST. LUKE'S LITTLE SCHOOL!

2020-2021



Dear Parents,

Welcome to the Little School family! Attached you will find the registration packet for the 2020-2021 school year. Please complete all forms and return to the school with 1 month of tuition which will be counted as May 2021 tuition by July 1, 2020. First month's tuition will be due September 1, 2020. We do not collect tuition for the month of August. Payment may be made via check or through our Smartcare app using either a credit card (there is an additional fee) or from your checking account (no fee). Please read our Parent Handbook which includes information regarding our school policies and state rules we must adhere to. It can be found on our website at www.stlukeslittleschool.org.

Monthly Tuition Fees:

Tuition for 2 days a week \$215

Tuition for 3 days a week \$300

Tuition for 4 days a week \$380

Tuition for 5 days a week \$515

(A discount of 10% is given for a second child, and 5% for additional children)

*All children must be fully immunized (unless an exemption form is filed) and independently potty-trained for our 3's, 4's, 5's and kindergarten classes.

Beforecare is offered Monday through Friday from 8:30 – 8:55am for a cost of \$3 per day. Aftercare is offered for potty-trained children from 1:00-3:00pm for \$15 per day. We also offer an optional Friday program for potty-trained children called STEAM (Science, Technology, Engineering, Art, and Math). Currently enrolled children who do not normally attend school on Fridays may sign up on a first come, first served basis, and the cost is \$35 per day.

Teachers and classes will be assigned in August. Please remember class placements take into account several factors including birthdate, teacher recommendations, and boy/girl ratios to name a few. We do our best to honor requests made before July 1st, however, our primary goal is meeting the social, emotional, and educational needs of the children at Little School. As a result, we cannot guarantee your requests will be honored. We have an amazing staff who are experts in child development, and they will ensure your child makes plenty of friends, feels loved, and flourishes in their classroom and around Little School. We are a family at Little School, and you and your child are important to us.

Your child will receive a letter from the school and their teacher during the second week of August. The Parent Back to School Night is August 20th (evening) and the Children's Meet The Teacher Day is August 21st (morning), with school beginning August 24th. Please keep an eye out for details for these events.

Over the summer, you may mail or leave any paperwork in the main office of the Church, as they are available M-TH from 9am-4pm (except lunch 12-1:00pm) and Fridays 9am-12pm. Little School is officially closed during the summer. For registration questions, please contact our Office Manager, Amanda at [amandal \(at\) stlukeshr.com](mailto:amandal@stlukeshr.com). For all other questions, please email [littleschool \(at\) stlukeshr.com](mailto:littleschool@stlukeshr.com). Phone messages are only checked once a week. Email is the best and quickest way to be in touch with us!

We are so excited to have you join us in the fall!

Grace and Love,

Kelly Amadeo

Director of St. Luke's Little School

8817 South Broadway, Highlands Ranch, CO 80129 • P: 303-791-1982 • F: 303-470-5615
[Littleschool \(at\) stlukeshr.com](mailto:Littleschool@stlukeshr.com)



St. Luke's Little School

REGISTRATION PACKET CHECKLIST

2020-2021

Please complete this checklist and return with your packet. Forms and 1 month of tuition (May 2021 tuition) are due by July 1, 2020.

Forms

_____ Child Information Form

_____ Child Medical Emergency Information Form

_____ Emergency Contact / Safe Pickup List Form

_____ Permission Agreement Form

_____ Getting to Know Your Child Form

_____ ***General Health Appraisal Form** All children enrolled must have a physical once each year. The form must be signed and dated by both the parent and health care provider.

_____ ***Immunization Record** All children must be fully immunized or submit an exemption form.

***A Note about Health Forms**

If you are a currently enrolled family and submitted updated health forms during the 2019-2020 school year, please check the line below. The health forms are valid for 1 year from the date of the last well check.

_____ **Current family, use health forms submitted during 2019-2020 school year**

Payment

1 month of tuition (counted as May 2021 tuition) is due by July 1, 2020. First month's tuition will be due September 1, 2020 (no tuition is collected for the month of August.) Please indicate payment preference below.

_____ **Payment via check**

_____ **Payment via Smartcare** (Fees will be deducted automatically on July 1st if you have set up auto-pay. Otherwise you will need to go into the Smartcare app to submit payment.)

****FULLY COMPLETED paperwork and payment received by July 1, 2020 will receive a \$10 credit towards October tuition per child.**

St. Luke's Little School CHILD INFORMATION FORM



Child Information

Child's Last Name	Child's First Name	Name to be used at school
DOB	Gender	Who does child live with?
Allergies or Medications	Special Concerns	

Family Information

Parent/Guardian 1	Relationship to Child	Email Address	
Home Address	City	State	Zip Code
Home Phone	Cell Phone	Work Phone	
Occupation	Employer		
Employer Address	City	State	Zip Code

Parent/Guardian 2	Relationship to Child	Email Address	
Home Address	City	State	Zip Code
Home Phone	Cell Phone	Work Phone	
Occupation	Employer		
Employer Address	City	State	Zip Code

The best way to reach me while my child is at school _____

Marital Status: Married _____ Divorced _____ Single Parent _____ Other _____

Who has legal custody? _____

May the non-custodial parent/guardian pick up the child? _____

Do you regularly attend St. Luke's UMC? _____ If not, home church? _____

St. Luke's Little School CHILD MEDICAL EMERGENCY INFORMATION FORM



Child's Last Name	Child's First Name	DOB	Gender
Allergies		Medications	

Medical/Health Insurance Contact Information

Child's Physician	Practice Name	Phone
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Physician's Address	City	State	Zip Code
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Child's Dentist	Practice Name	Phone
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Dentist's Address	City	State	Zip Code
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Health Insurance Company	Policy Number	Group Number
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Health Insurance Company Address	City	State	Zip Code
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Little School's Hospital of Choice is:

Littleton Adventist Hospital
7700 South Broadway
Littleton, CO 80122
303-730-8900

If you prefer a different hospital, list below:

In the event of an emergency, I as parent and/or legal guardian hereby give my permission to the staff and director of St. Luke's Little School to access emergency medical services for my child, including transport to the nearest health care facility, to receive emergency medical treatment.

It is understood that a conscientious effort will be made to locate me, and I accept the expense of care and transport.

Parent/Guardian Signature	Date
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St. Luke's Little School EMERGENCY CONTACT FORM SAFE PICKUP LIST



Child's Last Name	Child's First Name	DOB	Gender
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Emergency Contacts/Safe Pickup Other than Parents (someone local i.e. friend, neighbor, or relative)

Name 1	Relation to Child	Email
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Phone	Address	Safe to pick up?
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Will this person pick up the child on a regular basis (once a week or more) and need their own check-in code? ____ Yes ____ No

Name 2	Relation to Child	Email
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Phone	Address	Safe to pick up?
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Will this person pick up the child on a regular basis (once a week or more) and need their own check-in code? ____ Yes ____ No

Name 3	Relation to Child	Email
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Phone	Address	Safe to pick up?
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Will this person pick up the child on a regular basis (once a week or more) and need their own check-in code? ____ Yes ____ No

Name 4	Relation to Child	Email
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Phone	Address	Safe to pick up?
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Will this person pick up the child on a regular basis (once a week or more) and need their own check-in code? ____ Yes ____ No

Parent/Guardian Signature

Date

St. Luke's Little School PERMISSION AGREEMENT FORM



Child's Last Name _____ Child's First Name _____ DOB _____ Gender _____

Initials	
	I give permission for my child to be photographed or video recorded while in a classroom or group setting for classroom use.
	I give permission for my child to be photographed or video recorded while in a classroom or group setting to be shared exclusively by St. Luke's Little School or St. Luke's UMC on their promotional materials including Facebook, Instagram, and websites belonging to and monitored by St. Luke's Little School. (No names will ever be used.)
	I agree not to share photos received through Smartcare on my personal social media accounts. Smartcare photos are used exclusively for communicating your child's fun activities through the day. This is for the safety and respect of children and families at Little School.
	I give permission for my child to accompany Little School Staff outside the fenced playground area. Examples include the pumpkin patch, parades, picnics etc. I have been advised that should a walking field trip of distance greater than the surrounding church grounds be taken, additional forms will be required.
	I give my permission to St. Luke's Little School to release my name, address, phone number and email to other parents in my child's immediate classroom. (For birthdays, playdates, or carpools)
	I give permission for my child to view educational, age appropriate videos on occasion. Only G rated Christian/Educational content will be shown and will be approved by the Director in advance.
	State regulations require that children attending preschool wear sunscreen when they are at school. I will apply sunscreen every day to my child before coming to Little School. If I forget, I know that Rocky Mountain Sunscreen is available at the school office, and I give permission to Little School Staff to apply sunscreen to my child's exposed skin according to the bottle instructions. If you <u>DO NOT</u> want sunscreen applied to your child for personal reasons, initial here _____.
	In partnership with All Health Network, Child Find, and independent therapists; I have been advised that one or more of these specialists could be present at Little School and working in classrooms. I agree that my child will not be specifically observed without my signed consent.
	I give permission to the Lion's Club "Kidsight Program" to do a FREE vision screening of my child.
	I will provide nutritionally balanced snacks and lunches for school. Snacks will include at least 2 different food groups and lunch will include at least 3 different food groups.
	My child will wear underwear while at school and I will provide a change of clothes in case of the occasional accident. (Change of clothes, diapers, and wipes required for non-potty-trained children.)

Parent Handbook Agreement

I have received and reviewed the parent handbook (download available at www.stlukeslittleschool.org) and agree to adhere to all of the policies, procedures, and rules applicable to St. Luke's Little School and pertaining to my child. St. Luke's Little School will do everything possible to protect and care for each child at all times, supervising them diligently. I enroll my child at St. Luke's Little School fully understanding that accidents may occur. By signing this form, I allow my child to participate in all preschool activities under supervision, accepting the possible risk in participation. St. Luke's Little School is not responsible for injury that may occur excluding gross negligence.

I agree to pay all school supply and tuition fees for my child to attend St. Luke's Little School. I agree to pay tuition by the 10th of the month. I acknowledge that a late fee of \$15 will be assessed for tuition received after this date.

Parent/Guardian Signature _____

Date _____

Getting to Know your Child



Please answer the following questions concerning your child. The more your teacher knows about your child, the better they will be able to meet their individual needs. Please feel free to use the back of this form if needed.

Name _____ Nickname for School _____

Allergies or medical concerns _____ (additional paperwork required)

DOB _____ Male _____ Female _____ Photo permission granted for classroom use? Yes _____ No _____

Parent/Guardian 1 _____ Parent/Guardian 2 _____

Parent/Guardian 1 Occupation _____ Parent/Guardian 2 Occupation _____

Siblings at St. Luke's Little School _____

1. Language(s) spoken at home _____

2. Family members names, ages of siblings, pets _____

3. How does your child separate from you? _____

4. Has your child gone to or participated in group activities without you? Please explain _____

5. Does your child use a security object (blanket, stuffed toy, etc.)? _____

6. What are your child's favorite toys and interests? _____

7. Does your child have any fears or behavioral habits? (loud noises, strangers, biting nails, aggression) _____

How does your child react and how do you handle it? _____

8. What do you believe to be your child's personality? (shy, risk-taker, easy going, outgoing) _____

9. How well developed are your child's language skills? _____

10. What do you believe to be your child's strengths? _____

11. What do you believe to be your child's weaknesses? _____

12. Do you have any concerns about your child? _____

13. Other information you would like to share about your child or family circumstances _____

14. Is your child completely and independently potty trained? _____

15. What would you like your child to gain from our program? _____

16. Have you ever had concerns about or had your child tested for the following:

_____ Speech _____ Hearing _____ Language _____ Developmental Growth

If so, please explain results or share testing with us, thank you. _____

GENERAL HEALTH APPRAISAL FORM

PARENT please complete AND SIGN

Child's Name: _____ **Birthdate:** _____

Allergies: None or Describe _____
Type of Reaction _____

Diet: Breast Fed Formula _____ Age Appropriate
 Special Diet _____

Sleep: Your health care provider recommends that all infants less than 1 year of age be placed on their back for sleep.

Preventive creams/ointments/sunscreen may be applied as requested in writing by parent unless skin is broken or bleeding.

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 @ 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 _____

Separate medication authorization form is required for medications given in school, child care or camp

For Fever Reducer or Pain Reliever (for 3 consecutive days without additional medical authorization) PLEASE CHOOSE ONE PRODUCT

Acetaminophen (Tylenol) may be given for pain or fever over 102 degrees every 4 hours as needed

Dose _____ or see the attached age-appropriate dosage schedule from our office

OR Ibuprofen (Motrin, Advil) may be given for pain or for fever over 102 degrees every 6 hours as needed

Dose _____ or see the attached age-appropriate dosage schedule from our office

Immunizations: Up-to-Date See attached immunization record Administered today: _____

Health Care Provider: Complete if Appropriate

****ONLY REQUIRED BY EARLY HEAD START AND HEAD START PROGRAMS PER STATE EPSDT SCHEDULE****

**** Height @ Exam _____ ** B/P _____ **Head Circumference (up to 12 months) _____ ****

**** HCT/HGB _____ ** Lead Level Not at risk or Level _____**

****TB Not at risk or Test Results Normal Abnormal**

****Screenings Performed: Vision: Normal Abnormal Hearing: Normal Abnormal Dental: Normal Abnormal-**

Recommended Follow-up _____

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 exceptions are identified on this form.

Signature of Health Care Provider (certifying form was reviewed)

Date: _____

Office Stamp

Or write Name, Address, Phone, #

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.

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COLORADO LAW REQUIRES THAT THIS FORM BE COMPLETED FOR EACH STUDENT ATTENDING COLORADO SCHOOLS

Name _____ Date of Birth _____

Parent/Guardian _____

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT—CERTIFICATE OF IMMUNIZATION

Vaccine		Enter the month, day and year each immunization was given					
Hep B	Hepatitis B						
DTaP	Diphtheria, Tetanus, Pertussis (pediatric)						
DT	Diphtheria, Tetanus (pediatric)						
Tdap	Tetanus, Diphtheria, Pertussis						
Td	Tetanus, Diphtheria						
Hib	<i>Haemophilus influenzae</i> type b						
IPV/OPV	Polio						
PCV	Pneumococcal Conjugate						
MMR	Measles, Mumps, Rubella						
Measles	Measles						
Mumps	Mumps						
Rubella	Rubella						
Varicella	Chickenpox					Healthcare Provider Documentation Date _____	Lab Verification Date _____
Vaccines recorded below this line are recommended. Recording of dates is encouraged.							
HPV	Human Papillomavirus						
Rota	Rotavirus						
MCV4/MPSV4	Meningococcal						
Hep A	Hepatitis A						
TIV/LAIV	Influenza						
Other							

THIS SECTION CAN BE COMPLETED BY CHILD CARE/SCHOOL/HEALTH CARE PROVIDER

- A) Child Care Up to Date**
Up to date through 6 months of age for Colorado School Immunization Requirements
Update Signature _____ Date _____
- B) Child Care Up to Date**
Up to date through 18 months of age for Colorado School Immunization Requirements
Update Signature _____ Date _____
- C) Child Care/Pre-school/Pre-K***
Up to date for Child Care/Pre-School/Pre-K for Colorado School Immunization Requirements
Update Signature _____ Date _____
- D) Complete for K–5th Grade**
Up to date for K–5th Grade for Colorado School Immunization Requirements
Update Signature _____ Date _____

* If age 4 years and fulfills Requirements for Pre-School & Kindergarten, check BOTH Boxes C and D.

HAS MET ALL IMMUNIZATION REQUIREMENTS FOR COLORADO SCHOOLS (6TH GRADE OR HIGHER)

Signed _____ Title _____ Date _____
(Physician, nurse, or school health authority)



2020-2021 CALENDAR

(Subject to Change)

- August 19th:** Teacher Kick-off Day
August 20th: Back to School Night - Parents only (6:00-7:30pm)
August 21st: Meet the Teacher Day (M/W, M/W/F, M-TH, M-F 10:00-10:45am, T/TH, T/TH/F 11:00-11:45am)
August 24th: First Day of School M/W, M/W/F, M-TH, M-F Classes
August 25th: First Day of School T/TH, T/TH/F classes
September 7th: Labor Day - No School
September 9th/10th: Chapel
September 18th: No School-Little School Professional Development Day
October 5th/6th: Individual School Photos
October 7th/8th: Chapel
October 12th-16th: Fall Break
October 20th/21st: Speech and Hearing Screenings (optional, \$20)
October 28th/29th/30th: Halloween Parties and Parade (9:15am)
November 3rd: No School-Parent Teacher Conferences
November 9th/10th: Vision Screenings (Free of cost)
November 11th/12th: Chapel
November 16th/17th: Kindergarten Transition Parent Meeting 9:15am-10:15am
November 18th/19th: Thanksgiving Feasts
November 23rd/27th: No School - Thanksgiving Break
December 1st/2nd: Explorers Informational and Transition Meeting 9:15am-10:15am
December 2nd/3rd: Chapel
December 9th/10th: Pajama Day for all, Pancake Breakfast for 4-year-olds, Explorers, and Kindergarten
December 15th/16th: Christmas Program rehearsals during the school day
December 17th: Christmas Program. Class groups and times TBD. NO REGULAR SCHOOL
December 18th-January 4th: Christmas Break- No School
January 5th: First Day Back (Tuesday), Registration for the 2021/2022 school year begins at 9:00am
January 13th/14th: Chapel
January 18th: No School - Martin Luther King Jr. Day
January 19th/20th: Campfire Sing-a-longs
January 21st: Family Fun Night at Little School
February 7th-13th: Book Fair
February 10th/11th: Chapel
February 10th/11th/12th: Valentine's Parties
February 13th: Dad's Saturday
February 15th: No School - Presidents' Day
March 2nd/3rd: Class Photo Days
March 10th/ 11th: Chapel
March 15th-19th: No School - Spring Break
April 7th/8th: Chapel
April 16th: No School - Spring Parent/Teacher Conferences
April 22nd: No School - Art Show Set up, come to the art show from 5:30-7:00pm at Little School
May 5th/6th: 2.5-year-old and 3-year-old Spring Sing 9:15am – All family members welcome!
May 10th/11th: 4-year-old LetterLand Parade at 9:15am
May 12th/13th: Chapel
May 20th: Last day of school for T/TH classes

May 20th/21st: Graduation Rehearsal during the school day

May 21st: Last day of school for T/TH/F classes

May 24th: Last day of school for M/W, M/W/F, Explorers, and Kindergarten classes

May 25th: Graduation ceremonies. Class groups and times TBD. NO REGULAR SCHOOL

May 26th: No School - Summer Break Begins