

Sheridan Early Childhood Center

4107 South Federal Blvd.
Sheridan, CO 80110
Ph. 720-833-6600 Fax. 720-833-6649
E: SheridanECC@ssd2.org



Preschool Application

This is an application to express interest in enrolling your child into the Sheridan Early Childhood Center Preschool Program. Please fill out the attached forms and bring back the complete packet to the school.

When you bring the forms back to school, we will need you to bring your child's original Birth Certificate, current shot records (immunizations) and proof of income. The Sheridan Early Childhood Center is funded through federal and state grants. There are qualifications that are necessary for children and families to be accepted into the preschool program based on these regulations. Due to these regulations, we need proof of income on all employed parents, birth certificate, immunization records, as well as any family history or child history that might indicate any educational or health issues. The questions and information gathered in this application are only used to verify that your family meets the required qualifications for our program.

Thank you for your interest and we look forward to working with your family!

Please turn in the following documents with your application (we can make copies):

- _____ Birth Certificate
- _____ Immunizations/ Medical or Non-Medical Exemption
- _____ Proof of Income (all guardians – taxes from prior year or 3 months of pay stubs)
- _____ Proof of Address
- _____ Current Physical
- _____ Current Dental

Child's Primary Language is _____.

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Dear Applicants,

Thank you for your interest in the Sheridan Early Childhood Center. We would like to explain some key elements of our program and the enrollment process. First and foremost, the Sheridan Early Childhood Center is a high quality, comprehensive program for young children and their families. We have three different funding sources: Head Start, Colorado Preschool Program (CPP) and Colorado Early Childhood Special Education.

There are overlapping requirements for our program. However, one key requirement is children must be at least 3 years old on or before October 1st to apply to our school. Children who turn 5 prior to October 1st are not eligible for the ECC and will be referred to our kindergarten program at Alice Terry. Below is an outline of the enrollment process:

1. Turn in a complete application including:
 - Child's Birth Certificate
 - Immunizations
 - Physical Exam
 - Dental Exam
 - Proof of Address
 - Utility bill with your name on it
 - Rental agreement with your name on it
 - Mortgage statement with your name on it
 - Proof of current income – all supporting guardians
 - 3 months of pay stubs
 - TANF documents
 - SSI documents
 - Tax form 1040
 - W-2 forms
 - Unemployment documents
 - Written statement from your employer
 - Foster care documentation
 - Child Support documentation

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2. Once a completed application has been turned into the ECC, you will be invited to attend a "screening day." On that day, a family interview and child screening will occur. At the family interview, staff will discuss your child and your family history. We will invite your child to come and play with us to observe their developmental skills.
3. Next, the enrollment committee reviews the applications and place children in classrooms or on a wait list if there are no openings. Once school has begun, family interviews are conducted quarterly.
4. Acceptance letters are mailed in late July. The letter will have your child's teachers' names and "Jump Start" information.

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The Sheridan Early Childhood Center sets a strong foundation for learning for children and their families. We believe family members are a child's first and most influential teachers. *Thus, we need the child's family member to participate in many ways:*

- **Emphasis on attendance** – We expect each child to attend a minimum of 85% of the time.
- **Literacy focus** – We expect families to read and explore books daily with their child.
- **Volunteers** – We expect families to support their child's educational experience through volunteering. We have numerous opportunities to volunteer depending on your availability and comfort level.
- **Family and Community Meetings** – We expect families to participate in the numerous opportunities for development and enrichment in our program.
- **Family Education** – We expect families to support their child's educational experience at the ECC by attending home visits, parent teacher conferences, family nights and other activities connecting children to an educational experience.

Thank you again for exploring the opportunities the Sheridan Early Childhood Center has to offer. If you have further question, please contact the school.

Thanks,

Aimee Chapman
Director
Sheridan Early Childhood Center
Englewood CO 80110
Phone 720-833-6600

Date Received _____

Start Date _____

SHERIDAN SCHOOL DISTRICT

DISTRITO ESCOLAR DE SHERIDAN

STUDENT NAME: _____ STUDENT ID # _____ Grade _____
Nombre del Estudiante # ID DEL ESTUDIANTE Grado

Office Use Only

NEW STUDENT APPLICATION

APLICACIÓN PARA NUEVOS ESTUDIANTES

Uso de la Oficina

IN DISTRICT
DENTRO DEL DISTRITO

OUT OF DISTRICT ***
FUERA DEL DISTRITO

We must have the following BEFORE beginning school...

Necesitamos lo siguiente ANTES de comenzar la escuela....

___ **Completed Application**
Aplicación Completa

___ **Proof of Address (Property Bill/Contract)**
Comprobante de Domicilio (pago o contrato de la propiedad)

___ **Birth Certificate**
Acta de Nacimiento

___ **Special Services/IEP (If Applicable)**
Servicios Especiales/IEP (si es aplicable)

___ **Immunizations/Medical or Non-Medical Exemption**
Cartilla de Vacunación/Exención Médica o no Médica

___ **Custody Papers (If Applicable)**
Papeles de custodia si es aplicable

*** Most Recent Grade Card ___ Most Recent Attendance Report ___ Behavior Report***
___ Tarjeta más reciente de Calificaciones ___ Reporte más reciente de Asistencia ___ Reporte de conducta

Sheridan School District No. 2 is an equal opportunity educational institution and does not unlawfully discriminate on the basis of race, age, gender, color, sex (which includes gender identity), sexual orientation (which includes marital status), religion, national origin, ancestry, creed, disability or need for special education services, genetic information or conditions related to pregnancy or childbirth. Inquiries concerning Title VI, Title IX, Section 504 and ADA may be referred to Jenny Pilger, Special Education Director (720) 833-6601. jpilger@ssd2.org or Patrick Sandos, Superintendent, (720) 833-6620, psandos@ssd2.org, 4150 S Hazel Ct., Englewood Colorado, 80110 or to the office of Civil Rights, U.S. Department of Education, Region VIII, Federal Office Building, 1244 North Speer Blvd., Suite 310, Denver, Colorado, 80204, (303) 844-2991.

El Distrito Escolar de Sheridan No. 2 es una institución educativa que ofrece igualdad de oportunidades y no discrimina fuera de la ley en base a raza, edad, género, color, sexo (que incluye la identidad de género), orientación sexual (que incluye el estado civil), religión, nacionalidad, descendencia, credo, discapacidad o que tiene necesidad de servicios de educación especial, información genética o condiciones relacionadas con embarazo o parto. Las preguntas relacionadas al Título VI, Título IX, Sección 504, ADA pueden ser referidas a Jenny Pilger, Directora de Educación Especial al (720) 833-6601 o a Patrick Sandos, Superintendente, (720) 833-6620, psandos@ssd2.org, 4150 S Hazel Ct., Englewood Colorado, 80110 o a la oficina de Derechos Civiles, Departamento de Educación de EE.UU., Región VIII, Edificio de la Oficina Federal, 1244 North Speer Blvd., Suite 310, Denver, Colorado, 80204, (303) 844-2991.

SHERIDAN SCHOOL DISTRICT

STUDENT REGISTRATION FORM
 DISTRITO ESCOLAR DE SHERIDAN
 FORMA DE INSCRIPCION PARA ESTUDIANTES

EARLY CHILDHOOD CENTER FORT LOGAN NORTHGATE 6 - 8
 ALICE TERRY ELEMENTARY SHERIDAN HIGH SCHOOL
 FORT LOGAN NORTHGATE 3 - 5 SOAR ACADEMY

Grade Entering _____
 Grado al que Ingresa

Student's Legal Name: _____
 Nombre del Estudiante (Last) Apellido (First) Nombre (Middle) 2do nombre

Gender (M/F) _____ Birth Date: _____ Place of Birth: _____
 Sexo Fecha de Nacimiento Lugar de Nac. (City) Ciudad (State or Nation) Estado o País

Please answer BOTH of the following questions.

REQUIRED - SE REQUIERE
MUST CHECK ONE of the following Ethnicities: DEBEN MARCAR UNA de las siguientes categorías étnicas

Hispanic or Latino (Hispano o Latino) Not Hispanic or Latino (No Hispano o Latino)

REQUIRED SE REQUIERE
MUST CHECK ONE OR MORE that apply POR FAVOR MARQUEN UNO O MAS a las que aplican

Racial categories: Categorías Raciales:

- American Indian or Alaskan Native (Indio Americano o Nativo de Alaska)
- Asian (Asiático)
- Black or African American (Negro o Afro Americano)
- White (or of Spanish origin) Blanco (o de origen hispano)
- Native Hawaiian or Other Pacific Islander
 (Nativo Hawaiano o de otras Islas del Pacifico)

School transferring from: _____ City and State _____
 Escuela de donde es Transferido Ciudad y Estado

How many consecutive years has student been enrolled in US? _____ What month and year? _____ in Colorado? _____ What month and year? _____
 ¿Cuántos años consecutivos ha estado su niño inscrito en una escuela en Estados Unidos? Mes y año en Colorado? Mes y Año

Has your student attended Sheridan Schools in the past? _____ Yes _____ No Is this student a refugee? _____ Yes _____ No
 ¿Su estudiante ha asistido a las escuelas de Sheridan en el pasado? Si No No ¿Es un estudiante refugiado? Si No No

Has student ever been enrolled in Special Education/Gifted & Talented programs? _____ Yes _____ No
 ¿Su estudiante ha estado inscrito en un programa de Educ. Especial o para Niños Dotados? Si No

If Yes, which one? _____ Special Ed. (IEP) _____ G/T _____ 504 _____ Reading Program
 ¿Si contesto Si, en cual? Educ. Especial (IEP) G/T 504 Programa de Lectura

Household Address:

Domicilio de la Familia

(Number) Número (Street) Calle (Apt #) (City) Ciudad (State) Estado (Zip) Código Postal

Main Phone: _____
 Número de Teléfono Principal

Parent/Legal Guardian Demographic Data
 Datos Demográficos del los Padres/Tutores Legales

Adult Name (Nombre del adulto): _____ Adult Name (Nombre del Adulto): _____
 Relationship (Relación): _____ Relationship (Relación): _____
 Employer (Lugar de Trabajo): _____ Employer (Lugar de Trabajo): _____
 Work Phone (Teléfono del Trabajo): _____ Work Phone (Teléfono del Trabajo): _____
 Cell Phone (Teléfono Celular): _____ Cell Phone (Teléfono Celular): _____
 E-Mail Address (Dirección Electrónica): _____ E-Mail Address (Dirección Electrónica): _____

Marital Status: Married Divorced Separated Single Widow
 Estado Civil Casado Divorciado Separado Soltero Viudo

Student Resides With:
 El Estudiante Vive con:

Both Parents (Ambos Padres) Father Only (Solo con el Padre) Legal Guardian (Tutor Legal)
 Mother Only (Solo con la Madre) Father & Stepmother (Padre y Madrastra) Foster Parent (Padres Adoptivos)
 Mother & Stepfather (Madre y Padrastro) Other Relative (Otro Familiar) Emancipate / Independent Student
 (Emancipado/Estudiante Independiente)

Please give names of all other adults living in the home if different from mother and father listed above:
 Por favor, anote los nombres de otros adultos que viven en la casa aparte de la madre y padre nombrados arriba

1. _____ 2. _____
 3. _____ 4. _____

All Children Living in Household Todos Niños que viven en casa	School Attending Escuela que Asisten	Age Edad	All Children Living in Household Edad Todos Niños que viven en casa	School Attending Escuela que Asisten	Age Edad
1 _____	_____	_____	2 _____	_____	_____
3 _____	_____	_____	4 _____	_____	_____
5 _____	_____	_____	6 _____	_____	_____
7 _____	_____	_____	8 _____	_____	_____

Emergency Contact (Contacto de Emergencia): _____ Phone (Teléfono): _____

Emergency Contact (Contacto de Emergencia): _____ Phone (Teléfono): _____

Name(s) of person(s) other than parent and/or Emergency Contact(s) to whom the student may/may not be released
 (Please provide documentation for persons who may not pick up student):

Nombre(s) de persona(s) aparte de los padres y/o o Contacto de Emergencia que pueden/no pueden recoger al estudiante. (Por favor, muestre documentación sobre las personas que no pueden recoger a un estudiante)

1. _____ (May / May Not) 2. _____ (May / May Not)
 (Puede/No puede) (Puede/No puede)
 3. _____ (May / May Not) 4. _____ (May / May Not)
 (Puede/No Puede) (Puede/No puede)

Failure to completely and truthfully answer all above questions may result in removal from school. I certify the answers to the above questions are up-to-date, accurate, and complete.

(El no responder completamente y con la verdad a todas las preguntas puede resultar en la remoción del estudiante de la escuela. Certifico que las respuestas a las preguntas de la parte de arriba están actualizadas, precisas y completas.)

Parent Signature _____
 Firma de los Padres

Date _____
 Fecha

SHERIDAN EARLY CHILDHOOD CENTER

HEALTH HISTORY

Date: _____

Child's Name _____ Birth Date _____

Date of last Physical Exam _____

Family's Physician _____ Phone _____

Physician's Address _____

Date of last Dental Exam _____

Family Dentist _____ Phone _____

Dentist's Address _____

Has your child ever lost consciousness from:

- _____ Injury
- _____ Illness
- _____ Fainting
- _____ Crying
- _____ Holding his/her breath

Is your child on any medication (over the counter or prescription)? Please explain.

Does your child have any problems with bedwetting, daytime accidents or constipation? _____

If yes, please explain. _____

Has your child ever been evaluated for special needs? _____

Where? _____ What type of testing? _____

Has your child ever received any special services? _____

What type? (Speech/language, physical or occupational therapy, special education or counseling)

Where? _____

Does your child have an I.E.P.? _____

Did either parent receive special education services in school? _____

Please explain. _____

Can most people understand your child's speech? _____

Does your child have any habits that you are concerned about? _____

If yes, please explain. _____

Is there anything that particularly frightens your child? If yes, please explain. _____

Is your child usually (check any that apply):

happy

sad

friendly

shy

calm

good-natured

irritable

Does your child cry easily? _____

What makes your child angry? _____

Does your child make friends easily? Explain if no _____

Are your child's friends the same age, older, or younger? _____

Does your child prefer to play indoors or outdoors? _____

Does your child like to pretend while playing? _____

Mother's age when pregnant with this child: _____ Father's age: _____

Signature of Parent/ Legal Guardian _____ Date _____

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Child's Name _____ Birth Date _____

I give permission for my child's physician and Sheridan Early Childhood Center to discuss my child's health concerns.

Parent Signature _____ Date _____

PHYSICAL EXAMINATION

Medicaid guidelines require all Medicaid children to receive EPSDT physical.

Review of Health History (include birth and development)? _____

Any limitations in this child's activities while in school? _____

Does this child have any recurrent chronic illness health problems of concerns with development?

Allergies _____

Describe reaction _____ Medications _____

*The following screenings are required for Head Start Programs and EPSDT screening for Medicaid patients:

_____ Head/Ears/Eyes/Nose/Throat	_____ Height
_____ Cardio/Respiratory Abdomen/GI	_____ Weight
_____ Extremities/Back/Chest	_____ Hearing
_____ Developmental (speech, fine and gross motor)	_____ Vision
_____ Genitalia	_____ Blood Pressure
_____ Skin nodes	_____ WIC recipient?

_____ Lead	_____ Date Done	_____ Results
_____ Hct/Hgb	_____ Date Done	_____ Results

Office Telephone Number _____

Office Address _____

Physician's Signature _____

Date of physical exam _____

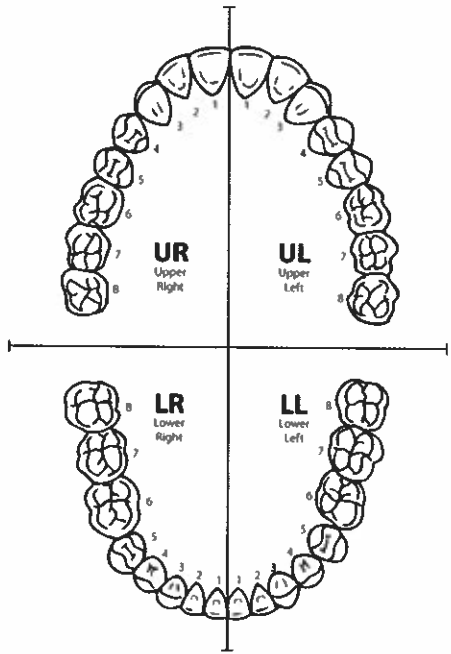
Recommended Date of next physical exam _____

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Dental Examination

Child's Name _____ Date of Birth _____



Priority Group

- _____ Needs Attention Immediately
- _____ Needs Attention Soon
- _____ Needs Routine Care

Additional Comments:

Results of Examination

- _____ This child is referred for further dental examination and/or treatment
- _____ This child does not need dental treatment at this time
- _____ This child cannot be examined at this time

Office Telephone Number _____

Office Address _____

Dental Examiner's Signature _____

Date of Exam _____

Recommended Date of next Dental Exam _____