



June 24, 2022

Dear Anchor Center Parents and Guardians,

We are excited to welcome you to Anchor Center's 2022-2023 Infant and Toddler programs!

Below is important information to get started in programming. All registration forms are attached as fillable PDFs and can be completed online using a computer or tablet. Packets are also available in person at Anchor Center or via mail, upon request. Please let us know if you have any questions about registration or enrollment. We look forward to working with you and your child!

Program Information:

- Infant and Toddler programming resumes on 8/22/22 for the 2022-2023 school year.
- **Infant Program** hours: Monday and Wednesday, 12:00 – 1:30
- **Toddler Program** hours: Monday and Wednesday, 9:30 – 11:00
- **Advance sign-up through the *Bloomz* App is required for attendance** (more information in registration packet)

Sibling Care:

- Anchor Center offers no-cost childcare for siblings, ages 3 months - 5 years old, during Infant & Toddler Program hours. If you would like to participate, a sibling registration packet must be completed prior to your first day of program.
- Current immunization records are required for all siblings.
- To enroll, please request a Sibling Care registration packet by emailing Courtney at calbers@anchorcenter.org.

Enrollment Information:

- Please complete the attached packet and return by email, mail or drop-off at Anchor Center. All forms are fillable PDFs and can be completed online.
- To begin programming on August 22nd, please return the completed packet and medical paperwork to Anchor Center no later than July 15th, 2022.
- Health forms must be current (within 6 months of beginning programming) and will be reviewed and approved prior to your first day in program.
- **If this is your child's initial enrollment at Anchor Center**, your first day will include an orientation with the Family Resources Coordinator. This will be scheduled after enrollment material is received.

Medical Information:

- ***For the safety of all our children and as required by state licensing, all Immunization Records, Child Health Status Forms and Medical Action Plans are due before starting in program.**
- If your child has a MEDICAL immunization exemption, Anchor Center designated staff and Executive Director must approve prior to attendance. Personal immunization exemptions are not accepted (see attached *Immunization Policy*).
- Your pediatrician can **fax** Immunization records, Child Health Forms, and Medical Action Plans to Anchor Center at 303-377-9744, attention: Naomi Aitken.

Welcome to Anchor Center and thank you for all you do!

Anchor Center for Blind Children 2022-2023 School Calendar

Attendance Line: 303-377-9732, ext. 4

School Year Key Dates

July 2022						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

August 2022						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

September 2022						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

October 2022						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Infants and Toddlers (Mon & Wed, 9:30-11:00am and 12:00-1:30pm); Preschool (Tues & Thurs, 9:00am-1:00pm)
 Contact Tammy Miller, Director of Children's Programs, at 303-377-9732 or tmiller@anchorcenter.org with any questions

November 2022						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

December 2022						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

January 2023						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

February 2023						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

March 2023						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

April 2023						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

May 2023						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

June 2023						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Key

- Additional staff training times will be scheduled during the week after program TBD



= No School



= Infant Toddler Summer Program



= Preschool Summer Program



= Staff Work Week



= Important Days



= Night Watch

- July 11,18,25 Infant/Toddler Summer Sprouts Program
- July 12-15 Anchors Away Camp
- Aug. 1 Infant/Toddler Summer Sprouts Program
- Aug 9 -11 Work Week
- Aug. 15-19 Work Week
- Aug 22 1st Day Infants/Toddlers
- Aug. 23 Preschool Meet & Greet/Parent Orientation
- Aug. 25 First Day of Preschool
- Sept. 5 Labor Day (no school)
- Oct 13 Parent/Teacher Conferences (no school)
- Oct. 17-21 Fall Break
- Nov. 21-25 Thanksgiving Break
- Dec. 19-Jan. 1 Holiday Break
- Jan. 16 Martin Luther King Day (no school)
- Feb. 2 Parent Teacher Conferences (no school)
- Feb. 20 President's Day (no school)
- Mar.27-31 Spring Break
- May 25 Parent Teacher Conferences (no school)
- May 29 Memorial Day (no school)
- May 30 Last day non-graduating Preschoolers
- June 1 Preschool Graduation
- June 5 & 6 Work Days



CHILD RECORD

School Year: 2022-2023

Date Received: _____

TO BE COMPLETED BY PRIMARY PARENT OR GUARDIAN

Student's Name _____ Sex: M _____ F _____ Birth Date: _____

Address _____ City & Zip _____ County: _____

Student lives with: _____ Parents _____ Father _____ Mother _____ Foster/Residential Care _____ Other: _____

Diagnoses, vision and other: _____

Place of Birth: _____ Language(s) spoken at home: _____

Current CCB (Early Intervention) or School District: _____

Race/Ethnicity (*please check all that apply*): ☒ Arab American ☐ Asian/Pacific Islander ☐ Biracial/2 or more races
☐ Black/African American ☐ Hispanic/Latinx ☐ Native American ☐ White/Caucasian ☐ Other: _____

FAMILY INFORMATION

-Primary Parent/Guardian Name: _____ **Relation:** _____

Address (if different) _____

Telephone: (home) _____ (cell) _____ (work) _____

Email: _____

Place of employment: _____ Job Title: _____

What is the best way for Anchor Center to send you information? _____

-Secondary Parent/Guardian Name: _____ **Relation:** _____

Address (if different) _____

Telephone: (home) _____ (cell) _____ (work) _____

Email: _____

Place of employment: _____ Job Title: _____

What is the best way for Anchor Center to send you information? _____

-Other children in family: (DOB = date of birth)

Name: _____ Sex: M _____ F _____ DOB: _____

Name: _____ Sex: M _____ F _____ DOB: _____

Name: _____ Sex: M _____ F _____ DOB: _____

Name: _____ Sex: M _____ F _____ DOB: _____

-Other people living in the home and relation: _____

MEDICAL/INSURANCE INFORMATION (for Anchor Student)

-Primary Insurance: _____ Secondary Insurance: _____

-Will a nurse be attending Anchor Center programming with your child? Yes _____ No _____ If yes, please provide name and phone number of nurse or agency: _____

-Please list other therapies your child receives on a regular basis: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ **Date:** _____



CHILD ILLNESS GUIDELINES

When a child becomes sick, a determination must be made whether the child should be kept home from school. Staying home when sick is an important way to help prevent the spread of germs that cause illnesses.

The American Academy of Pediatrics recommends that your child be kept home when the child is not able to take part in normal school activities, the illness causes an unsafe or unhealthy place for others at school, or when the child requires care that cannot be managed at school.

Anchor Center's guidelines state that you should **NOT** send your child to program if any of the following are present:

1. Fever in the past 24 hours of 100 degrees or higher
2. Vomiting in the past 24 hours
3. Diarrhea in the past 24 hours
4. Strep throat (must be on antibiotic 24 hours before returning to school)
5. Cold or flu with very runny nose or bad cough, especially if symptoms have prevented child from sleeping at night
6. Head lice – live bugs or nits (lice eggs)
7. Rash if unexplained or oozing
8. Pinkeye – must be on antibiotic drops for 24 hours before returning to school
9. ***COVID** - If your child or a family member has a known exposure to the COVID virus, has a positive test, or has symptoms of COVID, please contact the Infant/Toddler Coordinator, the Preschool Coordinator or the Director of Children's Programs to notify staff and to discuss the policy to return to Anchor Center Programming. Please contact through the *Bloomz* app or by calling the front desk at 303-377-9732.

Our goal is to protect all children who attend Anchor Center, especially the most medically fragile and immune-compromised students. If your child becomes ill at school and the teachers feel the child is too sick to benefit from school or is contagious to other children, you will be called to pick your child up.

In light of COVID 19, and the compromised immune systems of many of our students, Anchor Center reserves the right to send a child/family home, if we suspect that a child or caregiver may be getting ill.

These guidelines are meant to serve the best interests of all the children and staff in our school. If you have any questions or concerns, please do not hesitate to contact us.

Thank you for helping keep all of us healthy at Anchor Center for Blind Children.

Signature required on back of page

School Year 22-23



CHILD ILLNESS GUIDELINES ACKNOWLEDGMENT

I have read and understand Anchor Center's Child Illness Guidelines.

Child's Name (Please print)

Parent/Caregiver Printed Name

Parent/Guardian Signature

Date

School Year 22-23



ANCHOR CENTER IMMUNIZATION POLICY

Purpose:

Anchor Center for Blind Children values the health and safety of our students, families and staff. We especially seek to protect our students who are medically fragile and/or immune-compromised, whose health and well-being can be negatively affected by an outbreak of disease. We believe in the effectiveness of vaccines to prevent disease outbreaks. This policy outlines Anchor Center's immunization requirements for all students who attend our programs.

Policy:

Unless advised by a qualified medical provider, all students are required to have proof of immunizations as outlined in the schedule published by the Colorado Department of Public Health and Environment (CDPHE). Students requiring **medical** exemptions to the immunization policy must present a *Certificate of Medical Exemption*, available at <https://cdphe.colorado.gov/vaccine-exemptions>, signed by the student's qualified health care provider. Only medical exemptions will be accepted in place of up-to-date immunization records.

Procedure:

Upon registration and at each well-child annual check-up, an up-to-date immunization record must be provided for each student.

The following documents must be received at time of registration for each student:

1. ***Certificate of Immunization*** completed by the parent/guardian of the student and signed by the student's health care provider; OR
2. Copy of the ***Health Care Provider Record of Immunization***.

Students requiring medical exemptions to the immunization policy must provide a *Certificate of Medical Exemption* signed by the student's qualified health care provider.

Immunization documents will be reviewed by Anchor Center's delegated immunization personnel. If a student is found to be missing a required vaccination, the parents/guardians of the student will be contacted by the immunization personnel to determine if a plan is in place to immunize the child. The parent/guardian will be advised that the student may be excluded from attending Anchor Center until vaccinations are current.

Throughout enrollment in center-based programming, parents must provide Anchor Center with the most up-to-date immunization record. This includes after well-child annual visits and whenever any boosters are given. A letter requesting updated immunization information will be sent to the student's parent/guardian or caregiver as appropriate. If the parent, guardian or caregiver fails to submit proof of immunization within 14 days of the request, Anchor Center may exclude the student from programming if the parent/guardian does not have a plan in place to vaccinate the student or provide proof of a medical exemption.

Signature required next page

School Year 22-23



IMMUNIZATION POLICY ACKNOWLEDGMENT

I have read and understand Anchor Center's Policy on Immunizations.

Child's name: _____

Child's Date of Birth: _____

Parent/Guardian Name Printed

Parent/Guardian Signature

Date



IFSP/IEP REQUEST FORM

Child's Name: _____ Child's Date of Birth: _____

What is an IFSP?

An Individual Family Service Plan is a plan for special services for young children with developmental delays. An IFSP only applies to children from birth to three years of age.

What is an IEP?

The Individualized Education Plan is a document developed for each public school child who needs special education. The IEP is created through a team effort, reviewed periodically.

What is the difference?

The major difference between an IFSP and an IEP is that an IFSP focuses on the child and family and the services that a family needs to help them enhance the development of their child from birth to age three.

The IEP focuses on the educational needs of the child. An IEP is an education document for children ages 3 to 21.

Does your child have an IFSP? ☐ YES ☐ NO

Does your child have an IEP? ☐ YES ☐ NO

If yes, please submit an updated copy to Anchor Center prior to your first day in program.

Hard copies and/or electronic versions are accepted. Please provide IFSP/IEP's with Registration Paperwork. Documents can be emailed to calbers@anchorcenter.org or naitken@anchorcenter.org.

A copy of the IFSP and/or IEP is included with my completed registration packet.

☐ YES ☐ NO

If no, please list date request was made and to whom: _____

School Year 22-23



FAMILY COMMITMENT

Infant/Toddler Program

- ⚓ I agree to return all registration and health forms to comply with state licensing and in order to hold my child's place in the program.
- ⚓ I agree to notify the center of any changes in the information entered on any records, including any updates that occur for my child's medication/medical care/diagnoses/immunization records.
- ⚓ I understand that the hours of the Toddler Program are 9:30 – 11:00, Monday and Wednesday and the Infant Program are 12:00 – 1:30, Monday and Wednesday. I understand the importance of arriving early or on time to fully participate in all centers.
- ⚓ I understand that advance sign-up is required for days we wish to attend program. (Please reference *Bloomz* flyer for more information.)
- ⚓ Tuition for the Toddler Program is due on the 1st day of the month (see Tuition Agreement Form). I acknowledge that if I pay later than the 20th of each month, a \$20 late fee will be assessed.
- ⚓ I agree to follow the Building Policies as outlined in the Parent Handbook (i.e. no gum, no food or drink, check in and wear nametag, no cell phone use during program centers).

Child's Name (Print)

Parent/Guardian Name (Print)

Parent/Guardian signature

Date

School Year 22-23



SIGN-UP AGREEMENT FOR INFANT & TODDLER PROGRAMS

For the 2022-2023 School year, Anchor Center will be utilizing the *Bloomz* app for signing up for Infant and Toddler Program as well as for communication regarding programs.

Please see the following instruction page and follow the directions to sign up. More than one caregiver can join.

(If you have previously signed up with us on *Bloomz*, then you are good to go! Just double-check to make sure you still have access to the Infants and Toddlers Class.)

I acknowledge that I have joined the Infants and Toddlers Class on BLOOMZ and am aware we need to sign-up online in advance for the days we wish to attend program.

Child's Name (Print)

Parent/Guardian Name (Print)

Parent/Guardian signature

Date

(See back of sheet for Bloomz sign-up instructions.)

School Year 22-23



Please join Infants & Toddlers class on Bloomz!

Bloomz is a new app that works both on your smartphone as well as on your computer. You will receive quick updates and photos of class activities, be able to access our class calendar, and more. All in a private and secure environment.



New Bloomz Parent

1. Download the "Bloomz" app from the AppStore/PlayStore and click on "Enter Code". If browser, go to bloomz.com and click on "Join Bloomz" followed by "Enter Code"
2. In the text box, enter **5R6S93**
3. Create your account



Existing Bloomz Parent

1. Log into your Bloomz account
2. Click "+Add Class/Group" on the left navigation.
3. In the text box, enter **5R6S93**
4. Click next



... or join using text messaging instead

Text **@5R6S93** to 1-858-BLOOMZ1 (1-858-256-6691) to receive 1-way text messages from your teacher

Need help? Go to support.bloomz.com or email us at support@bloomz.com

Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO)

Anchor Center for Blind Children has been able to use the *Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO™)* with several families as they received online home visits through video recordings managed by their teacher of students with visual impairment. ***According to the families and TSVIs involved, this observation-based tool provided ongoing support and valuable knowledge.*** The Infant/Toddler Program at Anchor Center for Blind Children is happy to announce that we are recommending the use of the PICCOLO™ with **all families** in order to

- Measure positive parenting behaviors that predict good child outcomes
- Guide individualized positive parenting interventions with families
- Track positive parenting outcomes of our parent support program

The PICCOLO™ uses 10 to 15 minute videos to observe parents interacting with their children during daily routines such as outdoor or indoor playtime, snack time, or sharing books. ***Specific features of this assessment are particularly valuable to young children with visual impairment such as describing objects, verbal enthusiasm, and the encouragement of “wait time”.*** It is often challenging to read the unique cues of an infant or toddler with visual impairment and providing some guidance in this area is one of the **most important areas** where we can help you learn more about your child’s development during Infant and Toddler program.

As we implement the PICCOLO™ for everyone we are asking parents to:

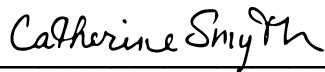
1. Verbally agree to be video recorded **once every three months** during their regular Infant /Toddler Program visit for approximately 10-15 minutes.
2. Agree that **one parent will consistently be the one recorded** in family situations where both parents attend together or individually.

Once the video is recorded, a staff member will upload the videos to a **double password protected** secure server for scoring by the Director of Research and Speech Language/Pathologist employed at Anchor Center. Soon after the recording you and the Infant/Toddler team will receive the PICCOLO™ findings through a written report with “next step” suggestions for the following three months.

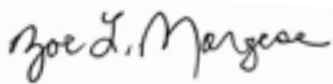
If you have additional questions about the PICCOLO™, please feel free to call Tamara Miller, TSVI, or Dr. Cathy Smyth at 720-205-3147



Tamara Miller, TSVI,
Infant Toddler Program Lead



Catherine Smyth, Ph. D.
Director of Research



Zoe L. Morgese, M.A. CCC-S/LP
Speech/Language Pathologist
Research Assistant



PARENT DIRECTORY

Anchor Center is offering a Parent Directory for the 2022-2023 school year for all families who are interested in being listed. This is a great opportunity for you to connect with Anchor peers outside of programming, for social connection and to have a support community within Anchor Center.

This is a voluntarily option for you to include your contact information. Please indicate if you are interested in opting in or if you prefer to opt out of being published in the Parent Directory.

An electronic copy of the Parent Directory will be accessible with a password on Anchor Center's website. Hard copies can be made available upon request.

Child's Name: _____

Program(s) Attending: **Infant** **Toddler** **Preschool** **Home Visit**

Yes, I would like to be included in the parent directory. Below is my contact information:

Parent/Guardian 1 Information:

Name: _____ Relation to Child: _____

Home Address (Optional): _____

Phone Number(s): *Home (H), Cell (C), or Work (W) - Please specify type below.*

Phone 1: _____ Phone 2: _____

Email Address: _____

Parent/Guardian 2 Information:

Name: _____ Relation to Child: _____

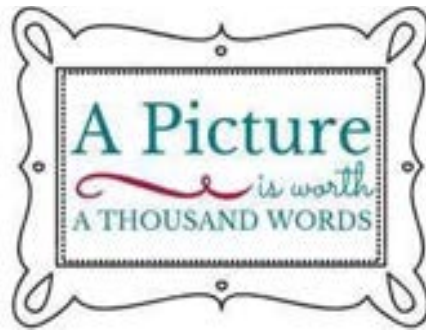
Home Address (Optional): _____

Phone Numbers: *Home (H), Cell (C), or Work (W) - Please specify type below.*

Phone 1: _____ Phone 2: _____

Email Address: _____

No, I do not wish to be included in the Parent Directory.



Dear Anchor Parents,

Do you know that our most popular social media posts are always the photos of our children? Donors, volunteers and future supporters love seeing how Anchor Center families are doing. Pictures help them feel connected to our cause and to each one of you.

Do you know why it is important and how we use pictures of your child? When an Anchor staff member or volunteer captures an image of your beautiful child and our wonderful student, it represents a moment in time that is worth sharing!

Why do we take pictures and videos of Anchor Center children and families?

- To spread the word and increase awareness about our important work – early intervention and education for children who are visually impaired.
- To use for training purposes and to educate others on working with children with special vision needs.
- To show who benefits from our work –children and their supportive families.
- To show the impact and success of our work – children having fun, learning new things, gaining confidence, showing progress, socializing and being loved.
- To share our story with new friends, donors and volunteers.
- To thank those who support Anchor Center and make our work possible.
- To raise money to pay for our talented professional staff and programs, as well as to maintain our beautiful facility.

How do we use these pictures?

- On our website
- In social media – Anchor Center is on Facebook, Twitter, Instagram, Pinterest, and LinkedIn (*this does not mean the photo will appear on all outlets if posted on one*)
- On print materials – newsletters, cards, letters, etc.
- On marketing displays at events
- In email communications
- In videos
- ...and other marketing or fundraising areas as they arise.

Your support of these efforts helps our team continue to help you.

Please contact Anchor Center at 303-377-9732, if you have any questions or concerns. Thank you!

Signature required on back of page

School Year 22-23



PHOTOGRAPHY AND VIDEO RELEASE FORM

YES! I give permission for my child to be photographed or and/or video-recorded by the staff or approved volunteers of Anchor Center for Blind Children for marketing purposes.

- Outside organizations determined to have an educational or promotional focus that furthers the mission of Anchor Center are also granted permission to photograph and/or video record my child as approved by Anchor Center staff.
- Photographs and videos that include my child may be published and used for the purposes of teaching, advertising, fundraising, and public relations. This may include Anchor Center's Web site, social media and/or other marketing as necessary. Images are the intellectual property of Anchor Center for Blind Children and may be used in perpetuity.
- I agree to hold harmless Anchor Center for Blind Children from any liability that may result from the use of said picture(s). I waive any claims of ownership or any causes of action for libel, privacy, or misrepresentation arising out of or in connection with material.

I DO NOT give permission for my child's photo to be used in any of the aforementioned marketing and social media purposes and acknowledge the below information.

- Due to group settings, your child may still be inadvertently photographed or recorded. To ensure our staff do not use your child's image, we require an updated photo of your child annually for reference purposes.
- Your child may be included in videos or pictures that are utilized for internal training purposes with Anchor Center staff. If you have questions about these practices, please reach out Anchor Center's Director of Children's Programs.
- Your child's image, without identifying information, may be included in pictures shared with families of your child's class. If you have concerns about this, please contact your child's teacher or the Director of Children's Programs.

Name of Child (Print)

Name of Parent/Guardian (Print)

Parent/Guardian Signature

Date

School Year 22-23



TUITION AGREEMENT AND FINANCIAL INFORMATION

2022-2023 School Year

ANNUAL INCOME DISCLOSURE: Grants are one of the primary sources of funding that makes Anchor Center's specialized programs and services possible. Often, grantors require Anchor Center to report on our families' annual household income to be eligible or competitive for funding. **All income information Anchor Center reports is strictly confidential and never identifies individual or family names.**

Please help us meet this critical requirement by completing the section below. *Thank you!*

Household Size (Number of Family Members)	Annual Household Income Gross (before taxes)
#	\$ per year

TUITION: Tuition helps meet program expenses throughout the year to ensure our services remain at the highest level of expertise and quality for your child.¹ Please choose the appropriate program option below.

⚓ **Infant Tuition:** Program costs for the Infant Program are subsidized and there is no cost for family participation.

⚓ **Toddler Tuition:** The Toddler Program tuition fee for the 2022-2023 school year is \$200 per month. Choose a payment option below:

We will pay the full amount of \$2,000 by September 5, 2022.

We will pay \$200 per month, paid on the first of each month from September 2022 through June 2023. Please send an invoice each month as a reminder. Payment can be made online, by mail or in person at Anchor Center. If payment is received after the 20th of the month, I understand that there will be a \$20 late fee.

We are unable to pay the full amount. We would like to discuss financial assistance options and/or develop a payment plan per Anchor Center's income-based sliding scale fee schedule. I understand proof of income is needed to be considered for a reduced tuition.

⚓ **Preschool Tuition:** The Preschool Program tuition for the 2022-2023 school year is \$370 per month or \$3,700 per school year. Choose a payment option below:

We will pay \$3,145 (15% discount) by August 23rd, 2022. (save \$555)

We will pay \$370 per month, paid on the first of each month from September 2022 through June 2023. Please send an invoice each month as a reminder. Payment can be made online, by mail or in person at Anchor Center. If payment is received after the 20th of the month, I understand that there will be a \$20 late fee.

We are unable to pay the full amount. We would like to discuss financial assistance options and/or develop a payment plan per Anchor Center's income-based sliding scale fee schedule. I understand proof of income is needed to be considered for a reduced tuition.

Child's Name: (Please print) _____

Parent/Guardian Name: (Please print) _____

Parent/Guardian Signature: _____ **Date** _____

¹ Anchor Center's tuition represents less than 10% of the actual cost of operating our Preschool and Toddler Programs. In fact, the average annual costs for the Preschool and Toddler programs are \$31,400 and \$20,400 respectively.



Exceptional Student Services Unit
1560 Broadway, Suite 1100
Denver, CO 80202-5149

Dear Parents:

The purpose of the letter is to invite your interest in learning more about activities for children with blindness/ visual impairments and their families. Currently there is not a way to communicate with all of the Colorado parents of children with blindness/visual impairment. Teachers within individual school districts or early childhood agencies have access to parents, but there is not a strong vehicle to send out information to parents across the state. On behalf of the Vision Coalition, a statewide advisory group, CDE offers this opportunity to organize a statewide listing of parents. This listing would only be used for purposes of sending the following types of information to parents in the form of a newsletter, an occasional letter, or even a survey.

- (a) Announcements of training activities and/or conferences: An example of this is the annual State Conference on Blindness/Visual Impairment or a virtual webinar on a designated topic.
- (b) Local, regional, state, or national resources: There are many resources in our state that provide information and assistance to families, such as PEAK Parent Center or Colorado Center for the Blind.
- (c) Educational issues: Individualized Education Plans, accessibility instruction, braille instruction, low vision devices, etc. – the goal is to provide information and resources on these important topics.
- (d) Student Specific Activities: Each year there are opportunities for students to meet other kids who are blind/visually impaired. These activities are no to low cost to parents.
- (e) Parent Specific Activities: There are also state or regional activities designed just for parents. Most of the events are no to low cost.

A Release Form is enclosed for your use. If you are interested in being on a statewide and confidential mailing list, please return your completed form to me. This list will only be used for purposes of mailed or emailed communication from the Colorado Department of Education's Exceptional Student Services Unit under my direction. The *Keeping in Touch* will be mailed out four to six times in a given school year. During the COVID-19 pandemic, it will be posted on a CDE website, but your email address will be used to alert you of a new edition. If you would like to be placed on an email distribution list for announcements that come up from time to time, please include this information on your form.

If you have any questions, please talk to your child's teacher of students with blindness/visual impairment or give me a call at (303) 866-6681. I look forward to hearing back from you. My best wishes to you and your family!

Sincerely,

Tanni

Tanni L. Anthony, Ph.D.
State Consultant on Blindness/Visual Impairment
Exceptional Student Services Unit
(303) 866-6681 / Anthony_t@cde.state.co.us



PARENT RELEASE FORM

I give permission for my name and address to be added to a Statewide Parent Mailing List that will be used to mail out periodic newsletters of information from the Colorado Department of Education's Exceptional Student Services Unit.

I understand that information in the newsletters will include information about (a) conferences; (b) parent groups; (c) education specific issues; (d) local, state, and national resources; (e) student activities; (f) parent activities; and (g) other items pertinent to parents of children with visual impairment. The newsletter is published in English.

I understand that the list will be confidential. It will not be provided to any other agency or persons outside of the Colorado Department of Education.

I understand that I can take my name off of the list at any time by contacting the Colorado Department of Education at (303) 866-6681 or emailing anthony_t@cde.state.co.us

Child's Name: _____

Parent(s) Name(s): _____

Address: _____

Phone Number (optional): _____

In the time of the COVID-19 pandemic, it is likely that CDE announcements will be made via email. We cannot guarantee that the newsletter can be mailed out, so your email address will be needed to alert you that a new newsletter has been posted online:

Email: _____

Name of Your Child's School District: _____

Signed By: _____

Date _____

Please mail this form to Tanni Anthony, Colorado Department of Education, Exceptional Student Services Unit, 1560 Broadway, Suite 1100, Denver, Colorado, 80202. It can be emailed to anthony_t@cde.state.co.us Or you can give it back to your child's teacher certified in the area of visual impairment. Thank you!

Anchor Center for Blind Children
Authorization for Mutual Exchange of Information
(HIPAA Compliant)

As the parent or legal guardian of _____ (child's name) _____ (DOB),

I authorize (✓) Anchor Center for Blind Children to exchange the following records:

Please check all that apply.

- | | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> Referral Information | <input type="checkbox"/> Physical Therapy Evaluations | <input type="checkbox"/> Developmental Screening Results | <input checked="" type="checkbox"/> Evaluation Results |
| <input type="checkbox"/> Admission Summary | <input type="checkbox"/> Occupational Therapy Evaluations | <input checked="" type="checkbox"/> Hearing Screen or Test Results | <input checked="" type="checkbox"/> IFSP |
| <input checked="" type="checkbox"/> Discharge Summary | <input type="checkbox"/> Speech Therapy Evaluations | <input checked="" type="checkbox"/> Vision Screen or Test Results | <input type="checkbox"/> Other: _____ |

to the following physicians, agencies and programs:

Community Centered Board _____

Address _____

Ophthalmologist's Name or Agency _____

Address _____

Primary Care Physician's Name or Agency _____

Address _____

Audiologist _____

Address _____

School District _____

Address _____

State Agency: Colorado Department of Education, Colorado Instructional Materials Center, Colorado Home Intervention Program,
University of Colorado School of Medicine- Anschutz Medical Campus (Low Vision Rehabilitation Services)

OTHER: _____

Address _____

Regarding the following information pertaining to the above-named child **for the following reasons:**

- ☒ To coordinate care with my child's primary care physician/ophthalmologist/audiologist.
- ☒ To consult with my family's service coordinator; and early intervention service providers about the developmental impact of my child's medical condition; and to interpret medical and health records for eligibility determination and program planning.
- ☒ To coordinate with my child's current school district.
- ☐ Other _____

PLEASE FORWARD TO:

Anchor Center for Blind Children, 2550 Roslyn St., Denver, CO 80238

Office: 303-377-9732 Fax: 303-377-9744

ATTENTION: _____

I understand that this authorization will be valid for one school year after Anchor Center's last active contact with the family and may be revoked at any time by making a written request to Anchor Center for Blind Children. I understand that signing this authorization is not a condition of receiving future medical or early intervention services and that Anchor Center services will be provided even if I do not authorize mutual exchange of information with the above party; and there is potential for redisclosure of this information to others, in which case it may no longer be protected under the HIPAA Privacy Rule. It is Anchor Center policy, however, not to disclose any student information without the consent of parent(s) or guardian.

Signature of Parent/Guardian

Date

Relationship to Child

Anchor Center for Blind Children Confidentiality Practices

All information concerning presently or previously registered students and family is strictly confidential. Staff, volunteers and business associates of Anchor Center for Blind Children maintain confidentiality of clients consistent with HIPAA and FERPA. Staff, volunteers and business associates are obligated to prevent any breach of confidentiality, required to sign a written oath of confidentiality and are expected to safeguard confidential information. Any request for information from Anchor Center for Blind Children must be accompanied by a family's signed completion of a written release of information form. The Anchor Center representative will determine whether the information is necessary to assure provision of appropriate early intervention services for the child and family, health and safety of the child and his or her family, operation of the program/facility, payment for services, or other comparable reasons for the recipients to have the information. No information will be released without completion of a written release of information signed by the appropriate party determined by legal guidelines. Requests for information that do not have a clear guideline for disclosure of information will be referred to the Executive Director of Anchor Center. If there are ever serious doubts about whether information should be shared, the doubts will be resolved in favor of the safety and well-being of the child.

Families have the right to

- Inspect and review their child's records upon written request
- Seek amendment of the child's records that the family believes to be inaccurate, misleading or otherwise in violation of their privacy
- Consent to disclosures of personally identifiable information contained in the records unless the release of personable identifiable information will impact the health or safety of the child or other individuals.

Breach of Confidentiality is defined as a disclosure to a third party, without family consent or court order, of personal/sensitive information that has been disclosed to Anchor Center. Disclosure can be oral or written, by telephone or fax, or electronically, via email or information networks.

Personally identifiable/sensitive information includes but is not limited to:

- The child's name
- The name of the child's parent or other family member
- The address of the student
- A personal identifier of the student such as the student's SSI number
- A list of personal characteristics or other information that would make the student's identity easily traceable (i.e. health history, a family's education, financial, criminal or employment history, anyone else's opinions about the individual and the family's personal views or opinions).

Any complaints or concern regarding these practices or Anchor Center for Blind Children's handling of child and family information should be in writing and directed to:

Meghan Klassen
Executive Director
Anchor Center for Blind Children
2550 Roslyn St.
Denver, CO 80238

Authority

Family Education Rights and Privacy Act Regulations
HIPAA

MEDICAL FORMS

The following forms need to be completed by
your child's physician.

These forms are required before your child may
begin programming.

Doctor's offices may fax the forms directly back
to Anchor Center at 303-337-9744,
attn: Naomi.



CHILD HEALTH STATUS
To be completed by child's physician

This letter is to certify that _____ (Child Name), _____ (DOB) is under my care, is in good physical condition, and has had all immunizations as outlined in the schedule published by the Colorado Department of Public Health and Environment (CDPHE). If not, a signed statement of **Medical Exemption** must be provided.

If there is any pertinent information about this child's general health (such as allergies, physical or emotional problems etc.) that might have an effect on the way he/she functions in the program, PLEASE NOTE BELOW:

SEIZURES: ____NO ____YES * : List Type _____

***IF YES, SEIZURE CONTROL PLAN IS REQUIRED FROM PHYSICIAN**

KNOWN HISTORY OF SEIZURES: ____NO ____YES: How frequent is seizure activity? _____

Known Triggers _____

If you indicate that above-named child has a history of seizures but does not require an authorized Seizure Action Plan, a written letter from the parent/caregiver is required explaining condition.

ASTHMA: ____NO ____YES ***IF YES, ASTHMA ACTION PLAN IS REQUIRED FROM PHYSICIAN**

Activity Induced: ____ Allergy Induced: ____ Anxiety Induced: ____ Other: _____

Will child require an emergency inhaler to be stored at school? ____No ____Yes

ALLERGIES: ____NO ____YES ***IF YES, ALLERGY ACTION PLAN IS REQUIRED FROM PHYSICIAN**

Milk Allergy: ____ Lactose Intolerant: ____ Other: _____

Describe reaction and severity: _____

Is medication required for reaction? ____NO ____YES

SENSITIVITIES: ____No known sensitivities ____YES: Please describe: _____

DIABETES: ____NO ____YES ***IF YES, DIABETES ACTION PLAN REQUIRED FROM PHYSICIAN**

G-TUBE: ____NO ____YES ***IF YES, CURRENT FEEDING PLAN IS REQUIRED FROM PHYSICIAN**

TRACHEOSTOMY: ____NO ____YES ***IF YES, A CARE PLAN OR PROTOCOL PLAN IS REQUIRED FROM PHYSICIAN**

OTHER: (Attach additional sheet if needed)

List other medical conditions, diagnosis, disorders, diseases and/or DNR: _____

List ALL daily medications, dosage, time given, and reason for medication: _____

Date of Last Exam: _____ Current Weight: _____ Next Well Visit: ☐ Per AAP guidelines or ☐ Age _____

This child is healthy and may participate in all routine activities in school, child-care or camp program. Any concerns or exceptions are identified on this form.

OFFICE STAMP: Or write Name, Address. Phone

Signature of Health Care Provider

Date

Signature of Parent/Guardian

Date

***If there are ANY changes throughout the year, this form requires updating. Updates also required on 3, 4 and 5 year-old birthdays.**

COLORADO CERTIFICATE OF IMMUNIZATION

www.coloradoimmunizations.com



This form is to be completed by a health care provider (physician (MD, DO), advanced practice nurse (APN) or delegated physician's assistant (PA)) or school health authority. School required immunizations follow the ACIP schedule. Note: Final doses of DTaP, IPV, MMR and Varicella are required prior to kindergarten entry. Tdap is required at 6th grade entry.

Student Name: _____

Date of birth: _____

Parent/guardian: _____

Required Vaccines

Immunization date(s) MM/DD/YY

Titer Date*

MM/DD/YY

Hep B Hepatitis B								
DTaP Diphtheria, Tetanus, Pertussis (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								
Mumps								
Rubella								
Varicella Chickenpox								

Varicella - date of disease		Varicella - positive screen date	
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*A positive laboratory titer report must be provided to the school to document immunity.

*The shaded area under "Titer Date" indicates that a titer is not acceptable proof of immunity for this vaccine.

Recommended Vaccines

Immunization date(s) MM/DD/YY

HPV Human Papillomavirus								
Rota Rotavirus								
MCV4/MPSV4 Meningococcal								
Men B Meningococcal								
Hep A Hepatitis A								
Flu Influenza								
COVID-19								
Other								

Health care provider Signature or Stamp: _____

Date: _____

Student is current on required immunizations for age (circle one): Yes No

OR

Immunization record transcribed/reviewed by school health authority:

School health authority signature or stamp: _____

Date: _____

(Optional) I authorize my/my student's school to share my/my student's immunization records with state/local public health agencies and the Colorado Immunization Information System, the state's secure, confidential immunization registry.

Parent/Guardian/Student (emancipated or over 18 yrs old) signature: _____ Date: _____