



June 24, 2022

Hello Parents of Anchor Center Preschoolers!

We are so excited to welcome you to the 2022-2023 school year! Please find important enrollment information below.

**Program Information:**

- Join us on Tuesday, August 23rd for the **Preschool Meet and Greet Day** (more details coming soon!)
- **First full day of preschool** will be on Thursday, August 25th
- Preschool hours are **9:00 – 1:00**, Tuesday and Thursday
- Registration materials including medical paperwork are due by **7/15/22**

**Enrollment Information:**

- To enroll your child for the 2022-2023 school year, please complete the attached packet and return to Anchor Center via email, fax, mail or in person.
- In order for your child to attend on the first day of school, all medical and enrollment paperwork must be turned in for review by **July 15th**.
- All registration forms are available in digital format via email and can be filled out on a computer or tablet. Packets are also available at Anchor Center or can be mailed upon request. If you have questions or would like assistance completing the registration paperwork, please contact:
  - Courtney Albers, Referral and Registration Manager, 303-377-9732 ext. 133, [calbers@anchorcenter.org](mailto:calbers@anchorcenter.org)

**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 program.**
- If your child has a MEDICAL immunization exemption, this must be approved in advance by Anchor Center's designated staff and Executive Director.
- Your pediatrician can **fax** Immunizations, Child Health Forms, and any Medical Action Plans to Anchor Center at 303-377-9744, attention: Naomi Aitken

It is important to note that if enrollment forms are received *after* July 15th, Anchor Center may not guarantee your child's spot in our Preschool Program. Please let us know of any changes or questions you have so we can be of assistance to your family.

Thank you for all you do to help us help your child! We are looking forward to another exciting school year.

*~Anchor Center Preschool Program Staff*

# 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](mailto: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: \_\_\_\_\_



## PRESCHOOL ATTENDANCE POLICY & PARTICIPATION AGREEMENT

The **Preschool Program at Anchor Center** is offered Tuesdays and Thursdays from 9:00 AM to 1:00 PM. Regular school attendance is an important factor in children's social and cognitive development. Regular school attendance can provide children with various enriching opportunities and experiences that are beneficial to their social development and relationships with peers and adults. Excessive absenteeism, whether sporadic or consistent, can have long-term effects on a child's educational path starting in preschool.

Anchor Center staff understand that we serve a vulnerable population and our students may be sick or life circumstances, such as transportation and weather, may affect attendance. If your child is going to be absent, please notify Anchor Center via our **Attendance Phone Line: 303-377-9732, option 4.**

### Excessive Absenteeism

If an enrolled Anchor Center student is absent without excuse or notification three or more consecutive preschool days, the child's assigned classroom teacher will review the *Preschool Attendance Policy* with the child's parent(s)/caregiver(s) and require their signature of a **Child Attendance and Participation Agreement** form in order to continue preschool enrollment.

The **Child Attendance and Participation Agreement** states that if an Anchor Center child continues to miss two or more consecutive preschool days without submitting a doctor's note of approved absence, Anchor Center staff will meet with the child's parent(s)/caregiver(s) to discuss enrollment requirements, which may result in dismissal from the preschool program.

Families are given every opportunity to establish regular attendance, and will be withdrawn from program only when they are unwilling or unable to participate in compliance with Anchor Center's policies and guidelines of operation.

### Multiple Preschool Program Attendance

There is the option of preschoolers being "dual enrolled" in Anchor Center preschool and their school district preschool program. If your child is planning on attending multiple programs, please indicate this on the signature page. **This information will ensure that your child does not receive a duplicate registration for the Colorado Department of Education and Colorado Instructional Materials Center (CIMC) count of blind students in Colorado.**

*Signature required on back of page*

*School Year 22-23*



**I have read and understand Anchor Center's Preschool Attendance Policy. I hereby acknowledge that if my child is absent without excuse or notification three or more consecutive preschool days, the classroom teacher will review the policy and enrollment requirements with me.**

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Child's Name

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Parent/Guardian Name, printed

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Parent/Guardian Signature

Date

### **Dual Enrollment Information**

**My child will be attending another preschool program in addition to the Anchor Center preschool program.**

**\*Yes:**

**No:**

**\*If yes:**

**Name of other preschool:** \_\_\_\_\_

**School District:** \_\_\_\_\_

**Days and time attending:** \_\_\_\_\_

*School Year 22-23*



## **FAMILY COMMITMENT Preschool 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 school 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 Preschool Program hours are 9:00 – 1:00 and I agree to drop-off and pick-up my child promptly at those times.
- ⚓ Tuition for the Preschool program is due on the 1<sup>st</sup> day of the month. I acknowledge that if I pay later than the 20<sup>th</sup> of each month, a \$20 late fee will be assessed.
- ⚓ I agree that I will provide Anchor Center with at least 2 weeks written notice of intent to withdraw my child from the Preschool Program.
- ⚓ I understand that the school reserves the right to change my child's classroom placement if it is deemed more appropriate for the child by the teacher, therapist, and/or director.

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**Child's Name (Print)**

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**Parent/Guardian Name (Print)**

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**Parent/Guardian signature**

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**Date**

*School Year 22-23*



## **PRESCHOOL BEHAVIOR POLICY**

### **2022-2023 School Year**

Concerning behaviors, both intentional and unintentional, occur in all preschool settings. Biting, hitting and other behaviors may be expressions of different emotional feelings at different ages. They can be a form of communication and are frequently a response to the child feeling that his/her needs are not being met or he/she is coping with a challenge or stressor. Anchor Center for Blind Children uses behavioral interventions, supports, strategies and techniques as the basis for handling classroom management and behavior problems. When faced with a behavior concern, we first seek out the support of our program and family service team members, who are readily available to support parents and staff with their knowledge and expertise in this area.

When potentially harmful behaviors are demonstrated (biting, hitting and kicking and other concerning behaviors), Anchor Center staff will respond to the incidents in the following manner:

- Ensure that all children are safe.
- Provide needed first-aid and attention to all individuals injured (All program staff maintain current training in First-Aid and Universal Precautions).
- Utilize appropriate behavioral management techniques including:
  - Maintain proper adult-child ratios
  - Provide an adequate number of toys and materials
  - Provide redirection
  - Communicate with positive, descriptive phrases
  - Provide choices
  - Provide positive reinforcement of acceptable behaviors
  - Teach and re-teach appropriate behaviors
  - Model appropriate behaviors
  - Immediately label inappropriate behavior and explain that it is unacceptable in a caring, yet firm, manner
  - Purposefully ignore behaviors for brief periods of time
  - Provide adult proximity to children with problematic behaviors
  - Remove child with behavior concern from the group for brief periods, while still providing supervision ("Take a Break")
  - Provide appropriate physical assistance to children to prevent harm to themselves or others
  - When possible, classroom staff will limit activities or interventions that may escalate behavior if they have been previously identified/observed
  - Classroom set-up and routines will be developed, as much as possible, to help the child with behavioral challenges be most successful.
  - Consultation with Anchor Center's Developmental Specialist consultant

*School Year 22-23*



## **Preschool Behavior Policy** *Continued*

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In the event a child injures another child or adult, the staff will assess the context and environment in which the injury occurred and make adjustments as needed. Assessment may include reviewing the staffs' knowledge of the child's needs, interests, routines, and preferences including environmental influences and availability of adequate materials and supports. This will include reviewing the layout of the classroom (e.g. quiet centers), supports, routines, transition times and teaching strategies.

An "Incident Report" will be completed by staff who have knowledge of the incident. Staff will maintain the highest level of confidentiality and professionalism and will ensure compliance with all applicable State and Federal laws and regulations. The names of the child(ren) involved will be kept confidential.

The parents of all children involved in the incident will be informed of the incident and will receive a detailed explanation of the actions taken by the staff. However, parents will not be given the name(s) of the other child(ren) involved.

In addition to the steps outlined above, we acknowledge that certain circumstances might require more formal intervention. In the case that a child's behavior is ongoing and impacts his/her learning and/or the learning of other students, the Program Director will meet directly with the parent or primary caregiver to develop a plan to retain enrollment in the Anchor Center Preschool Program. At that time, the team may develop future goals to address the behavior or it may be determined that the child's behavior is beyond the scope of the Anchor Center preschool program (this may be due to the intensity of the behaviors, duration of the behaviors, staff required to attend to behaviors, lack of participation from the child's parents or primary caregiver, or behaviors that are beyond the current skill level of the preschool staff).

### **At the initial meeting, the team will:**

- Review the behavior policy directly with the parents or primary caregivers.
- Identify behaviors of concern.
- Discuss external variables that may be contributing to the behavior(s) of concern.
- Share data that has been collected on the behavior during the Anchor Center Preschool Program.
- Share any data that has been collected by the family across different settings (home, public school preschool program, etc.).
- Review the impact that the child's behavior has on the Anchor Center Preschool Program.
- Consider limiting the hours or days that the child attends Anchor Center Preschool Program (Anchor Center staff discretion).
- Consider if Anchor Center Preschool Program is the correct placement for the child (Anchor Center staff discretion).





**Pause in Services**

- Anchor Center staff may determine based on the information provided (data, family participation level, intensity of the behavior) that the child needs to be placed on a temporary pause of services. During a temporary pause, the parents or primary caregivers need to adhere to a behavioral plan which will include the following:
  - Identify and minimize external variables that trigger the behavior
  - Seek out additional community supports such as mental health therapy, behavioral therapy, consult from the child's pediatrician (determined by the Anchor Center staff to best meet the current needs of the child).
  - Attend a follow-up meeting to discuss the transition back to Anchor Center Preschool Program.

**Change in Program/Services**

- Unfortunately, there are situations where Anchor Center Preschool Program is not the best fit for a child. Anchor Center Preschool Program is designed to meet the visual, academic, and social needs of students. When behavioral challenges inhibit the ability for children to learn it is important to find the best placement to maximize learning and development during early childhood. A change in programs or services is always used as a last resort and is typically the result of conclusive data collection or a significant incident that results in injury to a staff member or an Anchor student. The following may be grounds for a change in programs or services:
  - Behaviors that are outside the scope of practice of Anchor Center staff.
  - Behaviors that are intense and long lasting (occur for a significant portion of the preschool day).
  - Behaviors that result in injury to Anchor Center staff or other students.
  - Behaviors that require a one-on-one staff member to be present with the child for the duration of the preschool day.

*Signature required on back of page*



## **PRESCHOOL BEHAVIOR POLICY ACKNOWLEDGMENT**

**I have read and understand Anchor Center's Preschool Behavior Policy.**

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Child's Name

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Parent/Guardian Name Printed

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Parent/Guardian Signature

---

Date

*School Year 22-23*



## CHILD PICK-UP AUTHORIZATION FORM

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

I authorize the following people to pick-up my child from Anchor Center's Preschool Program. I understand that if someone not listed on this authorization attempts to pick my child up from program, staff will call me to verify my permission before releasing my child.

**Main pick-up person(s):**

Name(s): \_\_\_\_\_

Relationship: \_\_\_\_\_

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

**Additional persons authorized to pick-up my child:**

Name(s): \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Name(s): \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Name(s): \_\_\_\_\_

Relationship: \_\_\_\_\_

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

**\*Any person(s) NOT authorized to pick up my child:**

\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Name (print):** \_\_\_\_\_

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

*School Year 22-23*



## 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.**

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Child's Name (Please print)

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Parent/Caregiver Printed Name

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Parent/Guardian Signature

Date

*School Year 22-23*



## ANCHOR CENTER IMMUNIZATION POLICY

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### 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



## EMERGENCY MEDICAL AUTHORIZATION

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's primary language: \_\_\_\_\_

Is child verbal? Yes\_\_\_ No\_\_\_ Is child independently mobile? Yes\_\_\_ No\_\_\_

I, \_\_\_\_\_ (parent/guardian) hereby give my permission to Anchor Center for Blind Children to call for emergency medical care, including an ambulance for transportation, should an emergency arise for the above named child. It is understood that a conscientious effort will be made to contact a parent or guardian named below, if possible, before any action is taken, but if we are unreachable, it is understood we will be responsible for any incurred expenses.

### In case of emergency, please contact:

Parent/Guardian's name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please list child's diagnosis(es) and description of any medical conditions: \_\_\_\_\_

\_\_\_\_\_

List any allergies, especially to medication and food: \_\_\_\_\_

\_\_\_\_\_

Please describe how severe the above allergy is and the necessary treatment (epipen required, emergency medication, observation, etc.): \_\_\_\_\_

List all current medications and daily dosages (attach separate sheet if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Primary Medical Insurance Carrier: \_\_\_\_\_

Phone number: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Phone number: \_\_\_\_\_

Preferred Hospital Name: \_\_\_\_\_

**EMERGENCY CONTACTS (other than parent):** Every effort will be made to contact the parent or guardian in the case of illness or medical emergency, however, when this fails, the **following person(s) may be contacted to pick up my child from the center and/or to speak on behalf of the parent/guardian** concerning this student. Emergency contacts should live a short drive from the school and generally be available if needed to pick up a sick or injured student. We encourage you to have more than one emergency contact.

#1 Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation to child: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation to child: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian printed name

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

School Year 22-23





**SKILLED NURSING ACKNOWLEDGMENT**  
**2022-2023 Program Year**

**\*Please complete this form only if your child will have a nurse attend program with him/her.**

**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

I, \_\_\_\_\_ (*parent/guardian's name(s)*), am aware that my child, named above, has medical and/or physical needs that will be met by an outside medical agency staff person who will attend with my child during Anchor Center for Blind Children programming.

☐ *Parent Initials* - I am aware that the medical and/or physical care of my child will *not* be met by Anchor Center for Blind Children staff if in the rare event the hired medical agency staff cannot perform the daily tasks. In such an event, parents/emergency contacts will be called to come in immediately to either assist their child or take their child home for the day. Anchor Center for Blind Children staff will be able to keep my child as safe as possible with their basic layperson First Aid, Standard Precautions and CPR skills until my child's parent/legal guardian arrives.

☐ *Parent Initials* - In the event that the nursing staff is unable to attend programming, I am aware that myself or another legal guardian will need to attend programming with my child and be responsible for their medical needs during program time.

☐ *Parent Initials* - I am aware that if needed, 911 will be called for assistance.

**In the event of an emergency, please contact:**

1) Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_

2) Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_

\_\_\_\_\_  
Parent/guardian's 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](mailto:calbers@anchorcenter.org) or [naitken@anchorcenter.org](mailto: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*



## MULTIPLE PRESCHOOL PERMISSIONS FORM

Please read each section and initial. Your signature is required at the end of the form.

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

Date of Birth: \_\_\_\_\_

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### SUNSCREEN APPLICATION PERMISSION

Anchor Center Teaching Staff are OBLIGATED by licensing to apply sunscreen anytime students go outside, unless otherwise directed by parent/guardian. Please check appropriate box below.

- ☐ YES - Permission is given to apply sunscreen lotion provided by the Anchor Center for Blind Children.  
YES - Permission is given to apply sunscreen that I (parent or guardian) will send to Anchor Center.  
NO - I do not consent to allow application of any sunscreen by Anchor Center for Blind Children staff.  
NO - My child has an allergy to all sunscreens.

\_\_\_\_\_ Parent Initials

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### MATERIALS CONSENT FORM

Anchor Center's Preschool Program provides educational support in using 'real-life' objects that are also used at home, such as ceramic mugs. Program materials made of ceramics and other breakable materials may be present in our classrooms and learning areas. All program staff members have been trained in the safe use of these materials and are current in First-Aid certification.

- ☐ I acknowledge that my child will have access to the materials in the classroom and designated learning areas at Anchor Center for Blind Children.

\_\_\_\_\_ Parent Initials

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### TREE HOUSE PARTICIPATION PERMISSION FORM

Anchor Center has a delightful Tree House in our Motor Room. Elements of the Tree House are there to provide opportunities for the children to learn to climb using hand and foot holds. We will use belay and harness equipment with the children and there will always be an adult in the area supervising and managing the activities.

**Yes**, I give permission for my child to participate in supervised climbing activities in the Tree House.

**No**, I do not wish for my child to participate in Tree House climbing activities.

\_\_\_\_\_ Parent Initials



## *Multiple Permissions Form Continued*

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### **WALKING FIELD TRIPS PERMISSION**

I give permission for my child to go on supervised walking field trips in the Anchor Center neighborhood with his/her class, e.g. to the park, on a nature walk, etc. There will be a minimum of two teachers/Anchor staff accompanying the children.

\_\_\_\_\_ **Parent Initials**

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### **ORIENTATION AND MOBILITY PERMISSION AND RELEASE OF LIABILITY**

I give permission for my child to engage in Orientation and Mobility lessons, which may include off-campus lessons in the community. Any conditions/concerns with planned lesson locations and/or content is the responsibility of the parent to communicate with the Orientation and Mobility Instructor.

I fully understand the nature of the activities undertaken during Orientation and Mobility lessons and understand the risk of injury associated with that activity. The signing of this permission sheet releases Anchor Center for Blind Children and its employees from any claims made by the child or on behalf of the child should injury occur as a result of his/her participation.

I acknowledge that I have read the *Orientation and Mobility* information sheet and this **Permission and Release of Liability form** and fully understand its contents and the consequences of signing this form.

\_\_\_\_\_ **Parent Initials**

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### **PARENT ACKNOWLEDGEMENT AND SIGNATURE**

I acknowledge that I have read and understand the above permissions and have noted my authorization.

\_\_\_\_\_  
Child's Name (Please print)

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

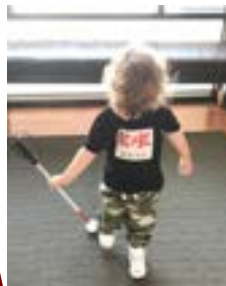
School Year 22-23

**Orientation:** Knowing where your body is in space especially in relation to other objects.

**Mobility:** The physical act of moving from one place to another.

#### O&M Goals for Preschoolers

- ◆ Interpret sensory input
- ◆ Improve gross & fine motor skills
- ◆ Learn basic and environmental concepts
- ◆ Develop mobility and cane techniques
- ◆ Use basic travel clues and landmarks



Learning concepts, skills, and techniques necessary to orient to surroundings and plan how to safely and independently move in the environment.



#### O & M Orientation and Mobility



**Questions?** Ask Melinda Carter or Morgan Harrington - Teachers of students with visual impairments and certified orientation and mobility instructors.

#### **Orientation and Mobility Instructors will:**

- ◇ Help students comprehend and utilize spatial concepts (*above* the sink, *beside* the teacher, *between* the chairs etc...)
- ◇ Expand students' knowledge of environmental concepts (cars, buses, sidewalks, streets, fences, curbs, hallways, stairs, rooms, etc...)
- ◇ Model specific mobility techniques (sighted-guide, negotiate stairs, finding and sitting in a seat, room familiarization, hand-trailing a wall etc...)



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.

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Name of Child (Print)

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Name of Parent/Guardian (Print)

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Parent/Guardian Signature

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Date

*School Year 22-23*





## 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.**





## 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.<sup>1</sup> 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 20<sup>th</sup> 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 20<sup>th</sup> 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** \_\_\_\_\_

<sup>1</sup> 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.

**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



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](mailto: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](mailto: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](mailto: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!*

## **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](http://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: \_\_\_\_\_