

# Mama Bear Daycare, LLC

2101 Main St. Rye, CO 81069

## Student Enrollment Information

Admission Date \_\_\_\_\_ Withdrawal Date \_\_\_\_\_

Please Fill out **all** information completely, including all addresses.

### Child Information

Date of child's 1<sup>st</sup> day (approx.) \_\_\_\_\_

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Living Arrangement: ( ) Both Parents ( ) Mother ( ) Father ( ) Other \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Legal Guardian(s): ( ) Both Parents ( ) Mother ( ) Father ( ) Other \_\_\_\_\_

If your child is under 5, are they ( ) Potty Trained ( ) In Pull-ups (if over 2) ( ) In Diapers (if under 2)

### Parent Information

#### **Parent 1**

( ) Mother ( ) Father ( ) Other \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Address \_\_\_\_\_

Social Security Number (optional) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

#### **Parent 2**

( ) Mother ( ) Father ( ) Other \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Address \_\_\_\_\_

Social Security Number (optional) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Emergency Information** (Must have doctor's name and phone number)

**Family Doctor**

Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Office Hours \_\_\_\_\_

**Family Dentist**

Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Office Hours \_\_\_\_\_

**Preferred Hospital please circle one below:**

**Parkview Medical Center**  
400 W. 16<sup>th</sup> St.  
Pueblo, CO 81009

**St. Mary Corwin Medical Center**  
1008 Minnequa Ave  
Pueblo, CO 81004

**Or other:** \_\_\_\_\_

**\* In the event of an emergency Mama Bear Daycare will call parents and or the emergency contacts listed below.**

**Please list who you would like to have as the #1 first call made:** \_\_\_\_\_

**Emergency Contacts** (list at least 3 not including parents)

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

4. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Authorized Pick-Ups** (must have complete addresses)

**Only the people listed will be allowed to pick up your child. Include parents.**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

4. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### **Child's Medical Information**

Does your child have any physical limitations, mental health disorders, mental retardation, developmental disabilities, or behavior disorders which could limit or challenge the child's participation in the center's programs and activities? ( ) Yes ( ) No

If yes, specify: \_\_\_\_\_

\_\_\_\_\_

Are there any special instructions in caring for your child? ( ) Yes ( ) No

If yes, specify: \_\_\_\_\_

\_\_\_\_\_

### **Allergies**

Does your child have allergies (insect, seasonal, medications, foods, etc.)?

( ) Yes ( ) No If yes, specify: \_\_\_\_\_

\_\_\_\_\_

Please list any foods that your child may be allergic or sensitive to as our center nutritionist uses this information. Please note that a doctor's note and/or allergy form will be required. Parents may be required to bring in meals from home depending on the allergy and severity.

Child's Name \_\_\_\_\_ Food List: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergic reaction that occurs when ingested: \_\_\_\_\_

\_\_\_\_\_

Does your child have an epipen? (    ) Yes (    ) No

If there are any special instructions concerning your child's allergies or allergic reactions, please specify \_\_\_\_\_

\_\_\_\_\_

Your child's health, welfare, and safety are the primary concerns of the staff members at Mama Bear Daycare. The information requested is very important to ensure that your child receives the necessary care required for them.

### **Vehicle Emergency Medical Information**

We realize that the information requested below has been given on previous pages, however it is important that you complete this form in its entirety. This form is to be removed and given to paramedics in the unlikely event of a medical emergency.

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

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

In case of an emergency and parents cannot be reached, contact:

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Child's Doctor Name \_\_\_\_\_ Phone \_\_\_\_\_

Child's Allergies \_\_\_\_\_

Current Prescribed Medication \_\_\_\_\_

Child's Special Needs and Conditions \_\_\_\_\_

In the event of an emergency involving my child, and if Mama Bear Daycare is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (we) shall assume responsibility for payment for services.

I (we) agree to keep the facility informed of any incidents requiring professional medical attention involving my child.

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

Parent or Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



### **Parental Agreements with Mama Bear Daycare**

Enrollment Information: My child is normally in attendance at the facility between the hours of \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm on the following days: (Circle all that apply)

Monday      Tuesday      Wednesday      Thursday      Friday

My child will normally receive the following meals while in care: (Circle all that apply)

Breakfast      Lunch      PM Snack

1. Mama Bear Daycare agrees to provide child care for \_\_\_\_\_  
(child's name) on Monday through Friday, 6:00 AM to 6:00 PM. My child will be allowed to participate in the following meal plans: Breakfast (served until 8:30 am), Lunch (served until 11:30 am), and Afternoon snack (3:00 pm).
2. Before any medication is dispensed to my child, I will provide written authorization, which includes date, name of child, name of medication, prescription number, if any, dosage, and date and time medication is to be given. Medication will be in original container with my child's name marked on it.
3. My child will not be allowed to enter or leave the facility without being escorted by myself, the parent, person authorized by the parent, or facility personnel.
4. I acknowledge that it is my responsibility to keep my child's records current to reflect any significant changes as they occur, (telephone numbers, work location, emergency contacts, child physician, child's health status, infant feeding plans, immunization records, etc.)
5. The facility agrees to keep me informed of any incidents, including illnesses, any injury, adverse reaction to medications, etc. that involve my child.
6. The facility agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility.
7. Mama Bear Daycare celebrates several holidays with the children. We will have little parties during the day for the following holidays: Valentines Day, Easter, St. Patrick's Day, Fourth of July, Thanksgiving and Christmas. If you wish for your child to **NOT** participate in these festivities, please let the management staff know and we will arrange for your child to have other activities to do on these days.
8. Mama Bear Daycare is not a Church based daycare center; however, we do enjoy singing some religious songs to the children. For example, "Jesus Loves Me, "This little Light of Mine," Jesus Loves the Little Children, etc." Please inform management if you do **NOT** want these songs to be sang to your children.

9. I acknowledge that it is my responsibility to follow all policies & procedures. I acknowledge that Mama Bear Daycare has the right to terminate my child care contract at any time, for any reason, including but not limited to: the parent regularly breaks the rules, the parent is disruptive or difficult to deal with, the child is disruptive or difficult to manage (Mama Bear Daycare) does not discriminate against the parent's or child's race, sex, religion, ethnic background, national origin or disability).
10. I have received a copy, read, and agree to abide by the policies and procedures for Mama Bear Daycare.

Signed \_\_\_\_\_ Date \_\_\_\_\_

(Parent or Legal Guardian)



### Authorization to Dispense External Preparations

Parental Authorization: Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; dates to be given; the time of day to be dispensed; and signature of parent.

I give MAMA BEAR DAYCARE STAFF permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container. Please check mark next to the items you are agreeing to.

\_\_\_\_\_ Baby Wipes

\_\_\_\_\_ Band-aids

\_\_\_\_\_ Sunscreen

\_\_\_\_\_ Insect Repellent

\_\_\_\_\_ Non-Prescription ointment (such as A & D, Desitin, Vaseline)

\_\_\_\_\_ Lotion, creams or balms

Other (please specify) \_\_\_\_\_

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

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

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**The following forms are required by the State of Colorado to be completed and returned to the daycare Center with in 20 days of enrollment:**

- Colorado Certificate of Immunization
  - The daycare center MUST have a current copy of your child's immunization record on file from your child's doctor office.
- If you choose to not vaccinate your child then you must fill out either one of two forms.
  - Medical Exemption form which is filled out and signed by your doctor or
  - NON- Medical exemption form
    - This form requires you to watch a video yearly and show proof you completed the video.
- General Health Appraisal Form: This MUST be filled out by your child's doctor every time they have a well visit.
- Pacifier and Cot permission forms- these are for children enrolled in the infant and toddler class.
- Toddler class only- Playground filed trip permission slip.

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# COLORADO CERTIFICATE OF IMMUNIZATION

[cdphe.colorado.gov/immunization](http://cdphe.colorado.gov/immunization)



**COLORADO**

Department of Public  
Health & Environment

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 Advisory Committee on Immunization Practices (ACIP) schedule. If the student provides an immunization record in any other format apart from this Certificate or an Approved Alternate Certificate (details found at [cdphe.colorado.gov/immunization/forms](http://cdphe.colorado.gov/immunization/forms)), the school health authority must transcribe the record onto this form. Note: Final doses of DTaP, IPV, MMR and Varicella are required prior to kindergarten entry. Tdap is required at sixth grade entry.

Student Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Parent/guardian:(if student is under 18 years of age and not emancipated) \_\_\_\_\_

## Required Vaccines

Immunization date(s) MM/DD/YY

Titer Date\*  
MM/DD/YY

HepB Hepatitis B										
DTaP Diphtheria, Tetanus, Pertussis (pediatric)†										
Tdap Tetanus, Diphtheria, Pertussis†										
Td Tetanus, Diphtheria										
Hib Haemophilus influenzae 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										

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

In several instances, laboratory confirmation of positive titers are an acceptable alternative to written documentation of vaccination. A positive laboratory titer report must be provided to the school to document immunity. More information on titers can be found within the Colorado Board of Health rule 6 CCR 1009-2.

† For DTaP and Tdap, both the diphtheria and tetanus titers must be positive. A titer is never acceptable to demonstrate immunity to pertussis.

‡ Laboratory confirmation of positive titers are an acceptable alternative to the MMR vaccine only when titers for all three components (measles, mumps, and rubella) are positive.

## Recommended Vaccines

Immunization date(s) MM/DD/YY

HPV Human Papillomavirus										
RV Rotavirus										
MCV4 Meningococcal										
MenB Meningococcal										
HepA Hepatitis A										
Flu Influenza										
COVID-19										
Other										

Health care provider printed name/signature: \_\_\_\_\_ / \_\_\_\_\_

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

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

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: \_\_\_\_\_

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# GENERAL HEALTH APPRAISAL FORM

## PARENT

Please complete, date, and SIGN.

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

Allergies: ☐ None OR ☐ List food/medication: \_\_\_\_\_

Diet: ☐ Breastfed ☐ Age appropriate ☐ Special-Describe: \_\_\_\_\_

Skin Care: ☐ Sunscreen/creams may be applied as requested in writing by parent unless skin is broken or bleeding.

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

I, \_\_\_\_\_, give permission for my child's healthcare provider to share this form and applicable attachments with my child's school, childcare, or camp. Contact information for the person to receive this form:  
Name: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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

## HEALTH CARE PROVIDER

Please complete after parent section has been completed.

Date of most recent health appraisal: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Physical Exam: ☐ Normal ☐ Abnormal-describe: \_\_\_\_\_

Allergies: ☐ None OR ☐ List food/medication: \_\_\_\_\_ Type of Reaction \_\_\_\_\_

Current Medications: ☐ None OR ☐ List: \_\_\_\_\_

A separate medication authorization form ([link](#)) is required for medications given in school, childcare, or camp.

Current Diet: ☐ Breastfed ☐ Age appropriate ☐ Special-describe: \_\_\_\_\_

A separate diet statement ([link](#)) is required for food provided at school, childcare, or camp.

Health Concerns: ☐ Severe Allergies ☐ Asthma ☐ Seizures ☐ Diabetes ☐ Hospitalizations ☐ Behavior Concerns  
☐ Developmental Delays ☐ Vision ☐ Hearing ☐ Oral Health ☐ Under/Overweight ☐ Other: \_\_\_\_\_

Explain above concerns (if necessary, include instructions to care providers): \_\_\_\_\_

Immunizations: ☐ See attached immunization record or official exemption form ☐ Next vaccine due date: \_\_\_\_\_

## HEALTH CARE PROVIDER

Please complete if appropriate. This information is required by Early Head Start and Head Start Programs per the State EPSDT Schedule.

Height: \_\_\_\_\_ B/P: \_\_\_\_\_ Head Circumference (up to 12 months): \_\_\_\_\_ HCT/HGB: \_\_\_\_\_

Lead Level: ☐ Not at risk OR ☐ Lead level: \_\_\_\_\_ TB: ☐ Not at risk OR Test Result: ☐ Normal ☐ Abnormal

Screens Performed: ☐ Vision: ☐ Normal ☐ Abnormal ☐ Hearing: ☐ Normal ☐ Abnormal

☐ Oral Health: ☐ Normal ☐ Abnormal Developmental Screen: ☐ ASQ ☐ PEDS ☐ Other: \_\_\_\_\_

Developmental Concerns: \_\_\_\_\_ Recommended Follow-up: \_\_\_\_\_

## PROVIDER SIGNATURE

Next Well Visit: ☐ Per AAP Guidelines\* or ☐ Age: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Healthcare Provider (certifying form reviewed)

\_\_\_\_\_  
Date

\*The AAP recommends Well Child Visits at 2, 4, 6, 9, 12, 15, 18, 24, and 30 months, and annually after 3 years.

## OFFICE STAMP

Or write Name, Address, Phone Number, Email

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## **PACIFIERS (Infants Only)**

Colorado State Rules and Regulations requires that all infants be given a pacifier for every sleep time unless the parent has signed a waiver stating that the infant is not to be given a pacifier.

\_\_\_\_\_ Yes, I would like my child, \_\_\_\_\_, to be given a pacifier for all sleep times.  
(child's name)

\_\_\_\_\_ No, I do not want my child, \_\_\_\_\_, to be given a pacifier during sleep times.  
(child's name)

## **COT PERMISSION FORM (Toddlers Only)**

I give my child, \_\_\_\_\_ permission to sleep on a sleeping mat or cot that is provided by Mama Bear Daycare during rest time. I understand that each mat or cot is individually assigned and has clean linens that is only used by my child.

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

\_\_\_\_\_  
Date

## TODDLER CLASS DAILY FIELD TRIP TO PLAYGROUND



The parent or guardian of \_\_\_\_\_ give permission for Mama Bear Daycare to take their child on daily field trips to the playground in the back of the building. The door out of the toddler classroom is on the front side of the building and the playground is around back. Each day (weather permitting) the children in the toddler's class will be placed in the wagons pictured above and taken around the building to play on the playground. Then they will ride in the wagons to come back to the classroom after playtime is over.

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Parent/ Guardian Signature

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Date