

The Episcopal Day School of Evergreen

ACADEMIC SCHOOL YEAR

Returning Children Only

Parent Checklist

PLEASE FILL OUT FORMS IN BLACK OR DARK BLUE INK

1. ____ Policies and Procedures - Parent Manual. Read and Understood
2. ____ Emergency Health Care Authorization with Hospital of Choice
3. ____ General Appraisal Form filled in & signed by Health Care Provider
(Top portion of the form filled in and signed by parent/guardian)
4. ____ Immunization Record - (Parent/guardian cannot fill out this form. Have record faxed to 1-303-379-1509 or bring in a copy from Health Care Provider's Office signed, dated, and with office stamp.)
5. ____ Health and Development Update Form
6. ____ Pick Up Authorization Form
7. ____ Permission to Participate Form for School Year and Summer Program
8. ____ Topical Preparations Form
9. ____ Facebook Release Form
10. ____ Permission to be included in the Directory Form
11. ____ Emergency Treatment Form (if applicable) for any/all of the following:
Allergy, Asthma, Seizures, Other (Please request form)
12. ____ Authorization for Medication Administration in the School Setting (if applicable)
This form is for any prescribed or over the counter medication for a specific reason to be given while your child is at school. (Please request form.)
13. ____ Extended Care Contract (Please request availability and form if not done at registration.)
14. ____ Supplies (from Supply List) Supplies due at Open House or 1st day of attendance.

If you need to request a form, please call the office at 303-674-9253 or email Jerri Avery, RN, the EDSE Nurse, at jerri.edse@gmail.com.

Please initial each item and sign below. The State of Colorado requires that all forms be completed *before* your child may attend class/child care.

Signature

Date

The Episcopal Day School of Evergreen

POLICY AND PROCEDURE MANUAL

All parents or guardians of children who are enrolled in The Episcopal Day School of Evergreen must read the school's Policy and Procedure Manual.

The Policy and Procedure Manual can be found on the school's website, www.edse.org. Go to the "Forms/Policies" tab where you can open "Policies & Procedures". A paper copy may also be obtained at the school office.

I understand that updates to the Policies and Procedures may occur at any time and that I will be notified by the email I have provided of any changes.

I have read and understand and agree to abide by the Policy and Procedure Manual set forth by The Episcopal Day School of Evergreen.

Child's Name: _____

Parent/Guardian Signature: _____

Date: _____

The Episcopal Day School of Evergreen

EMERGENCY HEALTHCARE AUTHORIZATION

Child's Full Name: _____ Birth Date: _____

Mother's Name: _____

Address: _____

City, State, and Zip: _____

Home Phone: _____ Cell Number: _____

Any Other Numbers: _____

Father's Name: _____

Address: _____

City, State, and Zip: _____

Home Phone: _____ Cell Number: _____

Any Other Numbers: _____

Child's Physician: _____ Phone Number: _____

Address: _____

City, State, and Zip: _____

Hospital of Choice: _____ Phone Number: _____

Insurance Name: _____ Ins. Policy Number: _____

Name of Person Financially Responsible: _____

EMERGENCY CARE AUTHORIZATION

In order to protect my child, _____, in case of medical emergency,
(Name of Child)

accident, or sudden illness, I, _____, authorize a representative of
(Parent/Guardian)

the Episcopal Day School of Evergreen program to refer my child to his/her own physician,

(Signature of Parent)

In the event the above mentioned physician cannot be reached, or if time is too critical to attempt to reach me, I request, agree and give approval that my child be transported to the nearest medical facility/hospital of choice. I further authorize the hospital and any attending physicians to perform any and all diagnostic procedures and/or treatments required. In addition, I authorize a representative of the Episcopal Day School of Evergreen to secure any medical transportation necessary. I will assume financial responsibility for the emergency treatment and any medical expenses incurred thereafter.

Parent/Guardian Signature: _____ Date: _____

Parent Clearly Written Name: _____

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



Advancing Colorado's health and protecting the places we live, learn, work, and play

Dear parents/guardians of students attending Colorado child cares, preschools, and Head Start programs for the 2023-24 school year:

We know you're thinking of all the things you need to do to make sure your student is ready for child care and school. Getting vaccinated is an important part of their school readiness and keeps children from catching and spreading diseases that can make them sick and potentially disrupt in-person learning. We wish you and your student(s) a healthy school year!

Required and recommended vaccines

- Colorado law requires children who attend a licensed child care, preschool, or Head Start program to be vaccinated against many of the diseases vaccines can prevent unless a *Certificate of Exemption* is filed. For more information, visit cdphe.colorado.gov/schoolrequiredvaccines. Your student must be vaccinated against:
 - Diphtheria, tetanus, and pertussis (DTaP).
 - Haemophilus influenzae type b (Hib).
 - Hepatitis B (HepB).
 - Measles, mumps, and rubella (MMR).
 - Pneumococcal disease (PCV13 or PCV15).
 - Polio (IPV).
 - Varicella (chickenpox).
- Colorado follows recommendations set by Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices. You can view the recommended vaccine schedule for children 0 through 6 years of age at www.cdc.gov/vaccines/schedules/easy-to-read/child-easyread.html.
- CDC also recommends vaccines are recommended for COVID-19, hepatitis A (HepA), influenza (flu), and rotavirus (RV), but these are not required for child care or school entry in Colorado.

Exclusion from child care and school

- Your student may be excluded from school if your child care or school does not have an up-to-date *Certificate of Immunization*, *Certificate of Exemption*, or an in-process plan on file for your student.
- If someone is ill with a vaccine-preventable disease or there is an outbreak at your student's school and your student has not received the vaccine for that disease, they may be excluded from school activities. That could mean lost learning time for them and lost work and wages for you. For example, if your student has not received a MMR vaccine, they may be excluded from school for 21 days after someone gets sick with measles.

Have questions?

Talk with a health care provider or your local public health agency (LPHA) about which vaccines your student needs or if you have questions. You can find a vaccine provider at cdphe.colorado.gov/immunizations/get-vaccinated. You can read about the safety and importance of vaccines at www.cdc.gov/vaccines/parents/FAQs.html, childvaccineco.org, ImmunizeForGood.com, and cdphe.colorado.gov/immunization-education. Staying up to date on routine immunizations is important for adults, as well as children. We encourage parents and guardians to find out what vaccines might be due. It's never too late for families to get back on track! Learn more about vaccines for adults at www.cdc.gov/vaccines/adults/rec-vac/index.html.

Paying for vaccinations

If you need help finding free or low-cost vaccines and providers who give them, go to COVax4Kids.org, contact your local public health agency (find LPHA at cdphe.colorado.gov/find-your-local-public-health-agency), or call the Mile High Family Health Line at 303-692-2229 or 1-800-688-7777 to ask about Medicaid contact information and health clinics located in your area.

Vaccination records

- Share your student's updated *Certificate of Immunization* with their school every time they receive a vaccine.

- Need to find your student’s vaccine record? It may be available from the [Colorado Immunization Information System \(CIIS\)](#). Visit [COVaxRecords.org](#) for more information, including directions for how to use the CIIS Public Portal to view and print your student’s vaccine record.

Exemptions

- If your student cannot get vaccines because of [medical reasons](#), you must submit a *Certificate of Medical Exemption* to your school, signed by a physician (MD, DO), advanced practice nurse (APN), or delegated physician assistant (PA). You only need to submit this certificate once, unless your student’s school or information changes. You can get the certificate at [cdphe.colorado.gov/vaccine-exemptions](#).
- If you choose not to have your student vaccinated according to Colorado’s school vaccine requirements for reasons that are nonmedical, you must submit a *Certificate of Nonmedical Exemption* to your school. Nonmedical exemptions must be submitted at ages 2 months, 4 months, 6 months, 12 months, and 18 months. These exemptions expire when the next vaccines are due or when the child enrolls in Kindergarten. There are two ways to file a nonmedical exemption.
 1. File the *Certificate of Nonmedical Exemption* WITH the signature from an immunizing provider in Colorado who is a physician (MD or DO), advanced practice nurse (APN), delegated physician’s assistant (PA), registered nurse (RN), or pharmacist licensed in Colorado; OR
 2. File the *Certificate of Nonmedical Exemption*, which you will be able to access upon completion of the state’s online immunization education module.

Downloadable certificates and a link to the online education module are available at [cdphe.colorado.gov/vaccine-exemptions](#).

How’s your child care or school doing on vaccinations?

Some parents/guardians/caregivers, especially those with students who have weakened immune systems, may want to know which child cares, preschools, and Head Start programs have the highest immunization rates. Annually, schools must report immunization and exemption numbers (but not student names or birth dates) to CDPHE. Schools do not control their specific immunization and exemption rates or establish the Vaccinated Children Standard described in [§25-4-911, CRS](#). Schools must include their MMR immunization and exemption rates from the most recently completed school year in this letter. Schools may choose to also include immunization and exemption rates for other school-required vaccines. Additional immunization and exemption rates can be found at [COVaxRates.org](#).

Child care/Preschool/Head Start name	2021-2022 MMR immunization rate REQUIRED IN LETTER	2021-2022 MMR exemption rate REQUIRED IN LETTER
The Episcopal Day School of Evergreen	98.4%	1.6%
<i>Schools may also include the rates for the school-required vaccines shown below in this annual letter to parents/guardians</i>		
Vaccinated Children Standard 95% immunization rate for all school-required vaccines	2021-2022 DTaP immunization rate	2021-2022 DTaP exemption rate
	98.4%	1.6%
	2021-2022 Hib immunization rate	2021-2022 Hib exemption rate
	98.4%	1.6%
	2021-2022 HepB immunization rate	2021-2022 HepB exemption rate
	98.4%	1.6%
	2021-2022 IPV immunization rate	2021-2022 IPV exemption rate
	98.4%	1.6%
	2021-2022 PCV13 immunization rate	2021-2022 PCV13 exemption rate
	98.4%	1.6%
2021-2022 Varicella immunization rate	2021-2022 Varicella exemption rate	
98.4%	1.6%	



Child Care Immunization Chart

Vaccines Required for Child Care, Preschool & K-Entry 2022-2023

1. This chart is a “guide” for childcare providers to determine which vaccines children are required to have in order to be in compliance with state immunization requirements. Select the appropriate age range for the student from the left hand column. The number of required doses is located in each of the columns and vaccines are listed across the top of the page. Review the student’s immunization record with this chart to make sure they have at least the number of doses required. The Colorado Board of Health has accepted the Advisory Committee on Immunization Practices (ACIP) schedule for those immunizations already “required” for attendance. Vaccines that are not required but recommended include: Rotavirus, Hepatitis A and Influenza vaccines.
2. Please follow the ACIP Immunization Schedule, Table 1, Table 2 and Notes, for specific guidance at: <https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>.
3. If the student does not have the minimum number of doses, the parent/guardian is to be directly notified (in person, by phone, or by mail) that their child does not have the required minimum number of vaccine doses. Within 14 days of direct notification from the child care, the parent/guardian is to obtain the required vaccine(s). Parents are to provide a written plan for remaining vaccines following the ACIP Immunization Schedule.
4. Colorado law allows for a Certificate of Medical Exemption to be signed by a healthcare provider and submitted once, unless the student’s information or school changes. A Certificate of Nonmedical Exemption is to be submitted by a parent/guardian who chooses to exempt at 2 months, 4 months, 6 months, 12 months and 18 months of age. Parents and schools can access medical and nonmedical exemption guidance at www.colorado.gov/vaccineexemption.

Age of Child	# of required doses DTaP <i>Diphtheria, Tetanus and Pertussis</i>	# of required doses IPV <i>Polio</i>	# of required doses MMR <i>Measles, Mumps and Rubella</i>	# of required doses Hib <i>Haemophilus influenzae type b</i>	# of required doses Hep B <i>Hepatitis B</i>	# of required doses Varicella <i>Chickenpox</i>	# of required doses PCV13 <i>Pneumococcal Disease</i>
By 1 mo.	-	-	-	-	1 ↗	-	-
By 3 mos.	1	1	-	1	2 ↗	-	1~
By 5 mos.	2	2	-	2	2 ↗	-	2~
By 7 mos.	3	2	-	3/2♥	2 ↗	-	3/2~
By 16 mos.	3	2	1+	4/3/2/1♥	2 ↗	1*	4/3/2~
By 19 mos.	4	3	1	4/3/2/1♥	3 ↗	1	4/3/2~
By 2 years	4	3	1	4/3/2/1♥	3 ↗	1	4/3/2/1~
By K Entry	5/4♦	4/3♣	2		3 ↗	2	-

- ♦ Five doses of DTaP vaccines are required at school entry in Colorado unless the 4th dose was given at 48 months of age or older (i.e., on or after the 4th birthday) in which case only 4 doses are required. There must be at least 4 weeks between dose 1 and dose 2, at least 4 weeks between dose 2 and dose 3, at least 4 months between dose 3 and dose 4, and at least 6 months between dose 4 and dose 5. The final dose must be given no sooner than 4 years of age (dose 4 may be given at 12 months of age provided there is at least 4 months between dose 3 and dose 4).
- ♣ Four doses of Polio vaccine are required at school entry in Colorado. There must be at least 4 weeks between dose 1 and dose 2, at least 4 weeks between dose 2 and dose 3, and at least 6 months between dose 3 and dose 4. The final dose must be given no earlier than 4 years of age. A 4th dose is not required if the 3rd dose was administered at age 4 years or older and at least 6 months after the 2nd dose.
- + The first dose of MMR vaccine given more than 4 days before the 1st birthday is not a valid dose and cannot be accepted. ACIP recommends that the 1st dose of MMR be given between 12 -15 months of age. The student is out of compliance if there is no record of MMR at 16 months of age.
- ♥ The number of Hib doses required depends on the child’s current age and the age when the Hib vaccine was administered. If any dose is given at or over 15 months, the Hib requirement is met. For children who begin the series before 12 months, 3 doses are required, of which at least 1 dose must be administered at, or over, 12 months. If the 1st dose was given at 12 to 14 months, 2 doses are required. If the student’s current age is 5 years or older, no new or additional doses are required. The number of doses and the intervals may vary depending on the type of Hib vaccine.
- ↗ The Hepatitis B vaccine is the only immunization that can be given as a birth dose. The 2nd dose to be given by 3 mos of age & the 3rd dose is to be given by 19 months of age. Minimum intervals between doses must be followed if a student is on a catch-up schedule: at least 4 weeks between dose 1 and 2, 8 weeks between dose 2 and 3 and 16 weeks between dose 1 and 3. The final dose must be given no earlier than 24 weeks of age. 4 doses of Hepatitis B vaccine are permitted when a combination vaccine is used.
- * If a child has had chickenpox disease and it is documented by a healthcare provider, that child has met the Varicella requirement. Varicella given more than 4 days before the 1st birthday is not a valid dose and cannot be accepted. ACIP recommends a 1st dose between 12 – 15 months. The student is out of compliance if the 1st dose is not given by 16 months of age.
- ~ The number of doses of PCV13 depends on the student’s current age and the age when the 1st dose was administered. If the 1st dose was administered between 2 to 6 months of age, the student will receive 3 doses (2, 4 & 6 months of age) at least 4 -8 weeks apart, and a booster dose between 12 – 15 months, at least 8 weeks after the last dose. If started between 7 to 11 months of age, the student will receive 2 doses, at least 8 weeks apart, and a booster dose between 12 to 15 months of age. If the 1st dose was given between 12 to 23 months of age, 2 doses, at least 8 weeks apart, are required. Any dose given at 24 months through 4 years of age, the PCV vaccine requirement is met. No doses are required once the student turns 5 years of age.



COLORADO CERTIFICATE OF IMMUNIZATION

www.coloradoimmunizations.com



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 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: _____

The Episcopal Day School of Evergreen

HEALTH AND DEVELOPMENTAL UPDATE FORM

CHILD'S NAME: _____ Birthdate: _____

HEALTH

Please check any of the following and provide us with update(s) to your child's health history over the last year:

- Hospitalizations Yes No
Surgeries Yes No
Specific illness diagnosed by a Health Care Provider Yes No
Development of a health condition such as asthma or severe food allergy Yes No
Dental issue Yes No
Vision problem Yes No

DEVELOPMENTAL

If you or your Health Care Provider have any concerns about your child's developmental progress on any of the following, please check and then explain below:

- Speech/Language Yes No
Coordination or Motor Skills Yes No
Social or Emotional Yes No
Thinking or Processing Information Yes No
Memory Yes No
Other Yes No

Parent Signature: _____ Date: _____

The Episcopal Day School of Evergreen

PICK UP AUTHORIZATION FORM

Child's Name: _____

Class: _____ (filled in by office)

Home Phone: _____

Mother's Name: _____

Cell Phone: _____ Work Phone: _____

Father's Name: _____

Cell Phone: _____ Work Phone: _____

The following people have my/our permission to pick up my/our child from EDSE in the event that I/we cannot be reached. (Request another form for more names & numbers)

1. Name: _____ Relationship: _____

Home Number: _____ Cell Number: _____

Address: _____

2. Name: _____ Relationship: _____

Home Number: _____ Cell Number: _____

Address: _____

3. Name: _____ Relationship: _____

Home Number: _____ Cell Number: _____

Address: _____

Parent/Guardian Signature: _____

Date: _____

THE EPISCOPAL DAY SCHOOL OF EVERGREEN

**2023 - 2024 SCHOOL YEAR and
2024 SUMMER PROGRAM (If attending)**

PERMISSION TO PARTICIPATE

My child _____ has permission to participate in the age appropriate activities that are planned for the Episcopal Day School of Evergreen's 2023-2024 school year and 2024 Summer Program.

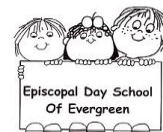
Activities will take place on the campus of the Episcopal Church of the Transfiguration and not only meet, but exceed all state licensing requirements. As always, all children will be closely supervised by our teaching staff.

Bounce House
Water Play
Hiking
Baby Buggy Rides
Slip and Slide
Walks

Parents Signature _____

Date _____

TOPICAL PREPARATIONS (PREVENTATIVE) PERMISSION FORM



Child's Name _____

Parent/Guardian's Name _____

SUNSCREEN

I give my permission for the staff at the Episcopal Day School of Evergreen (EDSE) to assist with applying or apply sunscreen to my child's exposed skin including the face, tops of ears, bare shoulders, arms, legs, and feet and will be applied 30 minutes before outdoor activities and after water activities. It is my responsibility to provide sunscreen with a minimum SPF of 15. I understand I must provide sunscreen, within its expiration date, and in its original container labeled with my child's name. It is my responsibility to check the ingredients of this product to be used at EDSE to ensure my child is not allergic to it. I understand sunscreen will not be applied on my child if the skin is broken or if a skin reaction has been observed, I understand any skin reaction observed by the staff will be reported promptly to me.

_____ My child **MAY** use sunscreen provided by EDSE if the sunscreen I supply is not available.

_____ My child **MAY NOT** use any sunscreen other than the one that I am providing.

Name of Sunscreen that I am supplying to EDSE to be used on my child: _____

Special Instructions: _____

Parent/Guardian Signature: _____

MOISTURIZING LOTION/CREAM/BALM

I give my permission for the staff at the Episcopal Day School of Evergreen (EDSE) to assist with applying or apply lotion/cream/balm to my child. I understand I must provide lotion/cream/balm, within its expiration date, and in its original container labeled with my child's name. It is my responsibility to check the ingredients of this product to be used at EDSE to ensure my child is not allergic to it. I understand lotion/cream/balm will not be applied on my child with broken skin, or if a skin reaction has been observed. I understand any skin reaction observed by the staff will be reported promptly to me.

_____ My child **MAY** use lotion/cream/balm provided by EDSE if the lotion/cream/balm I supply is not available.

_____ My child **MAY NOT** use any lotion/cream/balm other than the one that I am providing.

Name of lotion/cream/balm that I am supplying to EDSE to be used on my child: _____

Special Instructions: _____

Parent/Guardian Signature: _____

DIAPER OINTMENT/CREAM

I give my permission for the staff at the Episcopal Day School of Evergreen (EDSE) to apply diaper rash ointment/cream to my child. I understand I may only provide diaper rash ointment/cream that is free of antibiotic, antifungal, or anti-inflammatory components without a written prescription from my doctor. I understand I must provide the ointment/cream, within its expiration date, and in its original container labeled with my child's name. It is my responsibility to check the ingredients of this product to be used at EDSE to ensure my child is not allergic to it. I understand the diaper ointment/cream will not be applied on my child with broken skin, or if a skin reaction has been observed. I understand any skin reaction observed by the staff will be reported promptly to me.

_____ My child **MAY** use diaper ointment/cream provided by EDSE if the diaper ointment/cream I supply is not available.

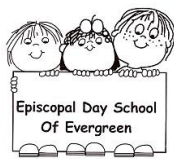
_____ My child **MAY NOT** use any diaper ointment/cream other than the one that I am providing.

Name of diaper ointment/cream that I am supplying to EDSE to be used on my child: _____

Special Instructions: _____

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____ Date: _____



The Episcopal Day School of Evergreen

Facebook Participation Authorization

The Episcopal Day School of Evergreen has a Facebook page that we would like to use to promote our school and to let you share your child's school experiences with friends and family.

We would like permission to post photos of the students on the Facebook page, with NO TAGGING.

There will be no names attached to the photos to ensure all the children's security.

_____ Yes, I give permission for EDSE to post pictures of my child,

_____, to its Facebook page with no tag.

_____ No, I do not give permission for EDSE to post pictures of my child,

_____, to its Facebook page with no tag.

Signature of parent/guardian

Print Name

Date



The Episcopal Day School of Evergreen

Directory Authorization Form

The Episcopal Day School of Evergreen will be printing a School Directory that we would like to distribute to all staff and enrolled families. This will help you get to know other families, communicate with each other regarding school events, carpooling, birthday parties, playdates, etc.

We would like permission to print your child's name, parent phone numbers and parent email addresses.

_____ Yes, I give permission for EDSE to list my child and to print the contact information for the people provided below:

Child's Name: _____

Mother's Name That You Go By: _____

Mother's Phone & Email: _____

Father's Name That You Go By: _____

Father's Phone & Email: _____

_____ No, I do not give permission for my child _____, to be listed or for my contact information to be listed in the school directory.

Signature of parent/guardian

Print Name

Date: _____

The Episcopal Day School of Evergreen

SUPPLY LIST

2023-2024

5 Containers of Baby Wipes

12 Rolls of Paper Towels (select-a-size preferably)

2 Boxes of Kleenex

1 50 oz. Hand Soap Refill – CANNOT BE ANTIBACTERIAL

1 box non-latex medical-type gloves, medium

If your child's last name begins with letters A – L,

- **1 Box of Trash Bags (13 gallon) 80-100 count**
- **1 Box of Washable Markers**

If your child's last name begins with letters M – Z,

- **1 Box Gallon size Zip Lock Bags**
- **1 - 4 count multicolor Dry Eraser Markers**

Please write your name on the container (bag/box) you bring the supplies in.

Supplies are due at either Open House on Thursday, August 18th from 10:00AM to 11:00 AM or on your child's first day of attendance.

Please refer to our Policies and Procedures for items that will need to be brought each day (lunch, drinking cup, etc...).