

# 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.)  
(Please request an Exemption Form for you to fill out and sign if your child is exempted from immunizations.)
5. \_\_\_\_\_ Health and Development Update Form
6. \_\_\_\_\_ Pick Up Authorization Form
7. \_\_\_\_\_ Permission to Participate Form
8. \_\_\_\_\_ Facebook Release Form
9. \_\_\_\_\_ Permission to be included in the Directory Form
10. \_\_\_\_\_ Emergency Treatment Form (if applicable) for any/all of the following:  
Allergy, Asthma, Seizures, Other (Please request form)
11. \_\_\_\_\_ Authorization for Medication Administration in the School Setting (if applicable)  
This form is for any prescribed or over the counter medication to be given while your child is at school. (Please request form.)
12. \_\_\_\_\_ Extended Care Contract (Please request availability and form.)
13. \_\_\_\_\_ Supplies (from Supply List)

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.org](mailto:jerri@edse.org)

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.

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Signature

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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](http://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 AND SIGN**

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

**Allergies:**  None or Describe \_\_\_\_\_  
Type of Reaction \_\_\_\_\_

**Diet:**  Breast Fed  Formula \_\_\_\_\_  Age Appropriate

Special Diet \_\_\_\_\_

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

Preventive creams/ointments/sunscreen may be applied as requested in writing by parent unless skin is broken or bleeding.

I, \_\_\_\_\_ give consent for my child's care health provider, school child care or camp personnel to discuss my child's health concerns. My child's health provider may fax this form (& applicable attachments) to my child's school, child care or camp personnel. FAX #: \_\_\_\_\_ DATE: \_\_\_\_\_

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

**HEALTH CARE PROVIDER: Please Complete After Parent Section Completed**

**Date of Last Health Appraisal:** \_\_\_\_\_ **Weight @ Exam:** \_\_\_\_\_

**Physical Exam:**  Normal  Abnormal (Specify any physical abnormalities) \_\_\_\_\_

**Allergies:**  None or Describe \_\_\_\_\_ Type of Reaction \_\_\_\_\_

**Significant Health Concerns:**  Severe Allergies  Reactive Airway Disease  Asthma  Seizures  Diabetes  Hospitalizations  
 Developmental Delays  Behavior Concerns  Vision  Hearing  Dental  Nutrition  Other \_\_\_\_\_

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

**Current Medications/Special Diet:**  None or Describe \_\_\_\_\_

Separate medication authorization form is required for medications given in school, child care or camp

**For Fever Reducer or Pain Reliever (for 3 consecutive days without additional medical authorization) PLEASE CHOOSE ONE PRODUCT**

Acetaminophen (Tylenol) may be given for pain or fever over 102 degrees every 4 hours as needed

Dose \_\_\_\_\_ or see the attached age-appropriate dosage schedule from our office

**OR**  Ibuprofen (Motrin, Advil) may be given for pain or for fever over 102 degrees every 6 hours as needed

Dose \_\_\_\_\_ or see the attached age-appropriate dosage schedule from our office

**Immunizations:**  Up-to-Date  See attached immunization record  Administered today: \_\_\_\_\_

**Health Care Provider: Complete if Appropriate**

**\*\*ONLY REQUIRED BY EARLY HEAD START AND HEAD START PROGRAMS PER STATE EPSDT SCHEDULE\*\***

**\*\* Height @ Exam \_\_\_\_\_ \*\* B/P \_\_\_\_\_ \*\*Head Circumference (up to 12 months) \_\_\_\_\_ \*\***

**\*\* HCT/HGB \_\_\_\_\_ \*\* Lead Level  Not at risk or Level \_\_\_\_\_**

**\*\*TB  Not at risk or Test Results  Normal  Abnormal**

**\*\*Screenings Performed:  Vision:  Normal  Abnormal  Hearing:  Normal  Abnormal  Dental:  Normal  Abnormal-**

**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 sports, child care or camp program. Any concerns or exceptions are identified on this form.

\_\_\_\_\_

**Signature of Health Care Provider** (certifying form was reviewed) **Date:** \_\_\_\_\_

**Office Stamp**

Or write Name, Address, Phone, #

The Colorado Chapter of the American Academy of Pediatrics (AAP) and Healthy Child Care Colorado have approved this form. 04/07

\*The AAP recommends that children from 0-12 years have health appraisal visits at: 2, 4, 6, 9, 12, 15, 18 and 24 months, and age 3, 4, 5, 6, 8, 10 and 12 years.

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## COLORADO

Department of Public  
Health & Environment

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

Dear parents/guardians of students in Colorado child cares, preschools and Head Start programs for the 2020-21 school year:

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

### Required and recommended vaccines

- Colorado law requires students who attend a licensed child care, preschool, or Head Start program to be vaccinated against many of the diseases vaccines can prevent, unless an exemption is filed. For more information, visit [colorado.gov/cdphe/schoolrequiredvaccines](https://colorado.gov/cdphe/schoolrequiredvaccines) (or [cdphe.colorado.gov/schoolrequiredvaccines](https://cdphe.colorado.gov/schoolrequiredvaccines)). Your student must be vaccinated against:
  - o diphtheria, tetanus & pertussis (DTaP, DTP)
  - o polio (IPV)
  - o measles, mumps, rubella (MMR)
  - o hepatitis B (HepB)
  - o haemophilus influenzae type b (Hib)
  - o pneumococcal (PCV)
  - o varicella (chickenpox)
- Colorado follows recommendations set by the Advisory Committee on Immunization Practices. You can view the recommended vaccine schedule for children 0 - 6 years of age at [cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf](https://cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf).
- Vaccines are recommended for rotavirus, hepatitis A, and influenza, but are not required.

### Exclusion from school

- Your student may be excluded from school if your school does not have an up-to-date vaccine record, exemption, or in-process plan for your student on file.
- If someone gets sick 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 measles-mumps-rubella (MMR) vaccine, they may be excluded from school for 21 days after someone gets sick with measles.

### Have questions?

- You may want to talk to a healthcare provider licensed to give vaccines or your local public health agency about which vaccines your student needs or if you have questions. You can read about the safety and importance of vaccines at [SpreadTheVaxFacts.com](https://SpreadTheVaxFacts.com), [ImmunizeForGood.com](https://ImmunizeForGood.com), and [colorado.gov/cdphe/immunization-education](https://colorado.gov/cdphe/immunization-education) (or [cdphe.colorado.gov/immunization-education](https://cdphe.colorado.gov/immunization-education)).

### Paying for vaccinations

- If you need help finding free or low-cost vaccines and providers who give them, go to [COVax4Kids.org](https://COVax4Kids.org), contact your local public health agency, or call the state health department's Family Health Line at 1-303-692-2229 or 1-800-688-7777. You can find your local public health agency at [colorado.gov/cdphe/find-your-local-public-health-agency](https://colorado.gov/cdphe/find-your-local-public-health-agency) (or [cdphe.colorado.gov/find-your-local-public-health-agency](https://cdphe.colorado.gov/find-your-local-public-health-agency)).

### Vaccination records

- Please take your student's updated vaccine record to 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. Visit [COVaxRecords.org](https://COVaxRecords.org) for more information.

### Exemptions

- If your student cannot get vaccines because of medical reasons, you must submit an official *Immunization Medical Exemption Form* to your school, signed by a health care provider licensed to give vaccines. You only need to submit this form once, unless your student's information or school changes. You can get the form at [colorado.gov/vaccineexemption](https://colorado.gov/vaccineexemption) (or [cdphe.colorado.gov/vaccineexemption](https://cdphe.colorado.gov/vaccineexemption)).
- If you choose not to have your student vaccinated according to the current recommended schedule because of personal belief or religious reasons, you must submit a non-medical exemption to your school. Non-medical exemptions must be submitted at ages 2 months, 4 months, 6 months, 12 months and 18 months. The easiest way to file a personal or religious exemption is by using our online or downloadable non-medical exemption form available at [colorado.gov/vaccineexemption](https://colorado.gov/vaccineexemption) (or [cdphe.colorado.gov/vaccineexemption](https://cdphe.colorado.gov/vaccineexemption)).

### How's your school doing on vaccinations?

- Some parents, especially those with students who have weakened immune systems, may want to know which child cares, preschools, and Head Start programs have the highest percent of vaccinated students. Schools must report immunization and exemption numbers (but not student names or birth dates) to the state health department annually. Immunization and exemption rates can be found at [COVaxRates.org](https://COVaxRates.org).

Please share Page 2 of this letter with your student's health care provider as it provides helpful information about vaccines required for school entry, per Colorado law.



# Child Care Immunization Chart

## Vaccines Required for Child Care, Preschool & K-Entry 2019-2020

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. 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 medical exemptions to be signed by a healthcare provider and submitted once. A non-medical exemption (religious or personal) 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 non-medical exemption guidance at [www.colorado.gov/vaccineexemption](http://www.colorado.gov/vaccineexemption)

Age of Child	# of required doses DTaP or DTP <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 sooner than 4 years of age. A 4<sup>th</sup> dose is not required if the 3<sup>rd</sup> dose was administered at age 4 years or older and at least 6 months after the 2<sup>nd</sup> dose.
- + The first dose of MMR, vaccine given more than 4 days before the 1<sup>st</sup> birthday is not a valid dose and cannot be accepted. ACIP recommends that the 1<sup>st</sup> dose of MMR be given between 12 -15 months of age. The student is out of compliance if 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 1<sup>st</sup> 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 Hep B vaccine is the only immunization that can be given as a birth dose. The 2<sup>nd</sup> dose of Hep B is to be given at least 4 weeks after the 1<sup>st</sup> dose; 3<sup>rd</sup> dose to be given at least 16 weeks (4 months) after 1<sup>st</sup> dose; and last dose to be given at least 8 weeks after 2<sup>nd</sup> dose and at (24 weeks) almost 6 months of age or older.
- \* If a child has had chickenpox disease and it is documented by a health care provider, that child has met the Varicella requirement. Varicella given more than 4 days before the 1<sup>st</sup> birthday is not a valid dose and cannot be accepted. ACIP recommends 1<sup>st</sup> dose between 12 - 15 months. The student is out of compliance if the 1<sup>st</sup> dose is not given at 16 months of age.
- ~ The number of doses of PCV13 depends on the student’s current age and the age when the 1<sup>st</sup> dose was administered. If the 1<sup>st</sup> dose was administered between 2 to 6 months of age, the student will receive 3 doses (2, 4 & 6 months) at least 4 -8 weeks apart, and booster dose between 12 - 15 months, at least 8 weeks after 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 1<sup>st</sup> 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](http://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 6<sup>th</sup> 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							
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 two years:

- 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

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### 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

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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**

**2020 - 2021 SCHOOL YEAR**

**PERMISSION TO PARTICIPATE**

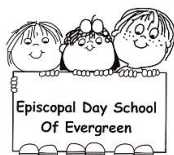
My child \_\_\_\_\_ has permission to participate in the age appropriate activities that are planned for the Episcopal Day School of Evergreen's 2020-2021 school year.

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  
Baby Pool  
Hiking  
Fishing  
Baby Buggy Rides  
Slip and Slide  
Walks

**Parents 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**

**2020-2021**

- 5 Containers of Baby Wipes**
- 12 Rolls of Paper Towels (select-a-size preferably)**
- 1 Box of Crayons**
- 2 Large Glue Sticks**
- 2 Boxes of Kleenex**
- 1 Box of Trash Bags (13 gallon) 80-100 count**
- 1 box non-latex medical-type gloves, medium**

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

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