

The Episcopal Day School of Evergreen
ACADEMIC SCHOOL YEAR
New Children

Parent Checklist

PLEASE FILL OUT FORMS IN BLACK OR DARK BLUE INK

1. ____ Welcome and Information, Including Absenteeism
2. ____ Policies and Procedures - Parent Manual. Read and Understood
3. ____ Emergency Health Care Authorization with Local Doctor & Hospital of Choice
4. ____ General Appraisal Form filled in & signed by Health Care Provider
(Top portion of the form filled in and signed by parent/guardian)
5. ____ 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.)
6. ____ Statement of Health Status Form
7. ____ Developmental History Form
8. ____ Personal History Form
9. ____ Pick Up Authorization Form
10. ____ Permission to Participate & Photographed Form for School Year & Summer Program
11. ____ Topical Preparations (Moisturizing Lotion/Sunscreen/Diaper Ointment) Form
12. ____ Child Abuse Reporting Form
13. ____ Facebook and Website Permission or Exclusion Form
14. ____ Permission to be included in the Directory Form
15. ____ Emergency Treatment Form (if applicable) for any/all of the following:
Allergy, Asthma, Seizures, Other (Please request form if needed.)
16. ____ 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 if needed.)
17. ____ Extended Care Contract (Please request availability and form if not done at registration.)
18. ____ Supplies (from Supply List) 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

WELCOME TO EDSE!

This letter contains First Day Information for the new school year that can help make your child's first day run smoothly.

BEFORE YOUR CHILD'S FIRST DAY, YOU WILL BE SENT AN INVITATION TO JOIN/DOWNLOAD THE PROCARE APP, WHICH IS REQUIRED FOR CHECKING YOUR CHILD IN & OUT OF CLASS. Please download and set-up as instructed before you come on the first day. If you have trouble with this, we will be happy to assist you.

DROP OFF: 9:00 AM – 9:15 AM

PICK-UP: 2:45 PM – 3:00 PM

If you need to drop off before or pick up after these times, you will need to sign-up for Extended Care. Contact the EDSE office for more information and to sign-up.

DROP-OFF:

The doors are unlocked from 9:00AM – 9:15AM for Drop-Off. During this time, you will take your child to their classroom and check them in using the ProCare App. PLEASE MAKE SURE THE APP STATES THAT CHECK-IN HAS BEEN COMPLETED SUCCESSFULLY. You will put in your PIN and then must still sign & push enter to complete the sign-in.

****If you are running late, please let your teacher or office know. You will need to come to the office and someone in administration will take you to your child's class. (The doors are locked after 9:15AM for security.)**

PICK-UP:

The doors are unlocked at 2:45PM. **You must sign-out your child using the ProCare App.**, making sure check-out is successful as you do for drop-off. Please be sure to check your child's class folder and their backpack for artwork and for communication or notices from EDSE.

The doors are locked again at 3:00PM. If you are running late, please let your teacher or the office know. If you are running later than 5 minutes, we may need to send your child to After Care

All people on your Pick-Up Authorization Form will need to use the Procare App as well. They will have their own PIN

Please be sure to send these things with your child each day:

- A backpack for carrying their belongings.
- Extra clothing in case their clothes become wet or soiled. If your child is potty training and is in underwear, send five sets of backup clothing, including socks AND SHOES. Please make sure extra clothing is season appropriate.
- Appropriate clothing for the days weather/season. Please do not send your child in light summer clothes when it is cold outside - if the building is having trouble staying warm, your child will be cold.
- Appropriate Outer Wear as the children play outside everyday unless it is raining or the temperature is below 30° F.
- Once it snows, your children's outerwear must include snow pants, snow jacket, snow boots, snow gloves, and a warm hat. Knit gloves are fine when there is no snow.
- A Crib sheet to cover a nap mat for nap/quiet time.
- Enough Diapers for a week or more, if applicable. Pull-Ups: MUST be the kind with Velcro Sides.
- Enough food for lunch and 2 snacks. (We cannot heat or refrigerate the food you send.)
- Water bottle with water.
- Sunscreen
- Hat for shading their face and neck when on the playground while the weather is still warm.

PLEASE LABEL EVERYTHING. Many children have similar lunch boxes, water bottles, towels, etc.. Even label eating utensils and shoes. **If something isn't labeled, we may label it for you.**

Do not send:

- Toys from home – they often cause problems in the classroom and can be lost or broken.
- Jewelry – Jewelry can be broken and small parts can become a choking hazard for some children.
- Plastic bags – Colorado State Regulations prohibits anything in plastic wrap or Ziplock type bags. (They do allow us to send home wet or soiled clothing in large Ziplock bags because we keep them out of reach until we send them home in their backpacks.)
- Dressy clothing that you would be heartbroken over if they get accidentally soiled/stained from art projects or dirt from the playground.
- No flip flops or slip in shoes as they are a tripping hazard when children run & play.

Illness Policy:

We follow the CDPHE guidelines to decrease the chances of exposure to any disease. We also follow “How Sick is Too Sick” public guidance document. The most current form of this can be found on the CDPHE website. However, if there is a significant increase of illnesses, these guidelines may need to be stricter. You will be informed by email or through Procure should this occur.

*****Absenteeism.*****

If your child will not be attending on a regularly scheduled day, you must call, text, or message through Procure to your child’s teacher, Nurse Jerri (jerri.edse@gmail.com), or the EDSE office to tell us. We will need to know if your child is absent due to illness or out for a reason other than illness. If you do not let us know, we will contact you to find out why your child is absent. We must know because we are required to track all illnesses in case of any type of illness outbreak, which must be reported to the health department. If your child is ill, please do not leave a message that they do not feel well, but let us know all symptoms your child is having. That is the only way we can see if something is spreading through EDSE.

If you have any questions, please contact Jerri, the EDSE School Nurse at jerri.edse@gmail.com or Rachel, the EDSE Director, at Rachel@EDSE.org.

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 families of students attending Colorado child cares and preschools for the 2026-2027 school year:

This letter includes important information and other resources about Colorado's [immunization requirements to attend child care or preschool](#). There's nothing more important than making sure your child stays healthy and learning all year long. Routine vaccination can prevent the spread of diseases like measles, mumps, varicella (chickenpox), whooping cough, and others, so kids can just be kids. The vast majority of Colorado families choose to protect their children through vaccination.

Colorado law requires children attending a licensed child care or preschool to be vaccinated against many diseases, unless a certificate of exemption is filed. For more information, visit cdphe.colorado.gov/immunization-policy-and-board-health-rules. Before your child's first day of child care, you are responsible for providing at least one of the following to each child care or preschool your child attends:

1. An up-to-date immunization record.
2. An in-process plan ([example](#)).
3. A Certificate of Medical or Nonmedical Exemption for any missing doses of school-required vaccine(s).

Colorado follows recommendations set by the American Academy of Pediatrics (AAP) for the number and spacing of doses of the required vaccines. View the AAP recommended vaccine schedule for children from [birth through 6 years of age](#).

Vaccines required for child care and preschool

To attend child care or preschool, your child must be vaccinated against:

- Hepatitis B (HepB)
- Diphtheria, tetanus, and pertussis (DTaP)*
- *Haemophilus influenzae* type b (Hib)
- Measles, mumps, and rubella (MMR)*
- Pneumococcal disease (PCV)
- Polio (IPV)*
- Varicella (chickenpox)*

*Colorado law requires children between the ages of 4 and 6 years to receive their final doses of DTaP, IPV, MMR, and chickenpox vaccines **before** kindergarten.

There are other vaccines that are not required for child care and preschool but recommended, including: COVID-19, hepatitis A (HepA), influenza (flu), respiratory syncytial virus (RSV), and rotavirus (RV).

Vaccination records

Share your child's updated Certificate of Immunization with their child care or preschool every time they receive a vaccine. Need to find your child's vaccine record? Visit the [finding a student's immunization records for school](#) webpage or COVaxRecords.org for more information.

Exclusion from child care and preschool

If there is an outbreak of a vaccine-preventable disease at your child's child care, and your child has not received the vaccine for that disease, they may be required to stay home for many days. That could mean lost learning time for them and lost work and wages for you. For example, if your child has not received an MMR vaccine, they may need to stay home from child care for at least 21 days after someone at the preschool or child care gets sick with measles.

Exemptions from one or more school-required vaccines

Medical Exemption. If your health care provider has determined that your child cannot get a vaccine for medical reasons, you must submit a Certificate of Medical Exemption to your school.

Nonmedical Exemption. If you choose not to have your child vaccinated for nonmedical reasons, you must submit a Certificate of Nonmedical Exemption to your school. There are two ways to obtain a nonmedical exemption:

1. Submit the Certificate of Nonmedical Exemption signed by an advanced practice nurse (APN), pharmacist, physician (MD or DO), physician assistant (PA), or registered nurse (RN), licensed in Colorado, or
2. Submit the Certificate of Nonmedical Exemption you will be able to access after completing Colorado’s Online Immunization Education Module.

Nonmedical exemptions expire when vaccines are due or when the child enrolls in kindergarten. Find more information about exemptions at cdphe.colorado.gov/exemptions-to-school-required-vaccines.

Have questions?

Talk with a health care provider or your local public health agency to ask questions and find out which vaccines your child needs. Read about the benefits and importance of vaccines at childvaccineco.org, HealthyChildren.org, and cdphe.colorado.gov/immunization-education.

Finding and paying for vaccinations

Find a vaccine provider at cdphe.colorado.gov/get-vaccinated. If you need help finding free or low-cost vaccines, go to COVax4Kids.org or dial [2-1-1](https://2-1-1.org) for information on Health First Colorado (Medicaid) and vaccine clinics in your area.

How is your child care or preschool doing on vaccinations?

Annually, schools and child cares must report immunization and exemption numbers (but not student names or birth dates) to the state health department. Colorado law established the Vaccinated Children Standard of 95% for all school-required vaccines, described in [§25-4-911, CRS](https://s25-4-911.crs), and schools do not control their specific immunization and exemption rates.

Your child care or preschool’s immunization rates from the 2024-2025 school year.

(Find 2024-2025 school year and prior years’ data at COVaxRates.org).

Child care or preschool name	2024-2025 MMR immunization rate (required)	2024-2025 MMR exemption rate (required)

Schools may choose to include rates for other school-required vaccines below.

2024-2025 HepB immunization rate	2024-2025 HepB exemption rate
2024-2025 DTaP immunization rate	2024-2025 DTaP exemption rate
2024-2025 Hib immunization rate	2024-2025 Hib exemption rate

2024-2025 PCV immunization rate	2024-2025 PCV exemption rate
2024-2025 IPV immunization rate	2024-2025 IPV exemption rate
2024-2025 chickenpox immunization rate	2024-2025 chickenpox exemption rate

Child care immunization table

Vaccines required for preschool and by kindergarten entry, 2026-2027

Background:

1. This table may be used as a guide to evaluate the number of valid doses a child must receive by month of age to comply with [state immunization requirements](#).
2. Immunization requirements must be enforced. Students who do not meet the requirements must be denied attendance according to Board of Health rule [6 CCR 1009-2](#).
3. Before a child's first day of child care or preschool, Colorado law requires parents or guardians to provide each school their child attends with at least one of the following:
 - A. **An immunization record** showing that the child has received school-required vaccines and is up to date according to their age,
 - Schools and child cares are required to have a completed [Official Colorado Certificate of Immunization](#) in the student's electronic or hard copy file. An immunization record also includes documentation of positive titers as an acceptable alternative for certain vaccine components. Use CDPHE's [titer interpretation guidance resource](#) to determine which titers are an acceptable alternative to documentation of one or more school-required vaccines.
 - B. **An in-process plan** signed by the child's health care provider showing that the student is in the process of catching up on missing vaccine(s) following the minimum intervals between doses described in the [catch-up schedule \(Table 2\)](#),
 - Students who fall out of compliance during the school year may still attend for a limited time. Within seven days of the finding of immunization noncompliance, the child care must directly notify the parent/guardian, who then has 30 days to provide them with updated immunization documentation. This documentation must be: (1) an immunization record showing the student received the missing dose(s) of school-required vaccine(s), and if applicable, an in-process plan ([sample](#)) showing the student will be obtaining the remaining school-required vaccines following the minimum intervals between doses described in the [catch-up schedule \(Table 2\)](#), or (2) a Certificate of Medical or Nonmedical Exemption. If, after 30 days, no immunization documentation is received, the child care must exclude the student per Board of Health rule [6 CCR 1009-2](#).
 - C. **A Certificate of Medical or Nonmedical Exemption** for any missing doses of school-required vaccine(s).
 - Parents/guardians must follow [Colorado's process](#) to obtain a certificate of exemption. Certificates of exemption expire and need to be renewed at specified intervals. Visit the [exemptions to school-required vaccines](#) webpage for more information, or the [child care professionals](#) webpage for guides to verify whether an exemption is complete.

To meet the requirements, students may have one or a combination of these documents for school-required vaccines. Per Board of Health rule [6 CCR 1009-2](#), students not in compliance with the immunization requirements may not start school or child care.

4. Vaccines **required** for child care include hepatitis B (HepB), diphtheria, tetanus, pertussis (DTaP), *Haemophilus influenzae* type B (Hib), polio (IPV), pneumococcal conjugate (PCV), measles, mumps, rubella (MMR), and varicella (chickenpox).
5. Schools and child cares can enroll in the [Colorado Immunization Information System \(CIIS\)](#), which allows them to access and review immunization records. Email cdphe_ciis_schools@state.co.us for more information.

How to use the child care immunization table:

1. Review the child's immunization record alongside this table to determine if they have the required number of valid doses.
 - The Colorado Board of Health follows the [immunization schedule](#) developed by the American Academy of Pediatrics (AAP) with the following exceptions:
 - Students between the ages of 4 and 6 years are required to receive their final doses of DTaP, IPV, MMR, and varicella vaccines prior to kindergarten entry.
2. Use the student's age to select the appropriate row. Do **not** advance to the next row until the student has reached that age.
 - For example, continue using the 3-month row for a student who is 4 months and 3 weeks of age (not yet 5 months).
3. For students whose vaccinations have been delayed, refer to the catch-up guidance and job aids to determine the number of doses needed.
 - In some instances, fewer doses of DTaP, Hib, PCV, and IPV will fulfill the required number of doses.

By ____ months of age, the child is required to have received ____ valid doses of vaccine.
(fill in) (fill in)

Age	Number of required valid doses:						
	Vaccines must be given no earlier than the minimum intervals and ages in order to be valid. A four-day grace period applies in most situations, though should not be applied to the 28-day interval between two different live virus vaccines (i.e., MMR or varicella).						
	Hepatitis (HepB)*	Diphtheria, tetanus, pertussis (DTaP)†	<i>Haemophilus influenzae</i> B (Hib)‡	Polio (IPV)§	Pneumococcal conjugate (PCV)¶	Measles, mumps, rubella (MMR)#	Varicella (Chickenpox)**
1 month	1	--	--	--	--	--	--
3 months	2	1	1 (any Hib product)	1	1	--	--
5 months	2	2	2 (any Hib product)	2	2	--	--
7 months	2	3	3 (any Hib product) or 2 (PedvaxHib)	2	3	--	--
16 months	2	3	4 (any Hib product) or 3 (PedvaxHIB)	2	4	1	1
19 months	3	4	4 (any Hib product) or 3 (PedvaxHIB)	3	4	1	1
By kindergarten entry††	3	5	--	4	--	2	2

Catch-up refers to “those who **start late** or who are **more than 1 month behind.**” Once a child catches up to the number of doses required for their age, return to using [routine](#) recommendations (Table 1) for timing future vaccinations.

***HepB** is a three-dose series scheduled at ages 0 (birth), 1-2 months, and 6-18 months. The minimum age for the final dose is 24 weeks. If Dose 3 is given before 24 weeks, a fourth dose is required. Four doses of hepatitis B vaccine are permitted when a combination vaccine is used. **Catch-up:** Older students require a minimum of three appropriately spaced doses. Minimum intervals are 0 (Dose 1), four weeks (Dose 2), eight weeks, **and** at least 16 weeks after the first dose (Dose 3).

†**DTaP** is a five-dose series scheduled at 2, 4, 6, 15-18 months, and 4-6 years of age. By kindergarten entry, five doses of DTaP are required or four doses if the fourth dose was administered on or after the 4th birthday and was given at least six months after Dose 3. **Catch-up:** For children 4 months through 6 years, use the [DTaP catch-up guidance job aid](#).

‡**Hib** is a three- or four-dose series depending on product type. Four doses for most Hib products (or when mixing PedvaxHIB with other Hib products), scheduled at 2, 4, 6, and 12-15 months of age, or three doses with PedvaxHIB (scheduled at 2, 4, 12-15 months). **Catch-up:** A single dose of Hib vaccine administered at 15 months through 4 years meets the Hib requirement. Previously unvaccinated children who are 60 months or older do not require Hib vaccination. For children 4 months through 4 years, use the [Hib catch-up guidance job aid](#) or the [catch-up guidance job aid for PedVaxHib only](#).

§**IPV** is a four-dose series scheduled at 2, 4, 6-18 months, and 4-6 years of age. By kindergarten entry, four doses of IPV are required or three doses if the third dose was administered on or after the 4th birthday and was given at least six months after Dose 2. The final dose must be given no earlier than 4 years. **Catch-up:** For children 4 months through 17 years, use the [IPV catch-up guidance job aid](#).

¶**PCV** is a four-dose series scheduled at 2, 4, 6, and 12-15 months of age. **Catch-up:** A single dose of PCV vaccine administered at 24 months through 4 years meets the PCV requirement. Previously unvaccinated children who are 60 months or older do not require PCV vaccination. For children 4 months through 4 years, use the [PCV catch-up job aid](#).

#**MMR** is a two-dose series scheduled at 12-15 months and 4-6 years of age. Dose 1 is not valid if administered more than four days before the 1st birthday. Some children will receive Dose 2 before their 4th birthday. This is valid if both doses are given after the 1st birthday and separated by at least 28 days. Two valid doses are required for students entering kindergarten. **Catch-up:** Unvaccinated children: two-doses separated by at least 28 days.

****Varicella** is a two-dose series scheduled at 12-15 months and 4-6 years of age. Dose 1 is not valid if administered more than four days before the 1st birthday. Two valid doses are required for students entering kindergarten. **Catch-up:** Unvaccinated children: two doses at least three months apart. Note: If a child has [previous varicella disease documented by a health care provider](#) or a **documented positive antibody titer**, the child has met the varicella requirement, and no varicella vaccine is required.

††**Kindergarten entry:** Hib and PCV are **not** required for students in kindergarten through grade 12.

Official Colorado Certificate of Immunization

<https://cdphe.colorado.gov/immunization-requirements-school-entry>



COLORADO
Department of Public
Health & Environment

This official certificate of immunization shall be: 1. Completed by a health care provider (licensed physician [MD, DO], advanced practice nurse [APN], physician assistant [PA]), public health official, or school health authority, or 2. Generated electronically from the Colorado Immunization Information System (CIIS). According to [6 CCR 1009-2](#), if the student provides an immunization record in any other format apart from this official certificate of immunization or a CDPHE approved alternate certificate of immunization, the school health authority must transfer the immunization record onto this form, and a signature is required. School-required immunization requirements are on Colorado's [immunization requirements for school entry](#) webpage.

Student name: _____ Date of birth: _____

Parent or guardian name (only if student is under 18 years of age and not emancipated): _____

Required immunizations	Immunization date(s) MM/DD/YYYY						Titer date* MM/DD/YYYY
HepB (hepatitis B)							
DTaP (diphtheria, tetanus, pertussis)							
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				*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 immunizations	Immunization date(s) MM/DD/YYYY					
RSV (respiratory syncytial virus)						
HPV (human papillomavirus)						
RV (rotavirus)						
MCV4 (meningococcal ACWY)						
MenB (meningococcal B)						
HepA (hepatitis A)						
Flu (influenza)						
COVID-19						
Other						

Official certificates of immunization generated by CIIS or a school or practitioner's Electronic Health Record do not require a signature. However, if a health care provider, public health official, or school health authority adds information to this form, electronically or by hand, they must sign it below.

Printed name: _____ Date: ____/____/____

Signature: _____ Title: _____

(Optional): For school use only: Schools may use this form or their own system to document verification that the student is in compliance with the immunization requirements to attend school.
 This student is in compliance until ____/____/____ (specific date) or ____-____ (school year) or ____ (grade)
 _____ (staff name) _____ (staff title)

(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 or guardian or emancipated student (including those over 18 years old) Signature: _____ Date: _____

Under Colorado law, you have the option to exclude your child's or your information from CIIS at any time. To opt out of CIIS, go to www.colorado.gov/cdphe/ciis-opt-out-procedures.

Last revised: July 2025

The Episcopal Day School of Evergreen

STATEMENT OF HEALTH

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

Past Illnesses: Check only those that your child has had and give approximate dates of diagnosis:

Chicken Pox:	Mumps:	Diabetes:
Rheumatic Fever:	Rubella:	Asthma:
Whooping Cough:	Polio:	Severe Allergy:
Measles:	Epilepsy:	Other:

Comments: _____

Surgery / Accidents / Chronic Health Problems: _____

Describe any physical condition requiring the facilities special attention: _____

Medication(s) prescribed _____

Over the Counter Medications Regularly Given: _____

Allergies: _____ Routine for Allergies: _____

If Tuberculin test given: Date: _____ Results: _____

If chest x-ray taken: Date _____ Results: _____

Vision: _____ Hearing: _____

Dentist: _____ Phone Number: _____

Dentist Address: _____

Emergency Contacts:

Name: _____ Phone: _____ Relationship to Child: _____

Address: _____

Name: _____ Phone: _____ Relationship to Child: _____

Address: _____

Parent/Guardian Signature: _____ Date: _____

The Episcopal Day School of Evergreen

DEVELOPMENTAL HISTORY

Child's Name: _____ Date of Birth: _____

Age at which:

Crept on hands and knees _____	Sat alone _____
Walked unassisted _____	Named simple objects _____
Repeated Short sentences _____	Slept through night _____
Began toilet training _____	Toilet trained _____
Does child dress self? _____	Right of left handed? _____

Any speech concerns? _____

Are there any eating problems or dietary restrictions? _____

Nervous symptoms or habits? _____

Are there any developmental concerns? _____

What time does your child go to bed at night? _____

What time does your child wake in the morning? _____

Describe any special characteristics or needs to sleep (story, favorite blanket, etc.) _____

Signature of Parent/Guardian _____ Date _____

The Episcopal School of Evergreen

PERSONAL HISTORY

Child's Name: _____ Date: _____

Mother's Name: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Home Address: _____

Mother's Employer's Name: _____ Job Title: _____

Work Phone: _____

Mother's Employer's Address: _____

Father's Name: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Home Address: _____

Father's Employer's Name: _____ Job Title: _____

Work Phone: _____

Father's Employer's Address: _____

Parent's Marital Status: Married _____ Separated _____ Divorced _____ Single _____

Name of Stepmother: _____

Name of Stepfather: _____

Custody/Visiting Arrangements: _____

If child is adopted:

Age at Adoption: _____ Does child know he/she is adopted? _____

Brothers and sisters of child:

Name _____ DOB _____ Grade in School _____

Name _____ DOB _____ Grade in School _____

Name _____ DOB _____ Grade in School _____

Name _____ DOB _____ Grade in School _____

Name _____ DOB _____ Grade in School _____

Name _____ DOB _____ Grade in School _____

Other permanent members of household (including relationship and age)

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Parent/Guardian Signature: _____ Date _____

The Episcopal Day School of Evergreen

PICK UP AUTHORIZATION FORM

Child's Name: _____

Class: _____ (filled in by office)

Home Phone: _____

Parent/Guardian's Name: _____

Cell Phone: _____ Work Phone: _____

Parent/Guardian'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

2026 - 2027 SCHOOL YEAR and 2027 SUMMER PROGRAM (If attending)

PERMISSION TO PARTICIPATE

My child _____ has permission to participate in age appropriate activities that are planned for the Episcopal Day School of Evergreen's 2026-2027 school year and 2027 Summer Program.

Activities will take place on the campus of the Episcopal Church of the Transfiguration and will meet all state licensing requirements. As always, all children will be closely supervised by our teaching staff. Examples of activities include Water Play, Hiking, Baby Buggy Rides, Slip and Slide, Walks

Parents Signature _____ Date _____

PERMISSION TO BE PHOTOGRAPHED

I hereby grant permission for my child, _____, to be photographed, videotaped or recorded for class or school activities, but will not be used on the EDSE website or Facebook page without special permission.

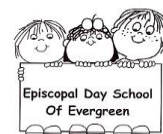
Examples of when this may occur:

- Special events such as birthdays or holidays
- Photographs to be taken expressly to be given to the parent/guardian
- Photographs to be used in the classroom for the purpose of craft items, picture frames, ornaments, etc.

Please note: All children will have a photo taken as required for security and safety identification purposes, whether or not permission is granted for the purposes above.

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

CHILD ABUSE REPORTING

Under the Child Protection Act of 1987 (C.R.S. 19-3-301) in the Colorado's Children's Code, childcare center workers are required to report suspected child abuse or neglect. The law states that if a child care worker has "reasonable cause to know or suspect that a child has been subjected to abuse or neglect or who has observed the child being subjected to circumstances or conditions which would reasonably result in abuse or neglect shall immediately report or cause a report to be made of such fact to the county department or local law enforcement agency."

As a parent you will be notified if a report has been made.

I have read and understand the above requirements concerning child abuse reporting. I understand that I will be notified after the report has been made.

Child's Name: _____

Parent/Guardian Signature: _____

Date: _____



The Episcopal Day School of Evergreen

Facebook & Website Participation Authorization

The Episcopal Day School of Evergreen has a Website, EDSE.org, and 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 Website and on the Facebook page with **NO TAGGING**.

There will be no names attached to the photos on either the Website or Facebook to ensure all the children's security.

Website Permission or exclusion:

_____ Yes, I give permission for EDSE to post pictures of my child,
_____, to its website, edse.org.

_____ No, I do not give permission for EDSE to post pictures of my child,
_____, to its website, edse.org.

Facebook Permission or exclusion:

_____ 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 compiling 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:

PLEASE PRINT CLEARLY

Child's Name: _____

Parent 1: Name That You Go By: _____

Phone & Email: _____

Parent 2: Name That You Go By: _____

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

2026-2027

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

2 boxes non-latex Nitrile medical-type gloves, medium, 100 count

2 Bottles of Liquid White School Glue

1 Box of Washable Markers*

***If your child is in Pre-K, please buy fine point washable markers.**

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

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

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

- 1 tube or bottle of sunscreen for young children.**

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

If you are bringing diapers along with these supplies, please give the diapers to your child's teacher and do not leave them with these supplies.

Supplies are due at either Open House on Thursday, August 20th from 9:30 AM to 10:30 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...).