



## **Enrollment Forms**

- Contract of Fees & Hours \_\_\_\_\_
- Child's Admission Record (3 pages) \_\_\_\_\_
- Insurance Information \_\_\_\_\_
- Authorization for Medical Attention & Agreement to Pay all Medical Expenses \_\_\_\_\_
- Emergency Card \_\_\_\_\_
- Permission for Trips/Transportation/Media \_\_\_\_\_
- General Health Appraisal Form \_\_\_\_\_
- Certification of Immunization \_\_\_\_\_
- Medication and Drug Release \_\_\_\_\_
- Permission to Administer Medication \_\_\_\_\_
- Sunscreen Permission Slip \_\_\_\_\_
- Transportation Release \_\_\_\_\_
- Parent/Guardian Responsibilities (2 pages) \_\_\_\_\_
- Jefferson County Child Abuse/Neglect \_\_\_\_\_
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- Disaster Preparedness \_\_\_\_\_
- Safe Infant Sleep in Child Care \_\_\_\_\_
- Termination Policy \_\_\_\_\_
- Termination Form \_\_\_\_\_
- Illness/Immunization Policy (2 pages) \_\_\_\_\_
- When to Keep Your Child at Home \_\_\_\_\_
- Observed Holiday Schedule \_\_\_\_\_
- Policies & Procedures Statement (10 pages) \_\_\_\_\_
- Field Trip Permission Slip \_\_\_\_\_

**All forms must be fully completed and signed prior to or at the time of admission.**

**Tiny Toes Home Daycare  
Kristi Stieduhar  
7917 W. Harvard Drive  
Lakewood, CO 80227  
[www.tinytoesdc.com](http://www.tinytoesdc.com)  
303-985-8587 home  
303-905-3947 cell**

## Contract of Fees & Hours

**Enrollment Date:** \_\_\_\_\_

My child care service for \_\_\_\_\_ is provided Monday – Thursday from **7:00 am to 4:56 pm** and Friday from **7:00 am to 4:26 pm**. **Children must be picked up by closing or a late fee of \$1.00 per minute will be charged.**

The set fee is \$\_\_\_\_\_ **per week**. Non-school days additional \$10 per day.

### **Payment & Fees**

All payments are to be made in advance on the **first day of each week**. Cash or checks are accepted. A late fee of \$5.00 per day will be charged if payment is not received on Monday. There is a \$35.00 fee for any returned checks, as well as any charges to my account as a result of a returned check. After one returned check, **only cash** will be accepted and may result in the termination of my services.

My daycare schedule is based on the **Jefferson County Public School Schedule**. **This includes snow days and any other school closures.**

The childcare fees are charged on a weekly basis during the school year. **Each family is required to pay the weekly fee, whether or not your child is in attendance.** This weekly fee ensures the child's spot is held for him/her.

I am closed on Martin Luther King Day, Presidents' Day, Memorial Day, Labor Day, Thanksgiving and Christmas. These Holidays **are** included in your weekly rate.

**Summer rates:** I am closed during the summer. To ensure your child's spot is held, you must pay a fee of \$\_\_\_\_\_ to hold your child's spot. Until this fee is paid there is NO guarantee your child's spot will be available. **This fee is NON-REFUNDABLE.**

**Spring break rates:** I am closed during Spring Break. Weekly tuition is due during Spring break.

**Winter break rates:** I am closed during Winter Break. Weekly tuition is due during Winter break.

**Thanksgiving week rates:** I am **closed on Monday-Friday** of Thanksgiving week. Weekly tuition is due for this week.

Payment is due if I am closed for emergencies, unforeseen circumstances, when local schools are closed and/or during a public health emergency.

An **annual** fee of \$35 per child is charged at the time of enrollment for band aids, rubber gloves, supplies, sunscreen, and administrative costs etc. School aged children; \$15 per year.

**Termination of Child Care:** If for some reason you decide to stop bringing your child to my home, I require a two-week written notice. Payment is due for the two-week period **whether or not** your child is brought to daycare. Any outstanding fees must be paid on or before the child's last day. If it becomes necessary for me to resort to legal action to collect fees, the parent/guardian(s) will be responsible for legal fees incurred on my part.

**(Contract Continued)**

**Forms:** The Child's Statement of Health, immunization records and all other enrollment and registration forms must be completed on or before enrollment date. Your child cannot attend if **ALL** forms are not completed and signed.

**Contract & Policies:** I reserve the right to review and modify my contract and policies.

**Rate Increases:** I reserve the right to review my rates and to raise them periodically to accommodate increasing business costs. I will provide two weeks' notice to parents in the event of rate increases.

By signing this contract, you agree you have received, read, and understand the Policies and Procedures, Parental Responsibilities, fees and hours.

**Kristi R. Stieduhar** is not responsible for any accidents that occur while your child is in my care and or any fees resulting from such accidents.

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

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

**Admission Record**

**Enrollment date:** \_\_\_\_\_

1. Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name child prefers to be called: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_

2. Father or Guardian's Name: \_\_\_\_\_  
Address if different from child: \_\_\_\_\_

**Employer:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ May I text your cell #? \_\_\_\_\_  
Email address: \_\_\_\_\_

3. Mother or Guardian's Name: \_\_\_\_\_  
Address if different from child: \_\_\_\_\_

**Employer:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ May I text your cell #? \_\_\_\_\_  
Email address: \_\_\_\_\_

4. How may the person(s) responsible for the child be reached while child is in my care?  
\_\_\_\_\_  
\_\_\_\_\_

5. If neither parent nor guardian can be reached in **case of emergency** call:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relation to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relation to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relation to child: \_\_\_\_\_

6. Person(s) designated to pick up or deliver child not listed above (include name, address and telephone number(s): You must notify me if someone else other than you/guardian is **not** picking up your child, even if listed below:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relation to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relation to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relation to child: \_\_\_\_\_

7. Person(s) **NOT** permitted to call or pick up for child: \_\_\_\_\_

8. Other family members who live in the child's home: (name/age/relation to child)  
\_\_\_\_\_  
\_\_\_\_\_

9. Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

10. Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

11. Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

12. Please provide any information concerning your child, which will be helpful to the child care provider.

Play habits: \_\_\_\_\_

Eating behavior: \_\_\_\_\_

Sleeping pattern: \_\_\_\_\_

Fears: \_\_\_\_\_

Likes and dislikes: \_\_\_\_\_

Other: \_\_\_\_\_

13. List any food and or any other known allergies:

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14. Medical concerns/Medications required or currently taking:

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15. Any other information child care provider needs to be aware of:

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16. Operations or serious injuries? (Please include dates):

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17. Does your child have a health care plan (i.e., for asthma)? \_\_\_\_\_ If yes, the health care plan must be provided on or before the first day the child is in care.

18. Is your child fully immunized? \_\_\_\_\_ Completed immunization records must be provided on or before the first day the child is in care.

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I understand **Kristi Stieduhar** will not be held responsible for any accidents that occur while your child is in my care, nor any fees resulting from such accidents.

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Parent/Guardian

Date

---

Parent/Guardian

Date

**Insurance Information**

I/we \_\_\_\_\_ do confirm that we have medical insurance.

Name of insurance company: \_\_\_\_\_

Billing address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Name of subscriber: \_\_\_\_\_

Subscriber's social security #: \_\_\_\_\_

Subscriber's date of birth: \_\_\_\_\_

Preferred hospital: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**Authorization for Medical Attention**  
**Agreement to Pay All Medical Expenses**

I/we, \_\_\_\_\_, hereby give permission to Kristi Stieduhar and/or agent(s) to call our pediatrician for medical advice should any situation arise. We also give permission to Kristi Stieduhar to discuss with our doctor or any health care personnel any situation or concerns she may have regarding the well-being of my child, \_\_\_\_\_, including but not limited to known or unknown allergies and reaction to prescription or over the counter medications.

I/we, \_\_\_\_\_, hereby give permission to Kristi Stieduhar and/or agent(s) to transport, \_\_\_\_\_, to a medical facility or call for the services of an ambulance should any situation arise.

I/we, \_\_\_\_\_, release Kristi Stieduhar and/or agent(s) from any liability when choosing to seek alternate medical care.

I/we, \_\_\_\_\_, hereby fully understand that any action taken by Kristi Stieduhar and/or agent(s) is done so in the best interest of our child, \_\_\_\_\_, and we accept **ALL** financial responsibility.

I/we, \_\_\_\_\_, will not contest any cost from any authorized physician, surgeon, dentist, specialist, ambulance, clinic, or hospital but not limited to the description of health care facilities or persons.

I/we, \_\_\_\_\_, authorize Kristi Stieduhar and/or agent(s) to obtain any type of medical or dental care for \_\_\_\_\_ and we do hereby agree to be responsible for payment for **ALL** expenses associated with any medical/dental treatment. We are covered by medical insurance.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



\*\*\*\*\*Names and Numbers- Emergency Card\*\*\*\*\*

Name of Child: \_\_\_\_\_

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

**Allergies:** \_\_\_\_\_  
\_\_\_\_\_

**Mothers Name:** \_\_\_\_\_

Mother: Home Phone#: \_\_\_\_\_

Work Phone#: \_\_\_\_\_ Cell # \_\_\_\_\_

**Fathers Name:** \_\_\_\_\_

Father: Home phone#: \_\_\_\_\_

Work Phone#: \_\_\_\_\_ Cell# \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Hospital Preference: \_\_\_\_\_

Emergency Contact:

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

Address: \_\_\_\_\_

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

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

Other information about your child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Permission for Transportation**

I give permission to **Kristi Stieduhar** and or the substitute to transport my child, \_\_\_\_\_, in a vehicle.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**Permission for Trips and or to leave Home**

I give permission for my child, \_\_\_\_\_, to leave the premises of the child care facility, in the company of a responsible adult, whether on foot, stroller, wagon or by vehicle.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**Permission to Participate in Activities**

I give permission for my child to participate in all activities except for the following:

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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**Media Use Permission**

I allow my child to watch television, video viewing, music, video games and use computer. My child may engage in the approved activities for up to \_\_\_\_\_ total hour(s) per day.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**Permission to Photograph**

I give permission to **Kristi Stieduhar**, to take or have pictures taken of my/our child, \_\_\_\_\_, for the following purposes: Gifts and crafts for your child to take home, to display in scrapbooks, newsletters, Instagram Face Book, Tiny Toes Home Daycare website, on line photo album and bulletin boards etc. To show to current or perspective clients or to use in promotional materials and for parents to access all photos on line.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

# 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.  
Copyright 2007 Colorado Chapter of the American Academy of Pediatrics

**COLORADO LAW REQUIRES THAT THIS FORM BE COMPLETED FOR EACH STUDENT ATTENDING COLORADO SCHOOLS**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

**COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT—CERTIFICATE OF IMMUNIZATION**

Vaccine	Enter the month, day and year each immunization was given
Hep B	Hepatitis B
DTaP	Diphtheria, Tetanus, Pertussis (pediatric)
DT	Diphtheria, Tetanus (pediatric)
Tdap	Tetanus, Diphtheria, Pertussis
Td	Tetanus, Diphtheria
Hib	Haemophilus influenzae type b
IPV/OPV	Polio
PCV	Pneumococcal Conjugate
MMR	Measles, Mumps, Rubella
Varicella	Chickenpox

Vaccines recorded below this line are recommended. Recording of dates is encouraged.

HPV	Human Papillomavirus
Rota	Rotavirus
MCV4/MP-SV4	Meningococcal
Hep A	Hepatitis A
TIV/LAN	Influenza
Other	

**THIS SECTION CAN BE COMPLETED BY CHILD CARE/SCHOOL/HEALTH CARE PROVIDER**

**A) Child Care Up to Date**  
Up to date through 8 months of age for Colorado School Immunization Requirements. Update Signature \_\_\_\_\_ Date \_\_\_\_\_

**B) Child Care Up to Date**  
Up to date through 18 months of age for Colorado School Immunization Requirements. Update Signature \_\_\_\_\_ Date \_\_\_\_\_

**C) Child Care/Pre-school/Pre-K**  
Up to date for Child Care/Pre-School/Pre-K for Colorado School Immunization Requirements. Update Signature \_\_\_\_\_ Date \_\_\_\_\_

**D) Complete for K-5th Grade**  
Up to date for K-5th Grade for Colorado School Immunization Requirements. Update Signature \_\_\_\_\_ Date \_\_\_\_\_

\* If age 4 years and fulfill Requirements for Pre-School & Kindergarten, check BOTH Boxes C and D.

**HAS MET ALL IMMUNIZATION REQUIREMENTS FOR COLORADO SCHOOLS (6TH GRADE OR HIGHER)**

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(Physician, nurse, or school health authority)

**STATEMENT OF EXEMPTION TO IMMUNIZATION LAW (DECLARACIÓN RESPECTO A LAS EXENCIONES DE LA LEY DE VACUNACIÓN)**

**IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS MAY BE SUBJECT TO EXCLUSION FROM SCHOOL AND TO QUARANTINE. SI SE PRESENTA UN BROTE DE LA ENFERMEDAD, ES POSIBLE QUE A LAS PERSONAS EXENTAS SE LES PONGA EN CUARENTENA O SE LES EXCLUYA DE LA ESCUELA.**

**MEDICAL EXEMPTION:** The physical condition of the above named person is such that immunization would endanger life or health or is medically contraindicated due to other medical conditions.  
**EXENCIÓN POR RAZONES MÉDICAS:** El estado de salud de la persona arriba citada es tal que la vacunación significa un riesgo para su salud o incluso su vida; o bien, las vacunas están contraindicadas debido a otros problemas de salud.

Signed (Firma) \_\_\_\_\_ Date (Fecha) \_\_\_\_\_  
Physician (Médico)

**Medical exemption to the following vaccine(s):**  
La exención por razones médicas aplica a la(s) siguiente(s) vacuna(s):  
 Hep B  DTaP  Tdap  Hib  IPV  PCV  MMR  VAR

**RELIGIOUS EXEMPTION:** Parent or guardian of the above named person or the person himself/herself is an adherent to a religious belief opposed to immunizations.  
**EXENCIÓN POR MOTIVOS RELIGIOSOS:** El padre o tutor de la persona arriba citada, o la persona misma, pertenece a una religión que se opone a la inmunización.

Signed (Firma) \_\_\_\_\_ Date (Fecha) \_\_\_\_\_  
Parent, guardian, emancipated student/consenting minor (Padre, tutor, estudiante emancipado o consentimiento del menor)

**Religious exemption to the following vaccine(s):**  
Exención por motivos religiosos de la(s) siguiente(s) vacuna(s):  
 Hep B  DTaP  Tdap  Hib  IPV  PCV  MMR  VAR

**PERSONAL EXEMPTION:** Parent or guardian of the above named person or the person himself/herself is an adherent to a personal belief opposed to immunizations.  
**EXENCIÓN POR CREENCIAS PERSONALES:** Las creencias personales del padre o tutor de la persona arriba citada, o la persona misma, se oponen a la inmunización.

Signed (Firma) \_\_\_\_\_ Date (Fecha) \_\_\_\_\_  
Parent, guardian, emancipated student/consenting minor (Padre, tutor, estudiante emancipado o consentimiento del menor)

**Personal exemption to the following vaccine(s):**  
Exención por creencias personales de la(s) siguiente(s) vacuna(s):  
 Hep B  DTaP  Tdap  Hib  IPV  PCV  MMR  VAR

## Medication/Prescription Drug Release

I/we, \_\_\_\_\_, give permission to Kristi Stieduhar and/or agent to administer prescription drugs and/or over-the-counter to our child, \_\_\_\_\_, when requested to do so by a parent or legal guardian.

I/we, \_\_\_\_\_, understand that Kristi Stieduhar and/or agent are not responsible for any drug reaction. It is understood Kristi Stieduhar and/or agent will take reasonable care in administering all medications.

I/we, \_\_\_\_\_, understand that it is our responsibility to provide the drug in its original container.

I/we, \_\_\_\_\_, understand it is our responsibility to provide a **completed medication permission form** with the prescription approved and signed by health care provider with prescriptive authority and parent or guardian consent.

I/we, \_\_\_\_\_, understand that child care will be refused when we have forgotten the prescription and/or medication permission form.

I/we, \_\_\_\_\_, understand it is our responsibility to pick up and dispose of any unused medicine from the provider.

I/we, \_\_\_\_\_, understand that Kristi Stieduhar and/or agent's primary concern is the health and well-being of our child \_\_\_\_\_ and all other children enrolled in the child care program. To prevent this situation from accidentally occurring, we will request the pharmacist to supply a duplicate bottle to remain at the child care facility. We understand that enforcement of this rule is NOT meant in any way to inconvenience us, but relieves Kristi Stieduhar of the legal responsibility she has to file a report of medical neglect when a child in her care does not receive the appropriate medical attention, prescription drugs, etc.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**PERMISSION TO ADMINISTER MEDICATION IN CHLD CARE  
(ONE FORM PER MEDICATION)**

\*\*\*\*\*

**To be completed by the child's health care provider with prescriptive authority:**

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

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Route: \_\_\_\_\_

Time of day and number of times per day medication is to be given:

\_\_\_\_\_

Special Instructions: \_\_\_\_\_

Purpose of medication: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Start date: \_\_\_\_\_

End date: \_\_\_\_\_

\_\_\_\_\_  
Signature of person with prescriptive authority

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Date

Print Name: \_\_\_\_\_

\*\*\*\*\*

**To be completed by the parent or guardian**

I hereby give my permission for \_\_\_\_\_ to take the above  
(Child's Name)

medication in childcare, as ordered by the health care provider. I understand that it is my responsibility to furnish this medication in the original container, labeled with the child's name. By signing this document, I give permission for my child's health care provider to share information about the administration of this medication with Kristi Stieduhar.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**Prescription medications** must come in a container labeled with: child's name, name of medicine, time medicine is to be given, dosage, and the date medicine is to be stopped and licensed health care provider's name. Pharmacy name and phone number must also be included on the label.

**Over the counter medication** must be labeled with child's name. Dosage must match the signed health care provider authorization, and medicine must be packaged in original container.

**Please ask the pharmacist for a separate medicine bottle to keep at child care.**

**Thank you!**

**Over-the-Counter Ointments and Creams**

*This form covers a variety of preventive topical preparations that may be applied to the skin with parent/guardian permission.*

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

Parent/Guardian Name: \_\_\_\_\_

**SUNSCREEN**

I give my permission for Kristi Stieduhar and or agent to assist with applying or apply sunscreen to my child's exposed skin including the face, tops of ears and bare shoulders, arms, legs and feet 30 minutes before outdoor activities. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian. Sunscreen to be applied is: Kids sunscreen PABA free SPF 50/hypoallergenic/fragrance free.

If you choose to bring your own sunscreen, the bottle must be clearly labeled with your child's name.

I am aware that I **may** be asked to supply sunscreen for my child.

- o My child may NOT use any sunscreen other than the one that he/she brings.
- o My child may use any sunscreen other than the one that he/she brings.

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

**MOISTURIZING LOTION/CREAM/BALM**

I give my permission for Kristi Stieduhar and or agent to assist with applying or apply skin lotion/cream to my child. I understand I must provide the lotion/cream/balm in the original over the counter container labeled with my child's name. It is my responsibility to check the ingredients of this product to ensure my child is not allergic to it. Skin lotion/cream/balm will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian.

Name of product: \_\_\_\_\_

Special instructions: \_\_\_\_\_

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

**DIAPER OINTMENT/CREAM**

I give my permission for Kristi Stieduhar and or agent to apply over the counter diaper rash ointment/cream to my child. I understand that I may only provide diaper ointment or cream, free of antibiotic, antifungal or anti-inflammatory components without a written prescription from my doctor. I understand I must provide the ointment/cream in the original over the counter container labeled with my child's name. Ointment/cream will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian.

Name of product: \_\_\_\_\_

Special instructions: \_\_\_\_\_

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

# Transportation Release

I/we, \_\_\_\_\_, understand that in providing care for our child, \_\_\_\_\_, Kristi Stieduhar and/or agent may on a daily basis transport our child in her automobile. We hereby release Kristi Stieduhar and/or agent from any liability or injury to our child resulting from any accident, regardless of fault, arising from such transportation. We do hereby waive any claim or cause of action we might otherwise have against Kristi Stieduhar and/or agent in respect to any such accident.

I/we, \_\_\_\_\_, understand that school runs, field trips, trips to the park, Mc Donald's Play Land, errands and or other excursions are a daily part of the child care program. Monday through Friday school runs will be part of the child care program in the mornings and afternoons and if weather permits, we will likely visit the park on a daily basis.

I/we, \_\_\_\_\_, hereby authorize Kristi Stieduhar and/or agent to obtain medical care for our child when away from the child care home. We hereby agree to be responsible for any medical expenses resulting from such transportation. We are covered by insurance.

You may contact me on my cell phone anytime if we are away from the home. (303)905-3947.

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

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



## **Parent/Guardian Responsibilities**

1. Parents or guardians will return all child care forms on or before the first day of day care for their child.
2. Parents or guardians shall see that their child is dressed appropriately when brought to day care. This will include appropriate accessories such as boots, coats, hats and mittens. Each child must have a complete change of clothing. Our daily schedule includes regular outdoor play. Tennis shoes provide the best and safest traction for a young child when running, climbing, etc. All extra clothes, jackets, bags, diaper bags, bottles, backpacks, etc. are to be labeled with the child's name. Infants and toddlers are expected to arrive in a fresh diaper. Parents are to supply diapers, wipes, diaper rash ointment, formula or breast milk, baby cereals, and baby food. If breast milk is chosen, parents need to have bottles ready and placed in the day care refrigerator.
3. Parents or guardians shall notify the provider by 8 a.m. if a child is to be absent.
4. Parents or guardians shall notify the provider immediately when their child has possibly been exposed to a communicable disease or illness (including HIV).
5. Parents or guardians shall notify the provider if their child develops a communicable illness that has possibly already exposed the other children in the providers care.
6. Parents or guardians must notify the provider immediately of any change in address, phone number, etc., or of any change in any information on the forms required by the provider.
7. Parents or guardians must notify the provider when there is a change to the parents/guardians regular working schedule. For example: The parent has taken the day off from work or when one parent is out of town and not able to be contacted.
8. Parents or guardians shall refrain from criticizing or reprimanding children of other families in the child care home.
9. Parents or guardians shall refrain from expressing their concerns or complaints in the presence of children or other families in the child care home.
10. Parents, guardians, siblings, and all children are expected to respect the provider's personal property and furnishings. Parents will be required to replace or pay for the value of any object the provider believes their child has damaged or broken "intentionally" or "maliciously."
11. Parents or guardians agree to pick up a child who is ill as quickly as possible, without delay or unreasonable excuses. The child must be picked up within 1 (one) hour of notification.
12. Parents or guardians agree to notify the provider in advance when someone else is designated to pick up their child. Identification will be required.
13. Parents or guardians agree to respect and abide by all of the Policies and Procedures of the child care home.
14. Parents or guardians agree to abide by the Fees and Hours contract.
15. Parents or guardians agree to abide by the Termination Policy.
16. Parents or guardians agree to abide by the Authorization for Medical Attention and Agreement to Pay All Medical Expenses contract.
17. Parents or guardians agree to abide by the Illness/Immunization policy.
18. Parents or guardians agree to abide by Permission to Participate in All Child Care Activities.
19. Parents and/or guardians agree to abide by the Transportation Policy.

20. Parents and/or guardians agree to abide by the Media Use policy.
21. Parents and/or guardians agree to abide by the Permission to Photograph.
22. Parents and/or guardians agree to abide by the Trips to Leave the Day Care Home policy.
23. Parents and/or guardians agree to the Over the Counter Ointments and Cream Policy.
24. Parents and/or guardians are responsible for providing a child restraint system to be used and to be kept at the home of Kristi Stieduhar and/or substitute. The child's seat must meet the requirements of the Colorado Child Passenger Safety Law.
25. Parents and/or guardians must provide their child with a fitted sheet and blanket.

**We have read and do understand the parental responsibilities of the child care home. We do agree to respect and abide by the rules and regulations and by those polices and rules which may be established in the future. Our signature below confirms that we have read these polices and rules and that they have been explained to our satisfaction and confirm we have received a copy of the Policies and Procedures Statement.**

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

## **Child Abuse/Neglect**

As a childcare provider, it is my responsibility to report any and all suspected child abuse and/or neglect. I cannot turn my back on a child that has been abused. Therefore, if I assume that there is any kind of child abuse committed on any child in my care, and if I perceive or think that anything questionable is present as far as abuse or neglect is concerned, I will IMMEDIATELY contact the Police Department as well as Children's Protective Services.

### **Jefferson County**

900 Jefferson County Parkway  
Golden, CO 80401  
(303) 271-4015

### **Lakewood Police Department**

(303) 987-7111

**By signing this form, you agree that it is in the best interest of your child.**

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Parent/Guardian

Date

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Parent/Guardian

Date

# Parent Permission for Pacifiers

In order to reduce the risk of Sudden Unexpected Infant Death, including Sudden Infant Death Syndrome, suffocation and other sleep related deaths, Colorado Rules and Regulations for both Family Child Care Homes require that infants one month and older be offered a pacifier for all sleep times with parent permission.

Name of Facility: Kristi Stieduhar (Tiny Toes Home Daycare)

License # 1601220

Childs name: \_\_\_\_\_

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

Pacifier: Colorado Rules and Regulations for both Family Child Care Homes require that infants one month and older be offered a pacifier for all sleep times with parent permission.

\_\_\_\_\_ Yes, use a pacifier during sleep time

\_\_\_\_\_ No pacifier at sleep time

I also understand that no infant will be forced to use a pacifier: the pacifier will not be placed back in the infant's mouth once the infant has fallen asleep and the pacifier falls out, the pacifier will not be coated in any sweet solutions and the pacifier will be cleaned and replaced regularly. Pacifiers will not be attached to clothing in any way and the use of pacifiers with attached stuffed animals is discouraged.

Parent or legal guardian: \_\_\_\_\_

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

Parent or legal guardian: \_\_\_\_\_

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

Emergency/Disaster Preparedness  
Parent Notification

Name of Facility: Kristi Stieduhar (Tiny Toes Home Daycare)

License #1601220

Address: 7917 W. Harvard Drive  
Lakewood, CO 80227

Phone Number of Provider: 303-985-8587

Cell: 303-905-3947

E-mail: [tinytoesdaycare11@gmail.com](mailto:tinytoesdaycare11@gmail.com)

Secondary Contact Number: 303-915-5361

In the event of an emergency you will be notified as soon as reasonably possible. If I am called away from the home for an urgent emergency a substitute will be called to take my place until you can pick up your child or I can return, dependent upon the emergency.

In the case of a serious emergency that requires daycare to close, I will contact parents/guardians (or emergency contacts) and continue to operate until all children have been picked up.

**Evacuation:** In the event of an evacuation specific to the Provider's Home, the provider and children will evacuate the home and gather at: 7918 W Harvard Drive Lakewood, CO 80227

In the event of a local evacuation, the staff and children will be transported or walk to:  
The "Stone House" @ Bear Creek Open Space 2900 S Estes Street Lakewood, CO 80227

In the event that the provider and children must be evacuated due to an emergency in the immediate area, the staff and children will be transported to:  
West Metro Fire Station #10 – 3535 S Kipling Street Lakewood, CO 80235

Reverse evacuation/shelter in place: Depending on the specific need for a Shelter in Place, we will use the basement or any other safe place inside to keep all in the home safe from any outside threat. I will lock all doors and notify parents ASAP.

**Lockdown/Active Shooter:** In the event of a necessary lockdown, I will keep children inside and lock all doors. I will notify parents ASAP and keep them apprised of the situation.

**Severe weather/electrical power outage:** In the event of a flood warning, bring children inside, call parents/guardian if an evacuation is necessary and let them know where they can pick up their children.

Severe thunderstorm bring children inside, call parents/guardian if an evacuation is necessary and let them know where they can pick up their children.

Tornado bring children inside. Go to the basement away from windows, call parents/guardians when tornado has passed, or tornado warning has expired.

Electrical Power Outage depending on duration, time of day and time of year: bundle up children for warmth if necessary, call parents/guardians to pick up children.

In the event of a fire, evacuate children immediately, we will go to neighbor's house across the street, call 911 using cell phone or neighbor's phone; call parents/guardians to pick up children.

**Lost child:** In the unlikely event of a lost child, I will search the home, surrounding yards, and notify the parents/guardians and local authorities immediately.

**Special needs evacuation:** In the event of enrolling a special needs child, I will work with the parents to devise a plan that meets the ADA guidelines.

In the event that the provider and children are evacuated to a shelter due to a pre-evacuation or mandatory evacuation location, every attempt will be made to inform parents of the shelter location as soon as staff and children have been safely evacuated.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Printed Name(s): \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

## Safe Infant Sleep in Child Care Tiny Toes Home Daycare

Providing infants with a safe place to grow and learn is very important. For this reason, Tiny Toes Home Daycare has created a policy on safe sleep practices for infants up to 1-year-old. We follow the recommendations of the American Academy of Pediatrics (AAP) and the Consumer Product Safety Commission to provide a safe sleep environment and reduce the risk of sudden infant death syndrome (SIDS). SIDS is "the sudden death of an infant under 1 year of age, which remains unexplained after a thorough investigation." The staff, substitute staff, and volunteers at Tiny Toes Home Daycare follow the AAP safe sleep policy.

### **Sleep Position:**

- Infants will be placed flat on their backs to sleep every time unless there is a physician, practitioner or clinician signed sleep position medical waiver up to date on file. In the case of a waiver, a waiver notice will be posted at the infant's crib without identifying medical information. The full waiver will be kept in the infant's file.
- Infants will not be placed on their side for sleep.
- Devices such as wedges or infant positioners will not be used since such devices are not proven to reduce the risk of SIDS.
- Infants who use pacifiers will be offered their pacifier when they are placed to sleep, and it will not be put back in should the pacifier fall out once they fall asleep.
- Pacifiers will be cleaned between each use, checked for tears, and will not be coated in any sweet or other solution.
- Parents are asked to provide replacement pacifiers on a regular basis.

### **Sleep Environment:**

- I will use Consumer Product Safety Commission guidelines for safety-approved cribs and firm mattresses.
  - Crib slats will be less than 2 3/8" apart
  - Playpen weave will be less than 1/4"
- Infants will not be placed to sleep on any standard bed, waterbeds, couches, air mattresses, or on other soft surfaces.
- Only one infant will be placed to sleep in each crib. Siblings, including twins and triplets, will be placed in separate cribs.
- The crib will have a firm tight-fitting mattress covered by a fitted sheet and will be free from blankets, loose bedding, toys, and other soft objects (i.e., pillows, quilts, comforters, sheepskins, stuffed toys, etc.)
- To avoid overheating, the temperature of the rooms where infants sleep will be checked and will be kept at a level that is comfortable for a lightly clothed adult.
- Sleep sacks (only those that allow free movement of arms and legs) or one-piece sleepers used in lieu of blankets may be used as alternative to blankets. Sleep sacks that swaddle or restrain the arms will not be allowed unless the physician permission form is complete and on file.
- Swaddling of infants must only be allowed with a health care plan completed and signed by the child's physician.
- Bibs and pacifiers will not be tied around an infant's neck or clipped on to an infant's clothing during sleep.
- Music is played in the infant sleep area; the music must not be played at a loud volume that would prevent infants from being heard by staff. Music equipment must not be placed under a crib or within three (3) feet of the sleeping infant.
- Smoking will not be allowed in or near Tiny Toes Home Daycare.

**Supervision:**

- When infants are in their cribs, they will be within sight and hearing of staff at all times.
- A staff member will visibly check on the sleeping infants frequently; every 10 minutes. We will check for:
  - Normal skin color
  - Normal breathing by watching the rise and fall of the chest
  - His or her level of sleep
  - Signs of overheating: flushed skin color, increase in body temperature (touch the skin), and restlessness
- When an infant is awake, they will have supervised "tummy time" (infants one month of age or older) up to twenty to thirty (20-30) minutes per day. This will help babies strengthen their muscles and develop normally. If the infant falls asleep during tummy time, immediately place him/her on their back in approved sleeping equipment.
- Infants will spend limited time in car seats, swings, high chairs and bouncer/infant seats when they are awake.

**Training:**

- All staff, substitute staff, and volunteers at Tiny Toes Home Daycare will be trained on safe sleep policies and practices.
- Safe sleep practices will be reviewed with all staff, substitute staff, and volunteers each year. In addition, training specific to these policies will be given before any individual is allowed to care for infants.
- Documentation that staff, substitutes, and volunteers have read and understand these policies will be kept in each individual's file. All staff, substitutes, and volunteers at Tiny Toes Home Daycare will be trained on first aid for unresponsive infants as well as what to do when they have a question or need assistance before they are allowed to care for infants.

**When the Policy Applies:**

This policy applies to all staff, substitute staff, parents, and volunteers when they place an infant to sleep in Tiny Toes Home Daycare.

**Communication Plan for Staff and Parents:**

Parents will review this policy when they enroll their child in Tiny Toes Home Daycare and a copy will be provided to parents. Parents are asked to follow this same policy when the infant is at home. Information regarding safe sleep practices, safe sleep environments, reducing the risk of SIDS in child care as well as other program health and safety practices will be shared if any changes are made.

**Any individual who has questions may ask:**

Program Contact: **Kristi Stieduhar**

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

**Parent Signature:** \_\_\_\_\_

**Signed by:** \_\_\_\_\_ Director/Owner (Kristi Stieduhar)



## Termination Policy

I/we, \_\_\_\_\_, understand that a two week  
(parent/guardian)

written notice on a Termination Form will be required for terminating our child's daycare services for any reason.

I/we, \_\_\_\_\_, understand that reasons for  
(parent/guardian)

termination may include but are not limited to: lateness for pick up, failure to notify when our child will be absent or late to daycare, frequent abuse of check writing, late payments, unruly behavior by child and or parent, and disrespect of the provider's family, personal property and furnishings.

I/we, \_\_\_\_\_, understand that an adjustment  
(parent/guardian)

period of 10 days will be considered ample time for our child to bond and become accustomed to the child care home and provider. If this does not occur in that time frame, we will be asked to find other daycare arrangements.

I/we, \_\_\_\_\_, understand upon termination, a two-week written notice must be given, and you are required to pay for the two weeks whether your child attends during this period or not.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

# Termination Form

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

Today's Date \_\_\_\_\_

Termination Date Effective \_\_\_\_\_

Reason for Termination:

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**Upon termination, a two-week written notice must be given, and you are required to pay for the two weeks whether your child attends during this period or not.**

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

## Illness/Immunization Policy

I **do not** accept children who are ill. A doctor's note will be required for re-admission to the home if the provider feels the child is possibly still ill and/or contagious. Children must be 24 hours without fever – and without a fever suppressant – before returning to the child care home.

It is not unusual when a child starts in any type of group play or child care that he/she may seem to develop more illnesses than before. This is a normal process for developing immunity to common illness. Children who have been in child care are less likely to develop illness in their school age years compared to children who have not been in child care.

I am operating a "well child" child care. Please **DO NOT** bring your child to the daycare when he/she is ill. I WILL NOT admit children who are ill and possibly contagious. Admission is at the discretion of the provider.

A health care plan is required if your child has a chronic illness.

The following rules apply to symptoms your child may show during his/her stay at the child care home. A sick child will be cared for in an isolated room away from the rest of the group to minimize the chances of spreading illness. A parent will be notified of their child's illness and will be required to make arrangement for their child to be picked up within one hour of notification. If we have a field trip scheduled you will be expected to pick your child up immediately. If we are on a field trip I will tell you where to pick your child up. I do not assume or accept responsibility for any sick child. Please keep in mind that "well" children are demanding and sick children even more so. Please be fair to your child, the other children who come to the child care, and me.

Symptoms requiring your child to stay at home are (**but not limited to**):

- \*fever
- \*vomiting
- \*diarrhea (more than once and/or coming out of diaper or into clothing of an older child)
- \*lethargy (preventing child from participation in all regular activities)
- \*rash (unexplained and/or with fever or behavior change)
- \*purulent eye drainage
- \*blood or mucous in diarrhea or stool
- \*mouth sores with drooling
- \*impetigo (until 34-48 hours after treatment begins)
- \*strep throat (until 34 hours after treatment begins and no fever for 24 hours without a suppressant)
- \*strep throat with rash (until 48 hours after treatment begins)
- \*common cold (when accompanied by inability to participate in all regular activities, persistent crying, difficulty breathing, extreme irritability, green or yellow drainage from nose, fever)
- \*ear infection (when accompanied by inability to participate in all regular activities, persistent crying, difficulty breathing, extreme irritability, green or yellow drainage from nose, fever)
- \*child complaining that something hurts
- \*child not able to participate in all regular activities and/or field trips
- \*teething (extreme irritability and/or persistent crying)
- \*ringworm

When your child is ill also please see attached "Illness Policy- How Sick is Too Sick?"

Per the Colorado Department of Human Services, any routine medication, prescription **or** non-prescription (over-the-counter) homeopathic or vitamin, may be administered by the provider **only** with a current written order from a health care provider with prescriptive authority and with written parent/guardian consent. Home Remedies may never be given to a child by a daycare provider.

Over-the-counter ointments and creams such as sunscreen, lip balm, skin creams and diaper ointments that are used for **preventive** purposes do not require a written authorization from the health care provider with prescriptive authority. However, parent written permission is necessary.

Over-the-counter ointments and creams such as a treatment for a skin condition such as broken skin, severe diaper rash or eczema requires a written authorization from the health care provider and written parent permission.

The medication must be in the original container, original pharmacy label that shows the prescription number, name of medication, date filled, prescribing health care provider's name, child's name, and directions for dosage. All over the counter and homeopathic medication must be labeled with the child's first and last name.

**To prevent medicine from being forgotten at home or elsewhere, it is requested that the pharmacist to supply a duplicate bottle to remain at the child care facility.**

Documentation of immunization status or exemption must be provided prior to or on the first day of admission. If parent/guardian of a child wishes an exemption from requirement for immunizations due to religious or personal beliefs, you must complete and sign the current Colorado Department of Public Health and Environment immunization card which states the reason for such an exemption. The provider has the right to refuse to admit any child if a completed current immunization card is not submitted. If an epidemic outbreak were to be acknowledged by the Board of Health within your/our area your child will be excluded from ANY child care situation until the epidemic is lifted by the Board of Health because the parent chose not to have the child immunized. Admission is provider's discretion.

## Observed Holiday Schedule

Daycare will be closed the following days **but not** limited to the dates listed below. The dates below do **NOT** include any other scheduled vacations by provider:

Holidays **are** included in your weekly rate.

## Observed Holiday's

Martin Luther King, Jr. Day – daycare will be **CLOSED**.

President's Day – daycare will be **CLOSED**.

Memorial Day – daycare will be **CLOSED**.

Labor Day - daycare will be **CLOSED**.

Thanksgiving - daycare will be **CLOSED** Monday – Friday.

Christmas – daycare will be **CLOSED** through the Jefferson County school break.

**Additional known closures:**

**I will notify you with any additional closures.**

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

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

## Field Trip Permission Slip

This form serves as a blanket field trip permission slip. Kristi Stieduhar and/or agent routinely takes children on field trips. This may include but is NOT limited to trips to the park, McDonald's Play Land, shopping mall, grocery store, walk in the neighborhood, etc. These trips may be on foot or by vehicle.

I give my child, \_\_\_\_\_, permission to go with Kristi Stieduhar and/or agent on field trips.  
(Child's name)

Every precaution will be taken for the safety of your child and proper supervision will be provided. Your signature on this form will release Kristi Stieduhar from any obligation in the event of injury to your child occurring on these events.

Kristi Stieduhar can be reached on cell phone while away from home. 303-905-3947.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_