

Cheyenne Wells Preschool
Registration Form
(Revised April 2015)

Enrollment Check List

Child's Name _____

Registration Packet:

- Intake Questionnaire (pages 2 – 5)
- Authorization of Releases (page 6)
- Share Health Information Form & Colorado Preschool Agreement (Page 7)
- Permission to participate in School Activities and to Receive Emergency Medical Care; Parent Handbook; & Physician, Dentist, Hospital Choice Form (page 8)
- Permit for Photography and Publications; Permit for Field Trip; & Bus Authorization (page 9)
- Health Status Form (signed by a doctor, nurse practitioner, or county nurse) (page 11 & 12)
- Emergency Card (new students only or if need to update numbers/address)
- Application for Free/Reduced Price School Meals

Copies of the following:

- Immunization Record
- Birth Certificate (state copy)

Fee: Due in August (subject to change)

Due to a price raise the Preschool is opting out of snack for the upcoming school year. Your child will need to eat breakfast at home or eat breakfast with us at school between 7:50-8:20. Please fill out your free and reduce lunch papers in this packet. To register your child for the 2016/2017 school year, the above items must be returned to the preschool teacher or the office by June 1. Cost to attend Preschool will be \$675.00 per year. If you choose to make payments, we will accept the first half of \$337.00 by Aug.17 and second half by Jan. 4 of \$337.00, or monthly payment of \$75.00 for 9 months due on the first day of school for that month.

- ❖ Please be advised that if you fall more than 1 month behind in your monthly payments your child may not be allowed to come and his/her slot could be filled by students on a waiting list.

Thank you!





8. Is there anything unusual with your child's eating and/or sleeping habits? Yes or No?

If yes, please explain:

9. Does your child nap during the day (a.m. or p.m.)?

10. Do you have any concerns with your child's growth and development (language, speech, behavior, hearing, vision,)? If yes, please explain:

11. Has your child ever been evaluated for special needs? If so, where? What type of evaluation? Results?

12. Is your child RIGHT handed, LEFT handed or not sure

13. Is there anything else you would like to tell us about your child?

HEALTH INFORMATION

1. Is your child presently under a doctor's care for specific health concerns? If yes, please explain:

2. Is your child being followed by a Well Child Clinic Office or by a Doctor, at least yearly?

3. Is your child presently on medication? If yes, will it need to be administered at school?

4. Age of mother at birth of child _____ Age of father at birth of child _____

5. Birth weight: _____ lbs. _____ oz.

6. Was your child full term?

7. Indicate if your child had any of the following conditions immediately after birth:

Difficulty breathing Jaundice Seizures Other, Please explain:

6. Siblings in order of birth:

Name Age Sex any learning/behavior/health concerns?

1. _____

2. _____

3. _____

4. _____

5. _____

7. Has there been any kind of abuse (alcohol, drug, physical, emotional) in your family:
(This information will be kept confidential) Yes No

8. What do you hope your child will learn in Playschool/Preschool?

Parent/Guardian Signature

Date



SHARE HEALTH INFORMATION

I give my permission for the Cheyenne County Nursing Services to share any pertinent information (communicable diseases, immunizations, health, etc.) on my child, _____, with the Cheyenne County School District Re-5.

Parent/Guardian signature Date

I give my permission for the Cheyenne County School District Re-5 to share any pertinent information (communicable diseases, immunizations, health, etc.) on my child, _____, with the Cheyenne County School District Re-5.

Parent/Guardian signature Date



COLORADO PRESCHOOL PROGRAM

The Cheyenne Wells Preschool is a state funded program. The program is set up to give children a quality school experience. To receive the funds, preschools must identify a need in the community for early childhood education. Some of the needs that a child may have included: language delays, frequent moves, lack of peer interaction, bilingual/monolingual, developmental delays, etc.

To be a part of the Colorado Preschool Program, the Cheyenne Wells Preschool must meet state standards and the parents must agree to take an active part in their child's learning. The school's responsibilities include: forming a Preschool Advisory Board, providing opportunities for development of self-esteem, social competence, and intellectual growth, and provide support to conferencing with the teacher, working on home projects with child, and being an active part in the classroom learning/teaching.

To be a part of this program, parents must agree to have their child be in the Colorado Preschool Program.

I, _____ agree to have my child, _____ be a part of the Colorado Preschool Program.

Parent signature Date

PERMIT FOR PHOTOGRAPHY AND PUBLICATIONS

I give you consent for my child to be photographed for school use and publicity. I understand that my child's name will not be given to unauthorized persons.

Name of Child

Parent/Guardian signature

Date



Permit For Field Trips

I give consent for my child to be taken on field trips. I understand that I will be informed regarding the specific details of the trip prior to the same.

Name of Child

Parent/Guardian signature

Date



Bus Route Service

Your child must be 4 (four) and have an older sibling to transfer your child from the bus to the Preschool Room or from the room to the bus.

Name _____ Age of Child _____

Name of Parents _____

Name of Child/Children dropping off or picking up the preschool student _____

County Road Address _____

City Address _____

I, _____, will allow _____ to be
Transported to/from school by the Cheyenne County School District bus service.

Name of Child

Parent/Guardian signature

Date

Health Status

Children who enroll in child care programs must submit a signed and dated statement of the child's current health status which indicates the child's abilities and /or limitations to participate in a regularly scheduled program of play in a group of young children. **This report is to be filled out by a licensed physician, a licensed nurse practitioner or a county health nurse who has seen the child in the last twelve months.**

For: Cheyenne County School District Re- 5
Type of Facility: Cheyenne Wells Grade School
Small group Preschool

Child's Name _____ Sex _____ Birth Date _____

Parent/Guardian's Name _____

P.O. Box/ Address _____

Past Illnesses--- check those the child has had and give approximate dates:

Chicken Pox _____	Rubeola _____	Rubella _____
Rheumatic Fever _____	Asthma _____	Hay Fever _____
Diabetes _____	Mumps _____	Epilepsy _____
Whooping Cough _____	Poliomyelitis _____	Other _____

Comments: _____

Surgery/Accidents/Illnesses/Hospitalization/Concerns with Development/Chronic Health Problems: _____

Does his child require any special attention, have medical needs, allergy considerations, routine changes, or have any physical conditions that may have to be taken into consideration in planning for the child's time at school? Please explain:

Allergies _____ Type of reaction _____
Medication(s) prescribed _____
Medication/Allergy prescribed routine _____
Special Diet _____

If given the tuberculin's test given: Date _____ Result _____
If chest x-ray given: Date _____ Result _____

**Cheyenne
Wells
Preschool**

Parent Handbook

(revised April 2016)

GOAL

The goal of the Cheyenne Wells Preschool is to encourage children to be actively involved in the learning process, to experience a variety of developmentally appropriate activities and materials, and to pursue their own interest in the context of life in the community and the world.

PHILOSOPHY

The Cheyenne Wells Preschool strives to engage children in creative discoveries and to provide on-going interactions with people, materials and ideas that promote the development of the child's mental, emotional and physical growth.

The diversity of the program promotes peer instruction and learning, provides a variety of leadership opportunities and promotes empathy, respect and understanding of individual differences.

Children learn through their play. They plan with the teacher where they will play, they learn to carry out their plan and they review what they have accomplished. Play helps to provide the steps needed to master a skill or to discover new information.

The Cheyenne Wells Preschool approach to education is based on the individual needs of the children in each classroom. Parents are actively involved in the child's learning and the assessment of the child's growth.

Parent and community members are actively involved in the management and planning of the program. They may serve on the Advisory council.

The Cheyenne Wells Preschool assesses and measures the quality of the program once a year with the Quality Standards of Early Childhood Care and Educational Services. We also gather information from parent surveys, focus groups and other staff members.

Staff

The Cheyenne Wells Preschool consists of qualified, trained, caring individuals who enjoy children and are dedicated early childhood professionals.

Schedule

Preschool Program: Per CRS (Colorado Revised Statutes) guidelines, students who have reached the age of four (4) by July 1st of each year may be enrolled in the district Preschool program. The program is conducted Monday through Thursday. Depending on number of children enrolled, there could be two different class sessions. First session will be from 7:50 a.m. to 11:00 a.m. The second session will run 1:00 pm to 4:00 pm. Based on the number of children that enroll this could change to just one class in the AM.

The Preschool Programs will observe the Cheyenne Country School District's calendar for holidays and breaks.

Communication with Parents

Each child will have their own folder that will be sent home every Thursday. One side of the folder will have activities we have done throughout the week and the other side will have activities for the children to work on at home. This is not homework. Any age appropriate activities available in the community will also be sent home. A monthly newsletter will be sent home updating the parents on current and upcoming events.

Services for Special Needs Children

The district will place identified at-risk students in the program as directed by the East Central BOCES Child Find Program, within the guidelines PL 94-142.

Interpreter Policy

Every attempt will be made to locate an interpreter and necessary materials as needed.

Transition from home to school

In the event that the child is not separating from the parent every attempt will be made to console the child. They will be allowed to keep one toy/stuffed animal at school with them to help with the transition.

Transition to Kindergarten

At the end of the year we will be going to the Kindergarten room to spend some time with the teacher and the Kindergarten students. We will then go to lunch and recess with the Kindergarten students. Also, at the second parent teacher conferences I will send home a transition to Kindergarten packet for the parents.

Admission and Registration

The center will only accept children of the ages it is licensed for. Students who are deemed At-Risk by East Central BOCES will have first priority in placement in the center. Students must have their records complete before they are accepted into the program. Registrations Packets consist of; Intake Questionnaire, Authorization of Releases, Share Health Information Form & Colorado Preschool Agreement, Permission to participate in School Activities and to Receive Emergency Medical Care, Parent handbook & Physician, Dentist, and Hospital Choice Form, Permit for Photography & Publication, Permit for Field Trip & Bus Authorization, Health Status Form, (2) Emergency Call Cards, and Application for Free/Reduced Price Meals. Paper work must be turned in prior to admission to the Preschool Program. Registration packets may be acquired from the Preschool Room or the front office.

Fee Payment

If child does not qualify for state funding, the students enrolled in the Preschool Program will be charged a monthly tuition fee of \$75.00 per month that is payable by the 1st day of school for that month. Payments may also be made semi-annually or paid in full by the first day of school.

Transportation

The Cheyenne Wells School District will provide transportation by bus, for the Preschool aged children, if accompanied by an older sibling. The sibling is responsible for transporting the Preschool child to/from the preschool room/bus.

Students will abide by the K-12 policy guidelines as stated in the student handbook when riding the bus.

Sign-In/Out

Human Services regulations require all parents/guardians to sign children in and out each day. **Only people listed by the parent/guardian may pick up the children.** Parents are required to obtain a Visitors Pass from the Elementary Office if they need to visit the classroom.

Release from Preschool

Students will only be released from the custody of the Preschool to an authorized person. Authorized persons must sign-out the student. A note or phone call from a parent/guardian is **required for an unauthorized person to pick-up a student.** If an unauthorized person tries to take a student, the Elementary Principal and proper authorities will be notified.

Late Pick-Up

If a parent knows that he/she will be detained it would be appreciated if they would notify the school immediately. Preschool staff will try to contact the parent of the child before the child is escorted to the Elementary Office to await the parent/guardian's arrival.

Early Arrival

Children will be allowed to be signed in 5 minutes prior to the posted class times. Classrooms are being prepared and the staff is not free to supervise children before that time.

Tardy/Absent

The Preschool will follow the current district policy. Attendance is important to your child and the class as a whole. **Tardy students often miss**

the most critical time of the day. If Absent do to sickness or other family situations, parents need to call the front office. (719-767-5656)

Illness and Injury

All Preschool students who become ill or injured while attending the program will be referred to the Elementary office. Parents will be notified and emergency treatment will be sought using current District K-12 policy guidelines. If a child is running a mid-grade fever along with any other symptoms such as: vomiting, headache, stomach ache, pinkeye, sore throat or diarrheas, that child will not be allowed to attend school or the parents will be notified to come pick up the sick child if said symptoms appear during the school hours.

Inclement and excessively Hot Weather

Children will go outdoors daily, weather permitting, so dress your child for the weather. The classes will remain indoors if the weather is below 20* or above 95*. Teacher will use best judgment in extreme weather conditions.

Primary Caregiving Policy

All needs will be met throughout the day.

Continuity of Care Policy

A daily schedule will be posted and followed each day.

Administration and Storing of Medicine

Students shall not be permitted to take medication while at school unless such medicine is given to the student by a school employee designated by the school principal acting under specific written request of the parent or guardian and under the written instructions of the student's physician. When such a request is made by a parent or guardian, a full release from the responsibilities pertaining to the administration and consequences of such medication also must be presented to the principal by the student's parent or guardian. The school must also have a pharmacy-labeled bottle containing the medication and instruction to be given. All medicine will be stored in the elementary office.

Children's Personal Belongings

Students are assigned a cubby where they place their personal belongings. The students may bring one toy from home to leave in their cubby.

Breakfast

Students will have the opportunity to eat breakfast each morning starting at 7:50 a.m. They are not required to eat and may eat at home if desired. This is replacing snack time.

Toilet Training

All students are required to be toilet trained before they can attend the Preschool program, unless there is a medical or physical impairment. If an accident does occur, parents will be notified and are responsible for changing their child's soiled clothing. Extra clothing may be stored in your child's backpack.

Visitors

All visitors are required to sign the Visitor's Sign-in sheet. Visitors are to state their name, address and reason for visiting the Preschool. ID must be shown if staff does not recognize the visitor.

Location of Students during School Hours

All students must be accounted for at all times. Every day, each child must be signed in before class and signed out after class by an authorized person. Attendance shall be taken at the beginning of each new session and reported to the elementary office. Attendance checks are taken periodically throughout the day. Checks will be taken before and after snack and recess breaks and any other time the children leave the classroom.

Discipline of Students

Positive reinforcement and redirection are used as ways to monitor behavior. If these methods do not correct the behavior, "time outs" are used to help a child to regain their composure.

Field Trips

All students must have a signed permission slip before they are allowed to leave the school grounds. Parents will be notified prior to the field trip as to where and when the trip will take place. The teachers will always accompany the children. If a student arrives late he/she will sit in the elementary office until the class returns, or will go home with parent and miss that day.

Media

Viewing is limited to developmentally appropriate programming that has been previewed by adults. Another option for activity is always available. No child is required to view the program. Staff discusses what is viewed with the children to develop critical viewing skills. Media is used as a special event rather than as regular daily routine and must be approved by the parent. Permission slips will be sent home prior to the media viewing.

Parent/Teacher Conferences

Parent/teacher conferences will be conducted twice a year. The conference is to inform the parent of their child's progress, behavior and social and physical needs. Conferences may be held at any other time of the year if the parent or teacher feels that there is a need.

Reporting Suspected Child Abuse or Neglect

In accordance with Colorado law, any staff member who has reasonable cause to believe or suspect that a child is being abused, neglected, or has observed the child being subjected to circumstances or conditions which could result in abuse or neglect is mandated to file a report with the Colorado Department of Social Services and local law enforcement.

Any one who needs to report abuse occurring in Cheyenne County should contact the Cheyenne Wells Department of Social Services (719) 767-5629.

If you have a question or concern about child care you may write or call: Colorado Department of Human Services, 1575 Sherman Street, Colorado, Denver, CO 80203-1714, (303) 866-5958.

Withdrawal From Preschool

The parent of a preschool child needs to notify the elementary school office and the teacher of the withdrawal of their child from our school system. Release form must be sign by parent or guardian if records need to be faxed to a new school that they are being enrolled in.

Communication, Emergency, and Security Procedures

- A. Parents will receive written notification in the mail or upon entering our facility if any significant changes in the services, policies, or procedures of the Cheyenne Wells Preschool occur.
- B. By law, every time a child is brought into or taken from our facility, the parent/guardian must sign him/her in and out. A sign-in/out sheet will be at the entrance of the classroom or in the elementary lobby.
- C. The Cheyenne Wells Grade School phone number is (719) 767-5656. This number will connect you to the main office and your call will be routed to the Preschool room or to voice mail.
- D. The Cheyenne Wells School will be able to provide emergency transportation to a health care facility at all times.
- E. An Attendance record will be taken each day by the teacher to determine who is present at the Preschool.
- F. All visitors must sign in at the front office and in the Preschool room. Identification and purpose of the visit will need to be given.
- G. A child will be released only to the person(s) for whom written authorization has been given. If there is an emergency, parents/guardians may give verbal permission for someone to come and get their child. However, that person will be required to show identification if the staff members on duty do not know the person.
- H. Unauthorized person(s) will not be allowed to pick up a child until the parent/guardian has been contacted. The parent/guardian then will need to update the authorization form that includes the person's name and phone number. If an unauthorized person tries to take a student, the teacher, director, Elementary principal and the proper authorities will be notified.

I. Emergency Procedures

- a. In case of a fire, students will quietly line up and exit the school using the south/west door. Students will walk to the track and stand as a group in a designated spot. Staff will take attendance books when leaving the room and a check will be conducted when students are a safe distance from the building.
- b. In case of a tornado, students will quietly line up and exit the room to the gymnasium. Students will stay as a group in a designated spot. Staff will take attendance books when leaving the room and a check will be conducted once the children are in the gymnasium.
- c. Communicable illnesses will be reported to the local health department pursuant to regulations of the State Department of Public Health and Environment.
- d. In case of a lock down, students will be directed to a designated area in the classroom, students will quietly stay sitting in this area. Doors will be locked and windows shades shut with a notification posted in both. Staff will take attendance, and keep children quite until lock down is over.

J. At the end of each day, students will not be allowed to leave the building until an authorized person comes to sign them out. Teachers will check the sign-out list and the classroom attendance at the end of each day to make sure all students have been collected. A classroom check will be taken to make sure that all students have left the room before closing up for the evening.



Child Care/Preschool/Head Start Required Immunizations - 2017-18 School Year

Dear parents and guardians of students in Colorado child cares, preschools and Head Start programs:

- Colorado law requires students who attend a licensed child care, preschool or Head Start program to be vaccinated against many of the diseases vaccines can prevent. Your student must be vaccinated against:
 - diphtheria, tetanus & pertussis (DTaP, DT, DTP)
 - polio (IPV)
 - measles, mumps, rubella (MMR)
 - hepatitis B (HepB)
 - haemophilus influenzae type b (Hib)
 - pneumococcal (PCV)
 - varicella (chickenpox)

Vaccines are recommended for rotavirus, hepatitis A and influenza, but are not required.

- The number, timing and spacing of the required vaccine doses is set by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP). You can view a parent-friendly version of the current ACIP vaccine schedule for children 0 - 6 years of age at www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf.
- Please take your student's updated vaccine record to school every time he or she receives a vaccine.
- If your student cannot get vaccines because of medical reasons, you must submit an official *Immunization Medical Exemption Form* to your school, signed by a healthcare provider licensed to give vaccines. You can get the form at www.colorado.gov/vaccineexemption.
- If you choose not to get your student vaccinated according to the ACIP schedule, you must submit an official *Immunization Non-Medical Exemption Form (Religious or Personal Belief)* to your school. This form must be submitted at ages 2 months, 4 months, 6 months, 12 months and 18 months. You can either submit the official form online for inclusion in the Colorado Immunization Information System (CIIS) or provide a paper copy to your child's school. If you choose to include your student's information in CIIS, you may opt your student out of CIIS at any time. Your student's school may ask you to also provide them with a paper copy if you submit online. You can get online and downloadable versions of the form at www.colorado.gov/vaccineexemption.
- Some parents, especially those with students who have weakened immune systems, may want to know which child cares, preschools and Head Start programs have the highest percentage of vaccinated children. Schools must report vaccination and exemption numbers (but not student names or birth dates) to the state health department by December 1 every year. Vaccination and exemption rates will be posted on the state health department website beginning in Spring 2017.
- You may want to talk to a healthcare provider licensed to give vaccines or a local public health agency (LPHA) about which vaccines your student needs or if you have questions. You can read about the safety and importance of vaccines at www.ImmunizeForGood.com and www.colorado.gov/cdphe/immunization-education.
- If you need help finding a healthcare provider, or finding free or low-cost vaccines, contact your LPHA, or call the state health department's Family Health Line at 1-303-692-2229 or 1-800-688-7777. You can find your LPHA at www.colorado.gov/pacific/cdphe/find-your-local-public-health-agency.
- Please share Page 2 of this letter with your student's healthcare provider as it provides helpful information about vaccines required for school entry per Colorado law.

Sincerely,

Colorado Immunization Branch | Colorado Department of Public Health & Environment
303-692-2700 | cdphe.dcdimmunization@state.co.us



Cheyenne County School District RE-5

Welcome to
Tiger Country!!



4/5/17

Dear Parents,

This letter is to advise you of changes in the Cheyenne Wells School District RE-5 Policy on Immunizations. This new policy will be enforced at the beginning of the 2017-2018 school year and thereafter. **All students PreK-12 grade will need to have proof all required immunizations or signed exemptions on file in the nurse's office by the first day of school.** Any student who doesn't have proof of immunizations or signed exemptions will not be allowed to come to school. The elementary testing days are not considered the "first day of school". **The signed exemptions for personal or religious choice are now required yearly. The medical exemptions completed and signed by a healthcare provider are one time only. All Exemptions must be on file in the nurse's office by the first day of school.**

The following are the **required** immunizations for the particular groups of students:

PRESCHOOL STUDENTS

Hepatitis B – 3 doses
DTaP – 4 doses
Hib –3 to 4 doses
PCV –3 to 4 doses
Polio – 3 doses
Varicella (Chickenpox) –1 dose
MMR – 1 dose

KINDERGARTEN

Hepatitis B – 3 doses
DTaP – 4 to 5 doses
Polio – 3 to 4 doses
MMR – 2 doses
Varicella (Chickenpox) – 2 doses

6-12th GRADE

Tdap – 1 dose ****This is not the same as DTaP****
Hepatitis B – 3 doses
DTaP – 4 to 5 doses
Polio – 3 to 4 doses
MMR – 2 doses
Varicella (Chickenpox) – 2 doses

If you have any questions please contact the school nurse, Tracie Ball @ 342-8129, Cheyenne County Public Health, or your primary care provider. Thank you so much for your cooperation.

Sincerely,

Tracie Ball, RN
School Nurse

ADMINISTRATIVE TEAM

Mr. Glen Bradshaw, Superintendent,
PreK-6th Grade Principal;
Business Manager: Anna Quint
Secretary; Cassie Turner

Mr. Mike Miller,
Seventh Grade – Twelfth Grade
Principal; Athletic Director
Secretary; Gaila Mitchek

BOARD OF EDUCATION

Mr. Chris Tallman, President
Mr. Tom Halde, Vice-President
Ms. Debbie Knudsen, Sec/Treas.
Mr. Sam Mitchek
Mr. Scott Scheimer

CONTACT INFORMATION

District Office:

PO Box 577
395 North 5th West
Cheyenne Wells, CO 80810
Phone: 719-767-5866
Fax: 719-767-8773
Website: www.cheyennesd.net

Middle School

High School Office:

PO Box 577
395 North 5th West
Cheyenne Wells, CO 80810
Phone: 719-767-5612
Fax: 719-767-5136
Website: www.cheyennesd.net

Elementary Office:

PO Box 577
395 North 5th West
Cheyenne Wells, CO 80810
Phone: 719-767-5656
Fax: 719-767-5136
Website: www.cheyennesd.net

"Teaching
New Tomorrows"

Preschool Supply List 2016-2017

2 purple Elmer's glue sticks

1 bottle Elmer's glue

2 boxes Kleenex

1 box Dixie cups

1 box of 24 crayons

1 package plain wooden clothespins

1 box heavyweight sheet protectors

1 (1 inch) 3 ring notebook

** PLEASE PUT YOUR CHILD'S NAME ON THE CRAYONS AND
NOTEBOOK **

Health Status

Children who enroll in child care programs must submit a signed and dated statement of the child's current health status which indicates the child's abilities and /or limitations to participate in a regularly scheduled program of play in a group of young children. **This report is to be filled out by a licensed physician, a licensed nurse practitioner or a county health nurse who has seen the child in the last twelve months.**

For: Cheyenne County School District Re- 5
 Type of Facility: Cheyenne Wells Grade School
 Large Child Care Center

Child's Name _____ Sex _____ Birth Date _____

Parent/Guardian's Name _____

P.O. Box/ Address _____

Past Illnesses— check those the child has had and give approximate dates:

Chicken Pox _____	Rubeola _____	Rubella _____
Rheumatic Fever _____	Asthma _____	Hay Fever _____
Diabetes _____	Mumps _____	Epilepsy _____
Whooping Cough _____	Poliomyelitis _____	Other _____

Comments: _____

Surgery/Accidents/Illnesses/Hospitalization/Concerns with Development/Chronic Health Problems: _____

Does his child require any special attention; have medical needs, allergy considerations, routine changes, or have any physical conditions that may have to be taken into consideration in planning for the child's time at school? Please explain:

Allergies _____ Type of reaction _____

Medication(s) prescribed _____

Medication/Allergy prescribed routine _____

Special Diet _____

If given the tuberculin's test given: Date _____ Result _____

If chest x-ray given: Date _____ Result _____