



Fort Collins Christian School

2040 Nancy Gray Ave.
Fort Collins, CO 80525
970-893-2925

Hello! We are so glad that you are considering Fort Collins Christian School for your child! We would appreciate it if you would take a moment to fill out this form telling us a little bit about your family, so that we can follow up and see if we can help you further after today's visit. If you have any questions while filling out the form, please ask, and please always feel free to call us at (970) 893-2925 or email me at j.reeder@fchristianschool.com. We look forward to serving your family; thank-you for visiting us today!

Jessica Reeder
Teacher
Preschool Director
Fort Collins Christian School

General Information:

How did you hear about Fort Collins Christian School? (Please circle all that apply.)

Website Radio Advertisement Saw the Physical Building Word of Mouth (Referral) Other

For "word of mouth," please tell us who we can thank for referring you: _____

For "other," please tell us how you heard about us: _____

Anticipated Date of Enrollment at FCCS: _____

For Preschool/Pre-K Only: Anticipated Days/Times of Enrollment (Please circle all that apply.):

Half-Day (8:00 a.m. – 12:00 p.m.): M, T, W, Th, F

Full Day (8:00 a.m. – 3:00 p.m.): M, T, W, Th

Full Day (8:00 a.m. – 4:00 p.m.): M, T, W, Th

Child's Information:

Name: _____ *Current Grade Level:* _____

Current Age: _____ *Date of Birth:* _____

Mother's Information:

Name: _____ *Phone Number:* _____

Email Address: _____

Physical Address: _____

Father's Information:

Name: _____ *Phone Number:* _____

Email Address: _____

Physical Address: _____



FCCS Preschool New Student Paperwork Checklist

The following are pieces of documentation that we are required to have on file for your child. Please use this checklist as a guide to ensuring that you have completed all of the necessary paperwork. As always, feel free to let us know if you have any questions!

- FCCS Enrollment Application Form
- Emergency Information and Consent to Treatment Form
- Financial Agreement Form
- Schedule of Fees and Tuition Form
- Child Pick-up Information Form
- Activities and Transportation Consent Form
- Image / Media Release Form
- Sunscreen and Lotion Permission Form
- General Health Appraisal Form (be sure the health care provider has signed and dated the form, as well as noted when the child is due for their next checkup)
- Immunization Record (or exemption form)
- Birth Certificate

Fort Collins Christian School Calendar 2022-2023

AUGUST '22						
S	M	T	W	Th	F	S
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

- 31-2 Teacher Convention
- 3 Registration Day
- 17 School Begins
- 18 Parent Meeting & Ice-cream Social
- 19 URC Teacher Training
- 27 Special Music & School Consecration Service

FEBRUARY '23						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

- 1 Family Prayer
- 1 - 3 MAP Testing
- 4 Special Music at Church
- 11 Italian Dinner Fundraiser
- 20 Presidents' Day (No School)
- 22 Science Fair
- 23 Ski Day?

SEPTEMBER '22						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

- 5 Labor Day (No School)
- 7 Family Prayer
- 12-23 MAP Testing
- 15 Mid-term Reports
- 16 URC Teacher Training

MARCH '23						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

- 2 URC Teacher Training (No School)
- 3 URC Teacher Training
- 9-11 Music Festival
- 10 School Day
- 13 - 17 Spring Break
- 23 3rd Qtr. Ends
- 30 Parent/Student/Teacher Conference (School is out at noon)

OCTOBER '22						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

- 5 Family Prayer
- 15 Special Music at Church
- 20 1st Qtr. Ends
- 27 Parent/Student/Teacher Conferences (School is out at noon)

APRIL '23						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

- 5 Family Prayer
- 6 Visitation Day/Bring a Friend Day
- 13 URC Teacher Training (No School)
- 14 URC Teacher Training
- 24 - May 5 MAP Testing
- 29 Thank-you Dinner, Music Program & Gymnastic Show

NOVEMBER '22						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

- 2 Family Prayer
- 4 URC Teacher Training
- 12 Fall Festival
- 18 URC Teacher Training
- 21-25 Thanksgiving Break

MAY '23						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

- 3 Family Prayer
- 6 Special Music at Church
- 15 Visitation Day/Bring a Friend Day
- 25 Awards Night & Graduation
- 26 Last Day of School

DECEMBER '22						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

- 3 Special Music at Church
- 7 Family Prayer
- 10 Christmas Program
- 16 Christmas Party (School is out at noon.)
- 19 - Jan 2 Christmas Break

Map Testing - September 12 - 23
 January 23 - February 3
 April 24 - May 4

Christmas Break December 17 - Jan. 2
 Spring Break March 12 - 19

143 School Days

JANUARY '23						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

- 3 School Begins
- 13 2nd Qtr. Ends
- 16 MLK Day (No School)
- 17 3rd Qtr. Begins
- 23 - Feb 3 MAP Testing
- 26 URC Teacher Training (No School)
- 27 URC Teacher Training





ENROLLMENT APPLICATION FORM

Fort Collins Christian School
 2040 Nancy Gray Ave. Fort Collins, CO 80525
 (970)893-2925

Date of Enrollment: _____

Legal Name of Child: _____ Male () Female ()
First Name Middle Name Family Name

Age: _____ **Grade:** _____ **Date of Birth:** _____ **Place of Birth:** _____

Child's Nickname: _____ **Child living with** _____

Languages spoken at home: _____

Child's Home Address: _____

Last School Attended and Address: _____

	Mother/Guardian
Full Name	
Address (if different from child's)	
Home Phone	
Cell Phone	
Email Address	
Name of Employer/School	
Address of Employer/School	
Phone of Employer (ext.)	

	Father/Guardian
Full Name	
Address (if different from child's)	
Home Phone	
Cell Phone	
Email Address	
Name of Employer/School	
Address of Employer/School	
Phone of Employer (ext.)	

Special Instruction for reaching parents or guardians: _____

Alternate Emergency Contact:

Name: _____ **Relationship:** _____ **Home Phone:** _____ **Cell Phone:** _____

Address: _____

I have read the **Student Handbook/School Policies, Rules and Procedures** and agree to support the policies of the Fort Collins Christian School. I will encourage my child to fulfill all the responsibilities expected of him/her as a representative of this school.

Parent/Guardian Signature: _____ **Date:** _____



EMERGENCY INFORMATION AND CONSENT OF TREATMENT

Fort Collins Christian School

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

Physical Deficiencies: Hearing () Heart () Sight () Speech () Other ()

Allergies/Reactions: _____

Health History (Chronic or recurring issues):

Ear Infections _____	Asthma: _____
Diabetes: _____	Nosebleeds: _____
Heart Disease/defect _____	Measles: _____
Convulsions/Seizures: _____	Chicken Pox: _____
Flu or Flu shot: _____	Mumps: _____

Operations or serious injuries (dates) _____

Is the child on any medications? (Explain) _____

Dietary limitations: _____

Are there any activities that you prefer that your child NOT participate in?

If so please list: _____

Person to be notified in case of an accident: _____ **Phone:** _____

If the school cannot contact parents, name a friend or relative who may be called upon if the child is ill. Please name a doctor and a dentist the school may call.

Friend or Relative	Address	Phone
Doctor	Address	Phone
Dentist	Address	Phone

Hospital Preference: _____ **Phone Number:** _____

Hospital Address: _____

Insurance/Health Care Information: _____

Authorization for Emergency Medical Care and Transportation:

In the event of an emergency I hereby give my permission for the school staff to access emergency medical services for my child, including transport to the nearest care facility, to receive emergency medical or surgical care and treatment. It is understood that a conscientious effort will be made to locate me, and I accept the expense of care and transport.

Parent/Guardian Signatures:

Date: _____
 Date: _____



FORT COLLINS CHRISTIAN SCHOOL
Financial Agreement
2022-2023

Student Name: _____ Grade: _____
_____ Grade: _____
_____ Grade: _____

Parent's Name: _____

- 1. Tuition is due on the first day of each month. A full month's tuition is required for any portion of the month attended. A monthly statement will be sent on or before the 20th day of the prior month. For example, the statement for October will be sent on or before the 20th of September along with a receipt for September's payment.
2. Tuition is due on the first day of each month. There is a 15-day grace period. If tuition is not received by the 15th of the month, the parent will receive a letter requesting a written plan for paying the balance in full as soon as possible.
a) It is the parent's responsibility to make appropriate financial arrangements.
b) A \$10 late charge will be added to each account not paid by the 15th.
3. If payment in full is not received by the 30th of the month and acceptable arrangements are not made, parents receiving financial aid will lose the financial aid for that month. For example, if the October payment is not received by October 30th, the parent will lose financial aid for October and will owe the entire balance, including the \$10 late fee.
4. If payment is not received by the 30th of the next month (if the balance is 60 days overdue) the student(s) will be suspended until payment or acceptable arrangements are made. This applies to any student, whether or not he or she receives financial aid.
5. It is the parent's responsibility to make payment arrangements for any overdue balance. Unless acceptable arrangements are made, the Finance Committee and the School Board will enforce the aforementioned policies.

Registration Fee: _____ Tuition _____
Additional Student: _____ Sponsor Commitment _____
Additional Student: _____ Parent Responsibility _____

I (print name) _____, understand and agree to the financial agreement and policies of Fort Collins Christian School as stated above. By signing this agreement, I accept full responsibility for payment of my account with the Fort Collins Christian School and understand that a transcript will be released only upon full payment of the account.

Parent/Guardian's Signature: _____ Date: _____

Director's Signature: _____ Date: _____



Fort Collins Christian School
SCHEDULE OF FEES AND TUITION
2022-2023

Grades (K-8) Registration Fee (non-refundable) \$400
(including a school T-shirt and a school polo shirt)

Monthly Tuition for Grades 1-8 (Monday – Thursday 8:00 a.m. – 4:00 p.m.) \$460

Monthly Tuition for Grades 1-3 (5 days option) \$570
(Monday-Thursday 8:00 a.m. – 4:00 p.m. and Friday 8:00 a.m. – 3:00 p.m.)

Monthly Tuition for Kindergarten (10 months)

- (Monday – Thursday 8:00 a.m. – 3:00 p.m.) \$475
- (Monday – Thursday 8:00 a.m. – 4:00 p.m.) \$505
- (Monday – Thursday 8:00 a.m. – 4:00 p.m. and Friday 8:00 a.m. – 3:00 p.m.) \$665

Preschool Registration Fee (non-refundable) \$245

Preschool Monthly Tuition (10 months) Please check all that apply.

- Monday Tuesday Wednesday Thursday Friday

Preschool Half-day Program

- 3 half days \$400 (8:00 a.m. – 12:00 p.m.) (only ages 2 ½ and 3)
- 4 half days \$485 (8:00 a.m. – 12:00 p.m.)
- 5 half days \$585 (8:00 p.m. – 12:00 p.m.)

Preschool Half-day & Full-day Combo Program

- 2 half days & 2 full days \$575 (8:00 a.m. – 12:00 p.m.) & (8:00 a.m. – 4:00 p.m.)
- 3 half day & 1 full day \$615 (8:00 a.m. – 12:00 p.m.) & (8:00 a.m. – 4:00 p.m.)

Preschool Full-day Program

- 4 full days \$645 (8:00 a.m. – 3:00 p.m.) \$685 (8:00 a.m. – 4:00 a.m.)
- 4.5 days \$745 (8:00 a.m. – 4:00 p.m. + Friday 8:00 a.m. – 12:00 p.m.)
- 5 full days \$795 (\$780) (8:00 a.m. – 4:00 p.m. + Friday 8:00 a.m. – 3:00 p.m.)

Tuition Discount: the following discount is given if more than one child in the family is enrolled,

2nd child - \$25 off, 3rd child - \$50 off, 4th child - \$75 off discount

Tuition Discount for our Church Members: \$70 off a month

Before and After School Care (Monday – Friday)

- Before School Care: \$8.50 per hour After School Care: \$8.50 per hour

Payment Plan:

- Pre-registration:** If you pay the registration fee **by June 15**, you get 10% off on the registration fee.
- Yearly Payment Plan:** If you pay the registration fee and the entire year's tuition by June 15, you will get 10% off on the registration fee and the entire year's tuition.

- Half-Year Payment Plan:** If you pay the registration fee and the half-year tuition (5-month tuition) at the time of registration, you will get 5% off on the registration fee and half-year tuition.
- Quarterly Payment Plan:** If you pay the registration fee and a quarter of the entire year's tuition at the time of registration, you will get 2.5% on the registration fee and quarterly tuition.
- Monthly Payment Plan:** The registration fee and first month's tuition (August) are paid at the time of registration. Nine remaining monthly payments will be due on the first of each month from September through May.

- 1. _____ Grade: _____
- 2. _____ Grade: _____
- 3. _____ Grade: _____

By signing below, I understand and agree to the terms specified in the selected plan.

Signature: _____ Date: _____



CHILD PICK-UP INFORMATION
 Fort Collins Christian School
 2040 Nancy Gray Ave. Fort Collins, CO 80525

Persons Authorized to Pick up Your Child

For the _____ school year, the following people have permission to pick up my child. This list may only be changed in writing by the child's parents/guardians. My child, _____ may only leave school with the people listed below.

Name	Phone	Address	Relationship

Parent/Guardian Signature: _____ Date: _____

- Fort Collins Christian School will release your child from our school only to the persons on the list above.
- In an emergency, your child may also be released to an adult for whom you have given verbal authorization. Please let us know if a person who is not on the list above has to pick up your child.
- If the staff member who releases the child does not know the adult, identification will be required to ensure that the adult is authorized to pick-up the child.
- Any student planning to go home with another student whose parent/guardian is not listed above must submit written verification from the parents of both students.



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Activities and Transportation Consent

I give consent for my child _____ to participate in all activities and programs of the Fort Collins Christian School, including but not limited to school trips as selected by the Principal or classroom teacher.

I also consent to the transportation of my child by such means of transportation as is deemed necessary by the school or duly authorized member of staff.

Parent/Guardian Signature: _____ Date: _____

Emergency Medical Treatment Consent

In the event of an emergency I hereby give my permission for the school staff to access emergency medical services for my child, _____, including transport to the nearest care facility to receive emergency medical or surgical care and treatment. It is understood that a conscientious effort will be made to locate me, and I accept the expense of care and transport.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Emergency Contact Number: _____

Physician's Name: _____ Phone Number: _____

A copy of this form will be placed in a folder and carried in the vehicle with the driver for each off Campus trip. The original will remain at school.



Fort Collins Christian School

2040 Nancy Gray Ave.

Fort Collins, CO 80525

970-222-6347

www.fcchristianschool.com

Image Release Form

Dear Parent,

We are constantly updating our school website and social media posts. We also use marketing materials such as brochures and flyers to promote our school. This material includes information about our school and pictures of our students doing interesting things such as science projects or instrumental performances.

Please consider granting permission for the use of your child's image in the school's marketing materials.

I give Fort Collins Christian School permission to use pictures of my child or children on the school's website as well as in marketing materials for the 2022-2023 school year unless otherwise indicated.

Child(ren)'s Name: _____

Parent's Name: _____

Parent's Signature: _____ Date: _____



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Sunscreen and Lotion Explanation Letter

Dear Parents and Guardians:

At FCCS, we strive to take the very best care of each child in our preschool. This includes protecting their largest organ – their skin.

In Colorado, we have lots of sunshine, which is great for our bodies to get Vitamin D, but not so wonderful for our skin, as too much sun exposure can be damaging. We also have very dry air in Colorado, and our skin can get dry and itchy as a result.

In order to help protect children's skin, FCCS utilizes both sunscreen and lotion. In regards to sunscreen and lotion application for your child, there are options for each. We want to have children's skin protected every day, and there are three options to accomplish that for both sunscreen and lotion.

For sun protection, you may choose one of these three options:

- 1) FCCS personnel may apply sunscreen provided by the school to your child's exposed skin / allow my child to apply school-provided sunscreen to themselves according to the product directions every day that the child will be playing outside.
- 2) FCCS personnel may apply sunscreen that you provide, if you prefer a different kind than the school supplies, to your child's exposed skin / allow my child to apply parent-provided sunscreen to themselves according to the product directions every day that the child will be playing outside.
- 3) You may choose to not have the school apply or have your child apply any sunscreen to themselves, acknowledging the harmful effect of too much sun.

For lotion application to relieve dry skin, you may choose one of these three options:

- 1) FCCS personnel may apply lotion provided by the school to your child's exposed skin / allow my child to apply school-provided lotion to themselves according to the product directions as needed to relieve dry, irritated skin.
- 2) FCCS personnel may apply lotion that you provide, if you prefer a different kind than the school supplies, to your child's exposed skin /allow your child to apply parent-provided lotion to themselves according to the product directions as needed to relieve dry, irritated skin.
- 3) FCCS personnel may not apply any lotion to your child's exposed skin or allow your child to apply lotion to themselves at school.

For your information, and to allow you to make an informed decision regarding these choices, the information regarding the sunscreen and lotion that the school provides is below. You may also ask to see the bottles of sunscreen and/or lotion.

Sunscreen: Coppertone® Sunscreen Lotion, Water Babies Hypoallergenic & Gentle, Water Resistant (80 minutes), Broad Spectrum SPF 50

Lotion: Johnson's Head-to-Toe® Lotion, Gently moisturizes newborn's sensitive skin, No parabens, phthalates or dyes

As always, if you have any questions regarding sunscreen and lotion use at FCCS, please feel free to reach out to the teacher or director. By signing the Sunscreen and Lotion Permission Form, you acknowledge that you have received a copy of this explanation letter as well. Thank-you for allowing us the privilege of teaching your child and of partnering with you to care for them!

~ FCCS Staff



Fort Collins Christian School

2040 Nancy Gray Ave.
Fort Collins, CO 80525
970-893-2925

Sunscreen Permission Form

I, _____ (name of parent or guardian) give Fort Collins Christian School (FCCS) the following permission regarding sun protection for my child _____. By signing this document, I also acknowledge that I have received a copy of the letter explaining the brand of sunscreen the school provides.

Please Check One:

- FCCS personnel may apply school-provided sunscreen to my child's exposed skin / allow my child to apply school-provided sunscreen to themselves according to product directions any day when children will be going outside.
- FCCS personnel may apply sunscreen that I provide to my child's exposed skin / allow my child to apply parent-provided sunscreen to themselves according to product directions any day when children will be going outside.
- FCCS may not apply sunscreen to my child's exposed skin / allow my child to apply sunscreen to themselves.

Printed Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____

Date: _____



Lotion Permission Form

I, _____ (name of parent or guardian) give Fort Collins Christian School (FCCS) the following permission regarding lotion for my child _____. By signing this document, I also acknowledge that I have received a copy of the letter explaining the brand of lotion the school provides.

Please Check One:

- FCCS personnel may apply school-provided lotion to my child's exposed skin / allow my child to apply school-provided lotion to themselves according to product directions.
- FCCS personnel may apply lotion that I provide to my child's exposed skin / allow my child to apply parent-provided lotion to themselves according to product directions.
- FCCS personnel may not apply any lotion to my child's exposed skin / allow my child to apply lotion to themselves.

Printed Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____

Date: _____

GENERAL HEALTH APPRAISAL FORM

PARENT

Please complete, date, and SIGN.

Child's Name: _____ Birthdate: _____

Allergies: None OR List food/medication: _____

Diet: Breastfed Age appropriate Special-Describe: _____

Skin Care: Sunscreen/creams may be applied as requested in writing by parent unless skin is broken or bleeding.

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

I, _____, give permission for my child's healthcare provider to share this form and applicable attachments with my child's school, childcare, or camp. Contact information for the person to receive this form:

Name: _____ Fax: _____ Email: _____

Parent/Guardian Signature: _____ Date: _____

HEALTH CARE PROVIDER

Please complete after parent section has been completed.

Date of most recent health appraisal: _____ Age: _____ Weight: _____

Physical Exam: Normal Abnormal-describe: _____

Allergies: None OR List food/medication: _____ Type of Reaction _____

Current Medications: None OR List: _____

A separate medication authorization form ([link](#)) is required for medications given in school, childcare, or camp.

Current Diet: Breastfed Age appropriate Special-describe: _____

A separate diet statement ([link](#)) is required for food provided at school, childcare, or camp.

Health Concerns: Severe Allergies Asthma Seizures Diabetes Hospitalizations Behavior Concerns

Developmental Delays Vision Hearing Oral Health Under/Overweight Other: _____

Explain above concerns (if necessary, include instructions to care providers): _____

Immunizations: See attached immunization record or official exemption form Next vaccine due date: _____

HEALTH CARE PROVIDER

Please complete if appropriate. This information is required by Early Head Start and Head Start Programs per the State EPSDT Schedule.

Height: _____ B/P: _____ Head Circumference (up to 12 months): _____ HCT/HGB: _____

Lead Level: Not at risk OR Lead level: _____ TB: Not at risk OR Test Result: Normal Abnormal

Screens Performed: Vision: Normal Abnormal Hearing: Normal Abnormal

Oral Health: Normal Abnormal Developmental Screen: ASQ PEDS Other: _____

Developmental Concerns: _____ Recommended Follow-up: _____

PROVIDER SIGNATURE

Next Well Visit: Per AAP Guidelines* or Age: _____

This child is healthy and may participate in all routine activities in school, childcare, or camp. Any concerns or exceptions are identified on this form.

Signature of Healthcare Provider (certifying form reviewed)

Date

*The AAP recommends Well Child Visits at 2, 4, 6, 9, 12, 15, 18, 24, and 30 months, and annually after 3 years.

OFFICE STAMP

Or write Name, Address, Phone Number, Email



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

Dear parents/guardians of students in Colorado child cares, preschools, and Head Start programs for the 2022-23 school year:

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

Required and recommended vaccines

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

Exclusion from child care and school

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

Have questions?

Talk with a health care provider licensed to give vaccines or your 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 <https://www.cdc.gov/vaccines/parents/FAQs.html>, <https://childvaccineco.org/>, [ImmunizeForGood.com](https://www.immunizeforgood.com), and cdphe.colorado.gov/immunization-education.

Paying for vaccinations

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

Vaccination records

- Please take your student's updated *Certificate of Immunization* to school every time they receive a vaccine.
- Need to find your student's vaccine record? It may be available from the Colorado Immunization Information System (CIIS). Visit COVaxRecords.org for more information, including directions for how to use the CIIS Public Portal to view and print your student's vaccine record.

Exemptions

- If your student cannot get vaccines because of medical reasons, you must submit a *Certificate of Medical Exemption* to your school, signed by a health care provider licensed to give vaccines. You only need to

submit this certificate once, unless your student's information or school changes. You can get the certificate at cdphe.colorado.gov/vaccine-exemptions.

- If you choose not to have your student vaccinated according to the current recommended schedule, you must submit a *Certificate of Nonmedical Exemption* to your school. Nonmedical exemptions must be submitted at ages 2 months, 4 months, 6 months, 12 months, and 18 months. These recommendations expire when the next vaccines are due or when the child enrolls in kindergarten. There are two ways to file a nonmedical exemption.
 - File the *Certificate of Nonmedical Exemption* WITH a signature from an immunizing provider, OR
 - File the *Certificate of Nonmedical Exemption* received upon the completion of our online education module.

Downloadable certificates and our online education module are available at cdphe.colorado.gov/vaccine-exemptions.

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

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

Child Care/Preschool/Head Start Name	2020-2021 MMR Immunization Rate REQUIRED IN LETTER	2020-2021 MMR Exemption Rate REQUIRED IN LETTER
<i>Schools may also include the rates for the school-required vaccines shown below in this annual letter to parents/guardians</i>		
Vaccinated Children Standard 95% Immunization Rate for All School-Required Vaccines	2020-2021 DTaP Immunization Rate	2020-2021 DTaP Exemption Rate
	2020-2021 Hib Immunization Rate	2020-2021 Hib Exemption Rate
	2020-2021 HepB Immunization Rate	2020-2021 HepB Exemption Rate
	2020-2021 IPV Immunization Rate	2020-2021 IPV Exemption Rate
	2020-2021 PCV13 Immunization Rate	2020-2021 PCV13 Exemption Rate
	2020-2021 Varicella Immunization Rate	2020-2021 Varicella Exemption Rate

Mejorando la salud de Colorado y protegiendo los lugares donde vivimos, aprendemos, trabajamos y jugamos

Estimados padres/tutores de estudiantes de kindergarten a 12° grado de Colorado para el año escolar 2022-23:

Sabemos que están pensando en todas las cosas que tienen que hacer para asegurarse de que su hijo está listo para la escuela. Las vacunas son una parte importante de la preparación escolar y evitan que contraigan y contagien enfermedades que podrían interrumpir el aprendizaje presencial. ¡Les deseamos un año escolar saludable a usted y su hijo!

Vacunas exigidas y recomendadas

- La ley de Colorado exige que los estudiantes que asisten a una escuela pública, privada o religiosa entre Kindergarten y 12° grado estén vacunados contra muchas de las enfermedades que las vacunas pueden prevenir, a menos que se presente un *Certificado de exoneración*. Para más información, visite: cdphe.colorado.gov/schoolrequiredvaccines. Su hijo debe estar vacunado contra las siguientes enfermedades:
 - Difteria, tétanos y tos ferina (DTaP, DTP, Tdap).
 - Hepatitis B (Hep B).
 - Sarampión, paperas y rubeola (MMR).
 - Polio (IPV).
 - Varicela
- Colorado sigue las recomendaciones establecidas por el Comité Asesor de Prácticas de Vacunación de los Centros para el Control y la Prevención de Enfermedades (CDC, por su sigla en inglés). Antes del ingreso a kindergarten, los estudiantes deben recibir las dosis finales de DTaP, IPV, MMR y varicela. Antes del ingreso a 6o grado, los estudiantes deben recibir una dosis de la vacuna Tdap, incluso si tienen menos de 11 años. Puede ver los cronogramas de vacunación recomendados en cdc.gov/vaccines/schedules/parents-adults/resources-parents.html.
- Se recomiendan las vacunas contra la hepatitis A, la influenza, la enfermedad por meningococo y el virus del papiloma humano, pero no son obligatorias para el ingreso escolar.

Exclusión de la escuela

- Su hijo puede ser excluido de la escuela si su escuela no tiene registrado para su hijo un *Certificado de vacunación* actualizado, un *Certificado de exoneración* o un plan en proceso.
- Si alguien contrae una enfermedad que puede prevenirse con una vacuna o hay un brote en la escuela de su hijo y su hijo no fue vacunado contra esa enfermedad, es posible que sea excluido de las actividades escolares. Esto significa que el niño perdería tiempo de aprendizaje y ustedes perderían trabajo y sueldos. Por ejemplo, si su hijo no ha recibido la vacuna MMR, es posible que no pueda asistir a la escuela por 21 días después de que alguien contraiga sarampión.

¿Tiene alguna pregunta?

Es recomendable que consulte a un proveedor de Atención médica autorizado para administrar vacunas o a su agencia de salud pública local (LPHA, por su sigla en inglés) sobre las vacunas que necesita su hijo o si tiene alguna pregunta. Puede leer sobre la seguridad y la importancia de las vacunas en <https://www.cdc.gov/vaccines/parents/FAQs.html>, <https://childvaccineco.org/>, [ImmunizeForGood.com](https://immunizeforgood.com) y cdphe.colorado.gov/immunization-education.

Cómo pagar por las vacunas

Si necesita ayuda para encontrar vacunas gratuitas o a precios reducidos y proveedores que las administren, ingrese en COVax4Kids.org, comuníquese con su LPHA o llame a la línea Mile High Family Health Line al 303-692-2229 o 1-800-688-7777 para solicitar información de contacto de Medicaid. Puede encontrar su LPHA en cdphe.colorado.gov/find-your-local-public-health-agency.

Registros de vacunación

- Lleve el *Certificado de vacunación* actualizado de su hijo a la escuela cada vez que su hijo reciba una vacuna.
- ¿Necesita encontrar el registro de vacunas de su hijo? Es posible que esté disponible a través del Sistema de Información sobre Vacunación de Colorado (CIIS, por su sigla en inglés). Visite COVaxRecords.org para más información, incluidas indicaciones sobre cómo usar el Portal público del CIIS para ver e imprimir el registro de vacunas de su hijo.

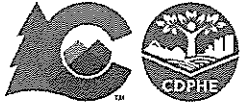
Exoneraciones

- Si su hijo no puede recibir vacunas por motivos médicos, debe presentar en la escuela un *Certificado de exoneración médica* firmado por un proveedor de atención médica autorizado para administrar vacunas. Solo debe presentar este certificado una vez, a menos que cambie la información o la escuela de su hijo. Puede conseguir el formulario en cdphe.colorado.gov/vaccine-exemptions.
- Si no desea que se vacune a su hijo según el calendario actual recomendado, debe presentar una *Certificado de exoneración no médica* ante la escuela. Las exoneraciones no médicas deben presentarse anualmente en cada nuevo año escolar (del 1 de julio al 30 de junio del año siguiente). Hay dos maneras de presentar una exoneración no médica.
 - Presentar el *Certificado de exoneración no médica* CON la firma de un proveedor de vacunación, O BIEN
 - presentar el *Certificado de exoneración no médica* recibido después de completar nuestro módulo de capacitación en línea.
 - Los certificados descargables y nuestro módulo de capacitación en línea están disponibles en cdphe.colorado.gov/vaccine-exemptions.

¿Cómo le va a su escuela con respecto a las vacunaciones?

Para algunos padres, especialmente aquellos cuyos hijos tienen el sistema inmunitario debilitado, es recomendable que consulten qué escuelas tienen el mayor porcentaje de niños vacunados. Las escuelas deben informar las cifras de estudiantes vacunados y exentos (aunque no los nombres y fechas de nacimiento de los estudiantes) al departamento de salud del estado cada año. Las escuelas no controlan sus tasas específicas de vacunación y exoneraciones ni establecen el Estándar de niños vacunados descrito en los Estatutos Revisados de Colorado §25-4-911 (CRS, por su sigla en inglés). Las escuelas deben incluir en esta carta las tasas de vacunación y exoneraciones para MMR del año escolar más recientemente completado. Las escuelas pueden optar por incluir también tasas de vacunación y exoneraciones para otras vacunas obligatorias para la escuela. Las tasas adicionales de vacunación y exoneraciones pueden encontrarse en COVaxRates.org.

Nombre de la escuela	Tasa de vacunación de MMR para 2020-2021 REQUERIDA EN LA CARTA	Tasa de exoneraciones de MMR para 2020-2021 REQUERIDA EN LA CARTA
<i>Las escuelas también pueden incluir las tasas para las vacunas obligatorias para la escuela que se muestran a continuación en esta carta anual a padres/tutores</i>		
Estándar de niños vacunados Tasa de vacunación del 95% para todas las vacunas obligatorias para la escuela	Tasa de vacunación de DTaP/Tdap para 2020-2021	Tasa de exoneraciones de DTaP/Tdap para 2020-2021
	Tasa de vacunación de HepB para 2020-2021	Tasa de exoneraciones HepB para 2020-2021
	Tasa de vacunación de IPV para 2020-2021	Tasa de exoneraciones de IPV para 2020-2021
	Tasa de vacunación de Varicela para 2020-2021	Tasa de exoneraciones de Varicela para 2020-2021



COLORADO

Department of Public
Health & Environment

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

Dear Colorado health care provider:

Colorado School Entry Immunization Law (25-4-901 et seq, C.R.S) and Colorado Board of Health rule (6 CCR 1009-2) require students who attend a public, private or parochial K - 12 school, licensed child care, preschool, or Head Start program to be vaccinated against many of the diseases vaccines can prevent, or have a certificate of exemption on file. For more information, visit cdphe.colorado.gov/schoolrequiredvaccines. Students must be vaccinated against:

- Diphtheria, tetanus and pertussis (DTaP, DTP, Tdap)
- Haemophilus influenzae type b (Hib)
- Hepatitis B (HepB)
- Measles, mumps and rubella (MMR)
- Polio (IPV)
- Pneumococcal (PCV13)
- Varicella (chickenpox)

The number, timing and spacing of the required vaccine doses is set by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP). To be considered valid, a dose of vaccine must meet both the minimum age and minimum intervals as defined by ACIP. You can view the current ACIP vaccine schedule for persons 0 - 18 years of age at cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf. Vaccines are recommended for rotavirus, hepatitis A, influenza, meningococcal disease and human papillomavirus, but are not required for school attendance.

Colorado schools are required to review immunization records for school entry and can only accept valid doses of vaccine. Your patients may receive notification of noncompliance if a dose of vaccine does not meet the minimum age or minimum interval requirements, per the ACIP schedule. There are three ways a student can meet the compliance requirements established by Colorado law:

- 1) A student is considered fully immunized if he or she has received all doses of school-required vaccines according to the current ACIP schedule. Note: students are required to receive their final doses of DTaP, IPV, MMR and varicella by kindergarten entry and their Tdap by 6th grade entry, even if the student is under 11 years of age.
- 2) A student is in the process of becoming up-to-date on required vaccines within 14 days of being notified by the school and has a written plan from the parent/guardian on file with the school.
- 3) The student's health care provider (medical doctor, doctor of osteopathic medicine, advanced practice nurse or delegated physician assistant) has signed a *Certificate of Medical Exemption* because of a condition that precludes the student from receiving vaccine(s), or the student (emancipated or 18 years of age or older) or student's parent/guardian has submitted a *Certificate of Nonmedical Exemption* either signed by an immunizing provider or obtained after the completion of CDPHE's online education module.

If students do not meet at least one of the compliance criteria, they are not permitted to attend school. If you have questions about the student's school immunization requirement, please communicate with the student's school nurse or school representative.

If you have questions about the ACIP immunization schedule, vaccines marked as invalid in your patient's immunization record, or about Colorado School Entry Immunization Law, please contact us at 303-692-2700 or cdphe.dcdimmunization@state.co.us. If you have questions about the Colorado Immunization Information System (CIIS), please contact us at 303-692-2437 (option 2), 1-888-611-9918 (option 1) or cdphe.ciis@state.co.us.

Other reliable clinical resources include:

- CDC Vaccines & Immunizations - cdc.gov/vaccines/default.htm
- CDC's *Epidemiology & Prevention of Vaccine-Preventable Diseases* - cdc.gov/vaccines/ed/webinar-epv/index.html
- The Immunization Action Coalition: Ask the Experts - immunize.org/askexperts/
- CDC Experts at the National Immunization Program - nipinfo@cdc.gov or 1-800-CDC-Info (1-800-232-4636)