



## Enrollment Form

(Please **PRINT** Clearly)

Expected Start

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

Class Enrolling in: \_\_\_\_ Toddler (1-3 years) \_\_\_\_ Primary (3-6 years)

My child will be at CCMA from approximately \_\_\_\_\_ to \_\_\_\_\_ on their enrolled days and his/her start date is: \_\_\_\_\_ and will be here on the following days:

\_\_\_\_ Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_\_\_ Thursday \_\_\_\_ Friday

One Time Registration Fee: \$125 \_\_\_\_\_ Annual Material Fee: \$75 \_\_\_\_\_

5 Full days in Toddler Room: \$1,385 \_\_\_\_\_

5 Full days in Pre Primary : \$1,215 \_\_\_\_\_ Custom Schedule: \_\_\_\_\_

Custom: \_\_\_\_\_ Price: \_\_\_\_\_ (for CCMA staff to fill out) Sibling Discount 10% \_\_\_\_

Student Name \_\_\_\_\_ Students DOB \_\_\_\_\_

Sex: Male/Female

(Last) (First) (M.I.)

Student Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Mothers Full Name \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

E-Mail Address \_\_\_\_\_

(Email addresses will be added to our newsletters and Brightwheels App)

Occupation \_\_\_\_\_ Employer

Name \_\_\_\_\_

Employer Address \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Fathers Full Name \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

E-Mail Address \_\_\_\_\_

(Email addresses will be added to our newsletters and Brightwheels App)

\_\_\_\_ Employer Name \_\_\_\_\_

Denver \_\_\_\_\_

Employer Address \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_



**Health Information:**

Please list and detail any allergies or chronic medical problems (past or current) that CCMA should be aware of. If your child is on any medications please list those as well.

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I found CCMA through: \_\_\_\_\_

**Please read and initial the following items:**

\_\_\_\_ I have been informed of the schools tuition, supply fees, program and policies.

\_\_\_\_ I understand that my child may be photographed (including slides and video & audio taping) for educational, school and promotional purposes.

\_\_\_\_ I understand that if I choose to withdraw my child after my start date, I am required to give notice in writing (emailed to [info@ccmaco.com](mailto:info@ccmaco.com)) at least 30 days prior to my child's last day or applicable tuition will be charged.

\_\_\_\_ I understand that sunscreen will be applied to my child if he/she is here after lunch and if sunscreen is not provided, CCMA will apply sunscreen supplied by the school with an SPF of 45. I am responsible for applying sunscreen to my child before I drop him/her off in the morning.

\_\_\_\_ I will provide lip balm (marked with child's name) and lotion (school will provide Cetaphil, unless parent prefers a different brand, then parent will provide) for my child and give written permission for it to be applied. This is only for preventive care.

\_\_\_\_ I understand that CCMA will be using Brightwheels app as a primary means of communication regarding school activities and updates. I understand that my email address will be added to the distribution list for our weekly e-mails. I understand that this newsletter contains important information about my child's care and education, and will read them as they are received.

\_\_\_\_ I give my child permission to go on walks with their class periodically during the day.

\_\_\_\_ I understand CCMA has the right to change any of the policies and tuition rates herein or previously communicated, after giving reasonable notice (2weeks) to parents.

\_\_\_\_ I understand that, if my child is enrolled for partial days (not Full-time), CCMA will offer opportunities for my child to convert to full-time when a suitable opportunity arises. I also understand that CCMA will assess the demand for full-time enrollment among current and

prospective parents and will decide , based on the goal of optimizing a child's attendance days and overall enrollment numbers for the school, which child is offered the opportunity to convert to full-time. I also understand that CCMA will have sole discretion in this process, and will work with parents in good faith to balance conversions to full-time enrollments with that of the preferences of the parents.

\_\_\_\_ I understand that CCMA requires all parents to stick to the schedule of partial days originally signed up for with no exceptions. I also understand that CCMA will not reimburse Parents for any closures related to weather conditions, COVID, or any other unforeseen circumstances. I also understand that CCMA will not reimburse parents for absent days.

\_\_\_\_ I understand that CCMA will determine if a child may have to be moved between the 2 Primary classrooms, if necessary, to allow for optimizing the daily staff-to-student ratio in the primary classrooms.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Parent who signed:



## Developmental History

(Please fill out to the best of your ability)

Child's Name: \_\_\_\_\_ Name Child Goes By: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

### Family Information

Parent or Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Education (highest grade completed or degree):  
\_\_\_\_\_

Occupation: \_\_\_\_\_ Usual Working Hours: \_\_\_\_\_  
\_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Education (highest grade completed or degree): \_\_\_\_\_

Occupation: \_\_\_\_\_ Usual Working Hours: \_\_\_\_\_

Status of Parents (check one): \_\_\_\_\_ Living Apart \_\_\_\_\_

Child Lives With: \_\_\_\_\_  
\_\_\_\_\_

Other People Child Stays With (check all that apply): \_\_\_\_\_

Family Friend \_\_\_\_\_ Other Relative \_\_\_\_\_ Other \_\_\_\_\_

Siblings:

Name	Sex	Age	School Attending

Has your child ever been separated from his parents for extended periods of time, and if so why?

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Have you moved frequently? \_\_\_\_\_

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What language is spoken at home? \_\_\_\_\_

### Development in Early Childhood

Comment of the health of the mother during pregnancy: \_\_\_\_\_

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Comment on the health of your child during delivery and pregnancy: \_\_\_\_\_

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When did your child walk? \_\_\_\_\_ When did your child talk? \_\_\_\_

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Is your child adopted? \_\_\_\_\_ Does he/she know it? \_\_\_\_\_

Has your child started toilet learning? \_\_\_\_\_

Child's terminology? \_\_\_\_\_



Does your child nap? \_\_\_\_\_ At what time(s) \_\_\_\_\_

Describe any special needs, handicaps, or health problems: \_\_\_\_\_

Does your child have difficulty saying what he/she wants to getting his/her needs met?

\_\_\_\_\_

Do you have trouble understanding what your child wants/needs? \_\_\_\_\_

\_\_\_\_\_

### **Health Record**

List all allergies and any special precautions and treatment indicated for these allergies: \_\_\_\_\_

\_\_\_\_\_

List any medications (food supplements, modified diets, or fluoride supplements currently being administered to the child: \_\_\_\_\_

\_\_\_\_\_

List any chronic physical problems and history of hospitalization: \_\_\_\_\_

\_\_\_\_\_

List any diseases, serious illness, operations or accidents the child has had: \_\_\_\_\_

\_\_\_\_\_

Has your child ever had a vision examination or treatment? \_\_\_\_\_ When?

\_\_\_\_\_

By Whom? \_\_\_\_\_ Results: \_\_\_\_\_

### **Eating Habits**

What foods does your child especially like or dislike? \_\_\_\_\_

\_\_\_\_\_

List any food your child should not eat for medical, religious, or personal reasons?

\_\_\_\_\_

\_\_\_\_\_

Does your child take a bottle? \_\_\_\_\_ At what time(s)? \_\_\_\_\_

Does your child eat or chew things that aren't food? \_\_\_\_\_

Does your child have trouble chewing or swallowing? \_\_\_\_\_

Does your child have frequent diarrhea or constipation? \_\_\_\_\_

Do you have any concerns about what your child eats?  
\_\_\_\_\_

### **Play and Social Experiences**

Has your child participated in any group experiences? \_\_\_\_\_

Where? \_\_\_\_\_

Did your child enjoy it? \_\_\_\_\_

Do other playmates visit your child? \_\_\_\_\_

Does your child visit playmates in their home? \_\_\_\_\_

How does your child relate to other children? \_\_\_\_\_

Does your child play alone? \_\_\_\_\_ With other children? \_\_\_\_\_

Does your child worry a lot or is he/she very afraid of anything? \_\_\_\_\_

What causes worry? \_\_\_\_\_

Does your child watch TV? \_\_\_\_\_ How much? \_\_\_\_\_

What are his/her favorite programs? \_\_\_\_\_

What are his/her favorite books? \_\_\_\_\_

How often is your child read to? \_\_\_\_\_

Is there anything else about your child's play or playmates which the school should know? \_\_\_\_

### **Discipline**

In most circumstances, do you consider your child easily managed, fairly easy to manage, or difficult to manage? \_\_\_\_\_



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What concerns to you presents have about your child? \_\_\_\_\_

\_\_\_\_\_

**Parents' Impressions and Attitudes**

From your point of view, what were the events which seemed to have the greatest impact on your child (moving, births, deaths, severe illness, divorce, etc.)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In what way would you like to see your child develop during the school year?

\_\_\_\_\_

**Additional Information**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature(s) of person(s) filling out this questionnaire



## CCMA Health Policy Agreement

It is the school's and parent's responsibility to prevent the spread of illness throughout the school. Parents will be called to pick up their child (within 45 minutes) if the following symptoms occur while at school. In addition, children must stay home when any of the following symptoms have occurred within the last 24 hours:

- \* A fever of 100 degree or higher (children who are teething are taken into special consideration)
- \* One, unexplained, vomiting episode
- \* Two unexplained, diarrhea episodes
- \* Unexplained rash
- \* Deep, bark-like, cough
- \* Yellow, green and/or thick nasal or eye discharge
- \* Oozing sores
- \* Red, swollen or sore throat
- \* Breathing problems that require more than 2 breathing treatments
- \* Upset stomach or unexplained body pains

Children may return to school after they are symptom free for 24 hours or, if applicable, have been on antibiotics for 24 hours.

A doctor's note must be provided or faxed/scanned to the school if the child's doctor gives the "OK" to return to school before a 24-hour period!

If your child is too ill to play outdoors he/she will need to stay at home as we cannot make accommodations for staff to watch a child indoors when they are needed to supervise the playground. We understand that this may cause an inconvenience, but we ask that you exhibit the same respect and understanding that you would expect from other families with an ill child.

### Reporting a Communicable Illness

If a child becomes ill with a serious communicable illness, such as; hepatitis, measles, mumps, meningitis, diphtheria, rubella, salmonella, tuberculosis, giardia, shigella, etc., the school is bound by law to immediately notify the local health department. Staff and parents will also be notified. However, confidentiality will be maintained at all times.

Please notify the director if your child has been diagnosed with any communicable illness. This includes a communicable illness in which the child's doctor gives the "OK" to return to school. A doctor's note must be provided for the child to return to school!

**I have read, understand, and agree to comply with the above illness policies held at Cherry Creek Montessori Academy.**

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Parent or Guardian's Signature

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Date

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Parent of Guardian's Signature

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Date



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## Snack/Lunch

\_\_\_\_\_ I understand and agree with the below mentioned policies of Cherry Creek Montessori Academy (CCMA)

\_\_\_\_\_ I understand that Cherry Creek Montessori Academy provides a morning snack and an afternoon snack, but the responsibility of providing breakfast and lunch falls on me.

\_\_\_\_\_ I agree that it is my responsibility to send lunch with my child to school daily. If staff at Cherry Creek Montessori Academy determines that my child does not have a lunch, then I authorize CCMA to provide a lunch and charge me \$6/lunch.

\_\_\_\_\_ I understand that Cherry Creek Montessori Academy is a peanut and tree nut free school. I agree not to send any food with my child that contains any of these allergens.

Signature of Parent:

Name:

Date:

**TOPICAL PREPARATIONS (PREVENTATIVE PERMISSION FORM)** 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's Name: \_\_\_\_\_ I understand that I must provide the topical preparation in the original container labeled with my child's name and that no topical preparations will be applied to broken skin or if a skin reaction has been observed. It is my responsibility to check the ingredients to make sure my child is not allergic to it. Any skin reaction observed by staff will be reported promptly to the parent/guardian.

**SUNSCREEN**

I give my permission for the staff at \_\_\_\_\_ to assist with applying or apply sunscreen to my child's exposed skin including the face, tops of ears, bare shoulders, arms, legs, and feet 30 minutes before outdoor activities. It is my responsibility to provide sunscreen with a minimum 15 SPF.

In the event that my child does not have sunscreen with them, the school may apply \_\_\_\_\_ (name of sunscreen & SPF) to my child.

☐ My child may NOT use any sunscreen other than the one that she/he brings. Parent/Guardian

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

**MOISTURIZING LOTION/CREAM/BALM**

I give my permission for the staff at \_\_\_\_\_ to assist with applying or apply skin lotion/cream to my child. Name of product: \_\_\_\_\_

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

☐ My child may NOT use any other skin lotion/cream/balm than the one s/he brings.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DIAPER OINTMENT/CREAM**

I give my permission for the staff at \_\_\_\_\_ 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. Name of product: \_\_\_\_\_

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

☐ My child may NOT use any other skin lotion/cream/balm than the one s/he brings.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Cherry Creek Montessori Academy Emergency Contact Information

In case of an emergency, the staff at CCMA will contact 911

Every attempt will be made to contact a parent, guardian, or designated emergency contact.

STUDENT INFORMATION					
<b>Last:</b>	<b>First:</b>	<b>Middle:</b>	<b>Date of Birth</b>	<b>Gender</b> M   F	
PARENT/GUARDIAN INFORMATION					
This form is to be filled out by the enrolling parent. The enrolling parent is the natural or adoptive parent or legal guardian with whom the student lives with preponderance of the school week and who enrolled the student in school					
<b>Enrolling Parent Last:</b>			<b>First:</b>		<b>Telephone Home:</b>
<b>Address Number:</b>		<b>Street:</b>		<b>Apt#:</b>	
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
<b>Relationship:</b> Mother   Foster Parent Legal Guardian   Father		<b>Resides With</b>		<b>Language:</b>	<b>Email:</b>
<b>Other Parent Last:</b>			<b>First:</b>		<b>Telephone Home:</b>
<b>Address Number:</b>		<b>Street:</b>		<b>Apt #:</b>	
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
<b>Relationship:</b>		<b>Resides With</b>		<b>Language:</b>	<b>Email:</b>
<b>Other Parent Last:</b>			<b>First:</b>		<b>Telephone Home:</b>
<b>Address Number:</b>		<b>Street:</b>		<b>Apt #:</b>	
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
<b>Relationship:</b>		<b>Resides With</b>		<b>Language:</b>	<b>Email:</b>
OTHER CONTACT INFORMATION					
Please list at least two people we may contact if the parent(s) or guardian(s) cannot be reached in the event of an emergency. These people also have your permission to pick up your child from school during the school year.					
<b>Name of Person:</b>		<b>Relationship:</b>		<b>Address:</b>	
				<b>Telephone:</b>	
_____					
_____					
_____					
_____					



## Child Care Emergency Form

Child's Full Name:	
Parent's Names Mother:	Father:
Home Address:	
Home phone Number:	
Mother's Cell:	Father's Cell:
Work Address: Mother: Father:	
Doctor Name: Address:	Phone:
Dentist Name: Address:	Phone:
Neighbors/Relatives: Name: Name: Name:	Phone: Phone: Phone:
Emergency Number: Police 911 Police Control 1-800-222-1222	Fire 911
Special Information Allergies: Medication: Medical Conditions:	

I give Cherry Creek Montessori Academy my consent to administer Emergency Medical Care for my child. This includes calling an ambulance, administering First Aid, and administering CPR.

_____	_____
Parent or Guardian Printed Name	Date
_____	_____
Parent or Guardian Signature	Date
_____	_____
Parent or Guardian Printed Name	Date
_____	_____
Parent or Guardian Signature	Date

**Person (s) Authorized to pick up:**

*Person 1:*

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Emergency Contact? Yes ( ☐ ) No ( ☐ )

*Person 2:*

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

*Person 3:*

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**Additional Comments or Information:**

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Signature of Parent/Guardian 1: \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature of Parent/Guardian 2: \_\_\_\_\_ Date: \_\_\_\_\_

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

## CCMA Calendar of Events 2022 to 2023

Month	Date and Events
September	Thursday, 1 <sup>st</sup> First day of the academic year
September	Monday, the 5 <sup>th</sup> closed for Labor Day
October	Monday, 31 <sup>st</sup> Halloween Party (Trunk of treat)
November	Sunday, 6 <sup>th</sup> day light saving
November	23 <sup>rd</sup> Wednesday Thanks Giving Luncheon in the classrooms
November	24 <sup>th</sup> and 25 <sup>th</sup> (Thursday and Friday) closed for Thanksgiving
December	Friday, 16 <sup>th</sup> Winter party
December	23 <sup>rd</sup> Friday and 26 <sup>th</sup> Monday day closed for Christmas celebration
January	Monday, 2 <sup>nd</sup> Closed on for New Year
January	Monday, 16 <sup>th</sup> Closed for Martin Luther King's Birthday
February	Tuesday, 14 <sup>th</sup> Valentines Party in the classrooms
February	Monday, 20 <sup>th</sup> closed for Presidents' Day
April	Friday, 7 <sup>th</sup> Spring Party in the classroom
May	Monday, 15 <sup>th</sup> Mother's Day breakfast
May	Monday, 29 <sup>th</sup> Closed for Memorial Day Tuesday, May 30 <sup>th</sup> , and Wednesday, May 31 <sup>st</sup> closed for teacher In-Service Day
June	June 1 <sup>st</sup> Summer session begins



# WHAT IS MONTESSORI?

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Montessori schools are based on the educational philosophy developed by Dr. Maria Montessori (1870 - 1952), which recognized the innate curiosity of children, and encouraged a natural style of learning through self-directed activities. The Montessori philosophy states that during the first six years of their life, children experience a series of “sensitive periods” when they are particularly open to new skills, abilities, and concepts. To best take advantage of this natural window for learning, and set the child on the course for life-long success, the Montessori philosophy encourages children to start school before the age of 4, and, ideally, as early as 3.

## The Purpose of a Montessori Education



Dr. Montessori believes that no human being is educated by another; that he or she must do it him or herself, or it will never fully be accomplished. A truly educated individual continues learning well beyond the hours and years spent in the classroom. He or she is motivated from within by a natural curiosity and love of knowledge.

Dr. Montessori felt that the goal of early childhood education shouldn't be to fill a child with facts from a pre-selected, rigid course of study, but rather to simply cultivate the natural desire to learn. In the Montessori classroom, this is achieved in two ways: first by allowing the child to experience the



excitement that comes with learning by his or her own choice, and second to help perfect the natural tools needed for lifelong exploration and learning.

Parents should understand that a Montessori School is not a typical pre-k or “play school” setting, as the child is not being prepared for a traditional kindergarten. Rather Montessori is a multi-year program designed to take advantage of the natural sensitive periods that occur between the ages of 3 and 6. A child who starts his or her education at a Montessori school has the advantage of acquiring basic reading and arithmetic skills naturally, without the boredom or discouragement.



## How the Children Learn

The use of the Montessori materials is based on the young child's unique aptitude for learning, which Dr. Montessori identified as the "absorbent mind." IN her writings, she frequently compared the young mind to a sponge, because it absorbs information from the environment. Acquiring information without conscious, tedious effort, makes learning a natural and delightful activity for the young child who employs all his senses to investigate his surroundings. Since the child retains this ability to learn by absorption until he is almost seven years old, Dr. Montessori reasoned that childhood experience would be enhanced by a classroom in which the child handles materials that

demonstrate basic educational information. Over sixty years of experience has proven her theory. A young child can learn to read, write and calculate in the same natural way that he learns to walk and talk.

## The Sensitive Periods

Another observation of Dr. Montessori's which has been reinforced by modern research is the importance of the sensitive periods for early learning. These are periods of intense fascination for learning in particular characteristic or skill, such as going up and down steps, putting things in order, counting or reading. It is easier for the child to learn a particular skill during the corresponding sensitive period than at any other time in his life. The Montessori classroom takes advantage of these periods by

allowing the child freedom to select individual activities which correspond to natural periods of interest and readiness.

## At What Ages?

A child can usually enter a Montessori classroom between the ages of 2 and 6 years, depending on when he or she is ready and comfortable in a classroom situation. He or she will begin with the simplest exercises, based on activities that all children enjoy. The equipment the child uses at 3 and 4 will help develop the concentration, coordination, and work habits necessary for more learning and exploration. Academic enrichment is provided at the child's level of interest. With the use of Montessori materials, students receive instruction in reading, spelling, geography, social studies, grammar, science, botany, math, and a variety of elective subjects.

## Why Early Learning?

Parents wonder why Montessori introduces subjects such as grammar, geography, and math to preschool-age children. Our answer is, even at that age youngsters can joyfully absorb many difficult concepts if they meet them in a concrete form. In fact, if these difficult concepts are presented at an early age in a tangible manner, some of the common stumbling blocks encountered in the middle-elementary school grades can be avoided.

For example, in a Montessori classroom, a unit of fraction is not simply a number on paper. It is something that the child can hold in her hand. A verb is not just a word on paper; it is something that he or she can act out. In similar fashion, the child can pour water around an island or form a square with five rows of five beads each. The materials that make these concepts tangible ultimately serve as memory touchstones when the child encounters the terms in the future.

## What Happens After Montessori?

The habits and skills that a child develops in a Montessori classroom are good for a lifetime, whether a student continues his or her education in another Montessori program. He or she will work more efficiently, observe more carefully, and concentrate more effectively. Self-education -- the only real education -- will continue.

## How Sick is Too Sick?

When Children and Staff Should Stay Home from School or Child Care

During Colorado's response to the COVID-19 pandemic, children and staff who have been exposed to a positive case or who have symptoms consistent with COVID-19 listed below, must follow the [Guidance for Cases and Outbreaks in Child Care and Schools](#).

### MAJOR SYMPTOMS of COVID-19

- ☐ Feeling feverish, having chills or temperature of 100.4°F or greater
- ☐ Loss of taste or smell
- ☐ New or unexplained persistent cough
- ☐ Shortness of breath or difficulty breathing

### MINOR SYMPTOMS of COVID-19

- ☐ Sore throat
- ☐ Runny nose or congestion
- ☐ Muscle or body aches
- ☐ Headache
- ☐ Fatigue
- ☐ Nausea, vomiting
- ☐ Diarrhea

There are four main reasons to keep children and adults at home:

1. Someone who the child or staff lives with (or has had close contact with) has been diagnosed with COVID-19, or has symptoms of COVID-19.
2. The child or staff member does not feel well enough to take part in usual activities. For example, a child is overly tired, fussy or will not stop crying.
3. A child needs more care than teachers and staff can give while still caring for the other children.
4. The symptom or illness is on this list, and staying home is required.

Remember, the best ways to stop the spread of infection is through good hand washing and staying home when sick.

Symptoms	Child or staff must stay home?
<b>Diarrhea</b> Frequent, loose, or watery stools (poop) compared to normal ones that are not caused by food or medicine.	<b>Yes</b> - if the diarrhea can be explained* by a specific illness then follow the exclusion guidelines for that illness. If the diarrhea is unexplained then follow the COVID-19 Guidance for Cases and Outbreaks in Child Care and Schools found at <a href="https://covid19.colorado.gov/cases-and-outbreaks-child-care-schools">https://covid19.colorado.gov/cases-and-outbreaks-child-care-schools</a> .  Children and staff may return 24 hours after their last episode of diarrhea unless the diarrhea is caused by an illness that requires them to stay home longer.
<b>Fever</b> Fever is a temperature of 100.4°F or greater. Babies who are 4 months or younger need to see a doctor right away for a fever of 100°F or higher.	<b>Yes</b> - If the fever can be explained* by a specific illness then follow exclusion guidelines for that illness. If the fever is unexplained then follow the COVID-19 Guidance for Cases and Outbreaks in Child Care and Schools found at <a href="https://covid19.colorado.gov/cases-and-outbreaks-child-care-schools">https://covid19.colorado.gov/cases-and-outbreaks-child-care-schools</a> .



**COLORADO**  
Department of Public  
Health & Environment

Symptoms	Child or staff must stay home?
Vomiting/Throwing Up	<p><b>Yes</b> - if the vomiting can be explained* by a specific illness then follow the exclusion guidelines for that illness. If the vomiting is unexplained then follow COVID-19 Guidance for Cases and Outbreaks in Child Care and Schools found at <a href="https://covid19.colorado.gov/cases-and-outbreaks-child-care-schools">https://covid19.colorado.gov/cases-and-outbreaks-child-care-schools</a>.</p> <p>Children and staff may return 24 hours after their last episode of vomiting unless the vomiting is caused by an illness that requires them to stay home longer.</p> <p>If a child with a recent head injury vomits, seek medical attention.</p>

\*An explained symptom means that the symptom can be attributed to one of the following:

1. A known occurrence (ex. a child gagged which caused vomiting); or
2. A known health condition (ex. diarrhea caused by irritable bowel syndrome, cough caused by asthma or allergies etc.); or
3. A documented diagnosis from a health care provider (ex. fever caused by strep throat) which excludes other conditions of concern.

In the instance of a known occurrence or health condition, separate the child from group care and monitor them. If symptoms improve and COVID-19 has been ruled out in accordance with the [COVID-19 Guidance for Cases and Outbreaks in Child Care and Schools](#) exclusion guidelines for COVID-19 they may return to group care. If the symptoms worsen the child or staff needs to be excluded.

Illness	Child or staff must stay home?
Chicken Pox	<b>Yes</b> - until the blisters have dried and crusted (usually 6 days).
Conjunctivitis (pink eye) Pink color of eye and thick yellow/green discharge	<b>No</b> - children and adults do not need to stay home unless they have a fever or are not able to participate in usual activities. Call your doctor for advice and possible treatment.
COVID-19 symptoms may include any of the following: Fever or chills New loss of taste or smell Fatigue New or unexplained persistent cough Shortness of breath or difficulty breathing Sore throat Runny nose or congestion Muscle or body aches Headache Fatigue Nausea or vomiting Diarrhea	<p><b>Yes</b> - children and staff who have been diagnosed with COVID-19 must be excluded until:</p> <ol style="list-style-type: none"> <li>1. The child or staff member has not had a fever for 24 hours, <b>AND</b></li> <li>2. Other symptoms have improved (example, the cough or shortness of breath has improved), <b>AND</b></li> <li>3. At least <b>10 days</b> have passed since the symptoms first appeared.</li> </ol> <p>Prior to diagnosis, children and staff with symptoms or known exposure to COVID-19 should follow COVID-19 Guidance for Cases and Outbreaks in Child Care and Schools the exclusion guidelines for COVID-19 found at <a href="https://covid19.colorado.gov/cases-and-outbreaks-child-care-schools">https://covid19.colorado.gov/cases-and-outbreaks-child-care-schools</a>.</p>

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Illness	Child or staff must stay home?
Fifth's Disease	No - the illness is no longer contagious once the rash appears.
Hand Foot and Mouth Disease (Coxsackie virus)	No - unless the child or adult has mouth sores, is drooling and is not able to take part in usual activities.
Head Lice or Scabies	Yes - children may stay at school or child care until the end of the day but cannot return until after they have had the first treatment.
Hepatitis A	Yes - children and staff may return to school or child care when cleared by the health department. Children and staff should not go to another facility during the period of exclusion.
Herpes	No - unless there are open sores that cannot be covered or there is nonstop drooling.
Impetigo	Yes - children and adults needs to stay home until antibiotic treatment has started.
Ringworm	Yes - children may stay at school or child care until the end of the day but cannot return until after they have had the first treatment. Keep the area covered for the first 3 days if participating in sports with person to person contact.
Roseola	No - unless there is a fever or behavior changes.
RSV (Respiratory Syncytial Virus)	No - children and staff can go to school unless they are not well enough to take part in usual activities and/or they have trouble breathing. Call your doctor for advice. Follow COVID-19 Guidance for Cases and Outbreaks in Child Care and Schools the exclusion guidelines for COVID-19 found at <a href="https://covid19.colorado.gov/cases-and-outbreaks-child-care-schools">https://covid19.colorado.gov/cases-and-outbreaks-child-care-schools</a> .
Strep Throat	Yes - for 12 hours after starting antibiotics unless the doctor says that it is okay to return to school sooner. Children and staff also need to be able to take part
Vaccine Preventable Diseases Measles, Mumps, Rubella (German Measles), Pertussis (Whooping Cough)	Yes - Children and staff can return to school once the doctor says they are no longer contagious.
Yeast Infections Thrush or Candida diaper rash	No - follow good hand washing and hygiene practices.
Other Symptoms or illnesses not listed	Contact the child care center director or school health staff to see if the child or staff member needs to stay home.

This document was developed in collaboration with the Children's Hospital of Colorado School Health Program. The information presented is intended for educational purposes only. It is not intended to take the place of your personal doctor's advice and is not intended to diagnose, treat, cure or prevent any disease. The information should not be used in place of a visit, call or consultation or advice of your doctor or other health care provider.

#### References

American Academy of Pediatrics. Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide. Aronson SS, Shope TR, eds. 5th ed. Itasca, IL: American Academy of Pediatrics; 2020.20.  
Colorado Department of Public Health and Environment. Infectious Diseases in Child Care and School Settings: Guidelines for Child Care Providers and Health Consultants, School Nurses and Other Personnel. 2019.

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