

junio, 2011

Queridos padres del Anchor Center,

Ya llegó el viernes y es hora para pensar en el año que viene para los programas de bebés y niños pequeños. Paula Landry (coordinadora del programa de bebés) y Sarah Bickford (coordinadora del programa de niños pequeños) están esperando un año espectacular!

Para inscribirse a su hijo/hija al programa de bebés/niños pequeños en el Anchor Center, necesitamos las formas siguientes completas y entregadas antes del lunes, 15 de agosto, 2011. Preferiríamos que nos manden o traigan las formas antes de esta fecha. El 15 de agosto es el primer día del programa para el año escolar 2011-2012. Se necesita entregar todas las formas antes de que su hijo/hija pueda empezar el programa.

Favor de encontrar las siguientes formas:

- Historia del niño/niña
- Permiso para sacar fotos de su hijo/hija
- Declaración de la salud anual (el doctor puede usar su propia forma)
- Forma de vacunas (el doctor puede usar su propia forma)
- Contrato de matrícula (solamente para el programa de niños pequeños).

Favor de anotar: No negamos a las familias que no pueden pagar. Si Usted tiene preguntas o preocupaciones sobre sus opciones de pagar, favor de llamar a nuestra coordinadora de familias.

- Calendario escolar para el año 2011-2012 – favor de anotar los días de vacaciones

Todas las formas deben estar completas y entregadas al Anchor Center for Blind Children antes del primer día de la escuela (15 de agosto). No importa si su hijo/hija ya inscribió en la primavera, hay que llenar las formas de la salud y la forma de las vacunas otra vez. Su pediatra puede mandar la Declaración de la Salud al Anchor Center por fax al número 303-377-9744.

Horario de la Escuela:

Bebés: lunes y miércoles 9:30 a.m. – 11:00 a.m.

Niños pequeños: lunes y miércoles, 11:45 a.m. – 1:30 p.m.

Otra información:

- Las clases de los niños pequeños incluye un tiempo para comer. Favor de traer por lo menos una comida para compartir durante el año (galletas “Goldfish”, etc.) y una botella de jugo claro (manzana, pera, uva blanca). \*Nada con cacahuete – algunos niños tienen alérgias.
- Cuando sale el sol, vamos a aprovecharnos de nuestra linda jardín. Favor de traer un cambio de ropa, pañales de nadar, crema contra el sol y/o sombreros.
- Favor de llegar a tiempo! Ayuda a todos, especialmente a su hijo/hija, tener una rutina consistente. Si llegan tarde para las clases de bebés o de niños pequeños, tendrán que esperar hasta el próximo cambio de grupos y es posible que vayan a perder una actividad favorita. Favor de venir al programa con regularidad. Hacer un compromiso firme para asistir al programa es importante para todos , especialmente para Usted y para su hijo/hija.

Tiene preguntas? Favor de llamar:

Paula Landry (coordinadora del programa de bebés): 303-377-9732 ext. 127 /  
paulaalandry@yahoo.com

Sarah Bickford (coordinadora del programa de niños pequeños): 303-377-9732 ext 126 /  
sbickford@anchorcenter.org

En la mayoría de las situaciones que tienen que ver con el plan del programa y las juntas del IFSP, su coordinadora va a ser su contacto principal. Estamos listas para contestar sus preguntas o preocupaciones y nos puede contactar por e-mail, teléfono, o en persona durante la clase.

Estamos esperando un año muy divertido, empezando el 15 de agosto. Gracias por todo que hacen Ustedes para ayudarnos a ayudar a su hijo/hija.

Sinceramente,

Paula Landry, M.SpEd.  
Teacher of the Visually Impaired  
Infant Lead

Sarah Bickford, M.Ed.  
Teacher of the Visually Impaired  
Toddler Lead

School Year: 2011-2012

Enrolled in:  
Infant group \_\_\_\_\_  
Toddler Group \_\_\_\_\_

**CHILD RECORD**  
***(2-sided)***

1. Child's Full Name \_\_\_\_\_  
Birth Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
County \_\_\_\_\_ Zip Code \_\_\_\_\_

2. Father's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_  
Email \_\_\_\_\_  
Employment Address \_\_\_\_\_  
\_\_\_\_\_

3. Mother's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_  
Email \_\_\_\_\_  
Employment Address \_\_\_\_\_  
\_\_\_\_\_

4. Parent(s) or Guardian(s) with whom child resides:  
  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_

5. Person(s) who may attend program with your child: (Grandparents, Aunts, Uncles, Friends, etc.)  
  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

6. Pediatrician's name (or Medical Practice name) \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of Preferred Hospital \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

7. Other children in family:

**Sibling care?**  
***5-year-old and under***

Name \_\_\_\_\_ DOB \_\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_  
Sibling Care: Mon \_\_\_\_ Wed \_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_  
Sibling Care: Mon \_\_\_\_ Wed \_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_  
Sibling Care: Mon \_\_\_\_ Wed \_\_\_\_

8. Allergies:

\_\_\_\_\_

\_\_\_\_\_

9. List any current prescription drug(s) child is taking:

\_\_\_\_\_

10. Other major service providers:

Agency: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



## PERMISO PARA SACAR FOTOS

Doy mi permiso que los trabajadores o voluntarios del Anchor Center for Blind Children puedan sacar fotos o grabar video de mi hijo/hija se llama \_\_\_\_\_.

Otras agencias que tienen un objective educativo o promocional que promovee la misión del Anchor Center también pueden sacar fotos con el permiso de nuestras maestras o trabajadores.

Las fotos y el video que incluye mi hijo/hija pueden ser publicados o usados para enseñar, las promociones, pedir fondos, las relaciones públicas, y en el internet.

\_\_\_\_\_  
Firma de padre/tutor

\_\_\_\_\_  
Fecha

(ésta forma se aplica durante todos los años que mi hijo/hija sea estudiante en el programa de Anchor)

mayo, 2009

ANNUAL HEALTH STATEMENT

DATE \_\_\_\_\_

This letter is to certify that \_\_\_\_\_ is under my care, is in good physical condition, and has had all necessary immunizations.

Signed \_\_\_\_\_  
(Child's Physician)

If there is any pertinent information about this child's general health (such as allergies, physical or emotional problems etc.) that might have an effect on the way he/she functions in the program, please list below:

**COLORADO LAW REQUIRES THIS FORM BE COMPLETE AND PROVIDED TO THE SCHOOL**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Parent/Guardian \_\_\_\_\_

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

Vaccine	Enter complete date each immunization was given					
Hep B	Hepatitis B					
DTaP/Tdap	Diphtheria, Tetanus, Pertussis					
DT/Td	Tetanus, Diphtheria					
Hib	<i>Haemophilus influenzae</i> type b					
IPV/OPV	Polio					
PCV7	Pneumococcal Conjugate					
MMR	Measles, Mumps, Rubella					
Varicella	Chickenpox					
Vaccines recorded below this line are recommended. Recording of dates are optional.						
HPV	Human Papillomavirus					
Rota	Rotavirus					
MCV4/MPSV4	Meningococcal					
Hep A	Hepatitis A					
TIV/LAIV	Influenza					
Other						

To the best of my knowledge, the person named above has received the above immunizations.

**DO NOT SIGN UNLESS ALL IMMUNIZATION REQUIREMENTS ARE MET**

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

**Table 1. MINIMUM NUMBER OF DOSES REQUIRED FOR CERTIFICATE OF IMMUNIZATION**

Vaccine <sup>a</sup>	Level of School/Age of Student											
	Child Care 2 to 3 mos	Child Care 4 to 5 mos	Child Care 6 to 7 mos	Child Care 8 to 11 mos	Child Care 12 to 14 mos	Child Care 15 to 17 mos	Child Care 18 to 23 mos	Preschool 2 to 4 yrs	K Entry 4 to 6 yrs	Grades K to 5 5 to 10 yrs	Grades 6 to 12 11 to 18 yrs	College
Pertussis/Tetanus/ Diphtheria	1	2	3	3	3	4	4	4	5/4 <sup>b</sup>	5/4 <sup>b,c</sup>	6 <sup>c,d</sup>	
Polio <sup>e</sup>	1	2	3	3	3	3	3	3	4/3 <sup>f</sup>	4/3 <sup>f</sup>	4/3 <sup>f</sup>	
Measles/Mumps/ Rubella <sup>g</sup>					1	1	1	1	2 <sup>h</sup>	2 <sup>h</sup>	2 <sup>h</sup>	2 <sup>h,i</sup>
<i>Haemophilus influenzae</i> type b (Hib)	1	2	2	3/2	3/2	3/2/1	3/2/1	3/2/1				
Pneumococcal Conjugate <sup>k</sup>	1	2	3/2	3/2	4/3/2	4/3/2	4/3/2					
Hepatitis B <sup>l</sup>	1	2	2	2	3	3	3	3	3	3	3	
Varicella <sup>m</sup>					1	1	1	1	2 <sup>n</sup>	2 <sup>n</sup>	2 <sup>n,o</sup>	
Meningococcal												<sup>p</sup>

a: Vaccine doses administered ≤ 4 days before the minimum interval or age are to be counted as valid.  
 b: Five doses of pertussis, tetanus, and diphtheria vaccines are required at school entry in Colorado unless the 4th dose was given at ≥ 48 months (i.e., on or after the 4th birthday) in which case only 4 doses are required.  
 c: For students ≥ 7 years who have not had the required number of pertussis doses, no new or additional doses are required. Any student ≥ 7 years at school entry in Colorado who has not completed a primary series of 3 appropriately spaced doses of tetanus and diphtheria vaccine may be certified after the 3rd dose of tetanus and diphtheria vaccine (or tetanus, diphtheria, and pertussis vaccine if 10 or 11 years) if it is given > 6 months after the 2nd dose.  
 d: The student must meet the minimum prior requirement for the 4th or 5th doses of diphtheria, tetanus, and pertussis vaccine and have 1 tetanus, diphtheria, and pertussis vaccine dose.  
 e: For polio, in lieu of immunization, written evidence of a laboratory test showing immunity is acceptable.

f: Four doses of polio vaccine are required at school entry in Colorado unless the 3rd dose was given ≥ 48 months (i.e., on or after the 4th birthday) in which case only 3 doses are required. Four valid doses are a complete series regardless of age at completion.  
 g: For measles, mumps, and rubella, in lieu of immunization, written evidence of a laboratory test showing immunity is acceptable for the specific disease tested. The 1st dose of measles, mumps, and rubella vaccine must have been administered at ≥ 12 months of age (i.e., on or after the 1st birthday) to be acceptable.  
 h: The 2nd dose of measles vaccine or measles, mumps, and rubella vaccine must have been administered at least 28 calendar days after the 1st dose.  
 i: Measles, mumps, and rubella vaccine is not required for college students born before January 1, 1957.  
 j: The number of Hib vaccine doses required depends on the student's current age and the age when the vaccine was administered. If any dose was given ≥ 15 months, the Hib vaccine

requirement is met. For students who began the series < 12 months, 3 doses are required of which at least 1 dose must have been administered at ≥ 12 months (i.e., on or after the 1st birthday). If the 1st dose was given at 12 to 14 months, 2 doses are required. If the current age is ≥ 5 years, no new or additional doses are required.  
 k: The number of pneumococcal conjugate vaccine doses depends on the student's current age and the age when the 1st dose was administered. If the 1st dose was administered at: (i) ≤ 6 months, 3 doses are required at 6 to 14 months and 4 doses are required at 15 to 23 months with 1 dose administered on or after the 1st birthday; (ii) 7 to 11 months, 2 doses are required at 6 to 14 months and 3 doses are required at 15 to 23 months with 1 dose on or after the 1st birthday; (iii) 12 to 23 months, 2 doses are required. If the current age is ≥ 2 years, no new or additional doses are required.  
 l: For hepatitis B, in lieu of immunization, written evidence of a laboratory test showing immunity is acceptable.

m: For varicella, written evidence of a laboratory test showing immunity or a documented disease history from a health care provider is acceptable. The 1st dose of varicella vaccine must have been administered at ≥ 12 months of age (i.e., on or after the 1st birthday) to be acceptable.  
 n: The second dose of varicella vaccine must have been administered at least 28 calendar days after the 1st dose. See Table 2 for the year of implementation for the second dose of varicella; for school year 2007–2008, the second dose of varicella is only required for kindergarten entry.  
 o: If the 1st dose of varicella vaccine was administered at ≥ 13 years, 2 doses are required, separated by a minimum of 4 to 8 weeks.  
 p: Information concerning meningococcal disease and the meningococcal vaccine shall be provided to each new student or if the student is under 18 years, to the student's parent or guardian. If the student does not obtain a vaccine, a signature must be obtained from the student or if the student is under 18 years, the student's parent or guardian indicating that the information was reviewed.





## Anchor Parent Programming

Parent programming is a significant part of your experience at Anchor Center. Meeting other parents, grandparents, and caregivers is an important part of your parenting journey. For those of you in the Infant and Toddler program, parenting information, education and support will be part of every center as you work with Anchor staff on developing your child's strength and potential. **Parent Centers** are held twice a month and will address child development as well as unique challenges specific to parenting a child with a disability.

Once a month there are **Parent Pull-Out** sessions in the Community Room during which your child will be cared for by Anchor Center staff and volunteers during regular Infant time and Toddler time. Topics that will be discussed include horticultural therapy; literacy and language; the Feldenkrais Method; sleep challenges; nutrition and feeding issues; development and behavior; and Individual Family Service Plans (IFSPs) and Individual Education Plans (IEPs). Three or four times a year there will be **Diagnostic Groups** to allow you the opportunity to learn and share information specific to a particular diagnosis. Diagnostic Groups are from 11:45 to 1:15 and registration is required as volunteers will care for the children.

The preschool parents, caretakers and alumni meet once a month for a **Brown Bag Lunch** in our Community Room. These lunches are the first Tuesday of each month from 12 to 1:30. The lunches are open discussions providing support and friendship as parents prepare to transition their child to public school. Often teachers of the visually impaired from local school districts or other professionals from the field of visual impairment will join our lunch.

Whether you feel you have much to learn or already have a wealth of knowledge and experience to share; we hope you will participate in our parent groups. We have made them an ongoing vital part of who we are and have learned over the years that you are each others' best support! Please contact your teacher of the visually impaired or any of the Family Program team, Kivanc, Carol Puchalski or Karen Roberts for further information.

# anchor center COMPASS

Dear Families,  
I would like to  
introduce you to

FAMILIES *Guiding* FAMILIES

the Anchor Center parent group, Anchor Center Compass. We are Anchor Center parents who have come together to build a family guided support network. We aim to complement the services already offered by Anchor Center for Blind Children, and we are excited to get to know you and your family. Please take a moment to browse some of our big ideas. Because we are Families *Guiding* Families, we look forward to hearing from you to let us know how Anchor Center Compass can best support you and your family.

Sincerely,

Marlo Naumer  
President, Anchor Center



Compass

## Big Ideas!

### **FAMILY SUPPORT PROGRAMS**

- Ice Cream Social – bringing Anchor Center families together – Sept. 11<sup>th</sup>, 2011 3-5:30 at Anchor Center
- New Family Welcome Bags
- Family generated referral list of favorite pediatric service specialist
- Compass Blog – <http://anchorcentercompass.blogspot.com>

### **STAFF \* TEACHER \* VOLUNTEER APPRECIATION**

### **FUNDRAISING TO SUPPORT OUR COMPASS BIG IDEAS**

### **PARENT NIGHT OUT!**

### **ANY OTHER GREAT IDEAS YOU CAN SEND OUR WAY!**

**For more information please contact:** Marlo Naumer by email:  
[anchorcentercompass@gmail.com](mailto:anchorcentercompass@gmail.com)

July							August							September									
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa			
					X	2	1	2	3	4	5	6						1	W	3			
3	X	X	X	X	X	9	7	W	W	W	W	P	13	4	X	6	7	8	W	10			
10	X	X	X	X	X	16	14	15	16	17	18	W	20	11	12	13	14	15	16	17			
17	X	X	X	X	X	23	21	22	23	24	25	26	27	18	19	20	21	22	23	24			
24	X	X	X	X	X	30	28	29	30	31	25	26	27	28	29	30							
31																							

October							November							December										
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa				
						1	1	2	3	4	5						1	2	3					
2	3	4	5	6	P	8	6	7	8	9	10	P	12	4	5	6	7	8	9	10				
9	W	X	X	X	X	15	13	14	15	16	17	W	19	11	12	13	14	15	W	17				
16	17	18	19	20	21	22	20	X	X	X	X	X	26	18	X	X	X	X	X	24				
23	24	25	26	27	28	29	27	28	29	30	25	X	X	X	X	X	31							
30	31																							

January							February							March										
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa				
1	X	3	4	5	P	7				1	2	3	4						1	2	3			
8	9	10	11	12	W	14	5	6	7	8	9	P	11	4	5	6	7	8	9	10				
15	X	17	18	19	20	21	12	13	14	15	16	W	18	11	12	13	14	15	P	17				
22	23	24	25	26	27	28	19	X	21	22	23	24	25	18	19	20	21	22	W	24				
29	30	31					26	27	28	29	25	X	X	X	X	X	31							

  

April							May							June							
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	
1	X	X	X	X	X	7				1	2	3	W	5						1	2
8	9	10	11	12	13	14	6	7	8	9	10	11	12	3	4	5	6	7	8	9	
15	16	17	18	19	P	21	13	14	15	16	17	18	19	10	W	W	W	W	W	16	
22	23	24	25	26	W	28	20	21	22	23	24	25	26	17	18	19	20	21	22	23	
29	30						27	X	29	30	31	24	25	26	27	28	29	30			



