

June, 2011

Dear Anchor Center Parents,

Summer is almost here and it is time to get excited about the upcoming Infant and Toddler year of 2011-2012! **Paula Landry (Infant Lead) and Sarah Bickford (Toddler Lead)** are looking forward to making this the best year yet.

To enroll your child in the Anchor Center Infant / Toddler program we need the following forms completed and returned by Monday, August 15, 2011. **We would prefer the forms be mailed or brought into the center BEFORE that date.** August 15 is the first day of program for the 2011-2012 school year. **All forms need to be completed for your child to begin the program.**

Please find enclosed:

- Child Record **(2-sided)**
- Permission to photograph your child
- Annual Health Statement (The doctor may use his/her own form.)
- Immunization Form (The doctor may use his/her own form.)
- Tuition Contract **(Toddler Program Only)**
- **Please note: No family is ever denied services due to lack of payment. If you have concerns or questions about what you can or cannot pay, please contact the Family Specialist.**
- 2011-2012 School Calendar -**Please take a few minutes to record on your personal calendar the dates Anchor Center is closed.**

All forms must be completed and returned to Anchor Center for Blind Children before school begins August 15. **Even if your child was new to Anchor Center this spring, health and immunization forms must again be completed.** Your pediatrician can fax the Immunization and Health Statement to Anchor Center at 303-377-9744.

### School Hours:

<b>Infants:</b>	Monday and Wednesday	9:30 a.m. – 11:00 a.m.
<b>Toddlers:</b>	Monday and Wednesday	11:45 a.m. – 1:30 p.m.

### Other things to remember:

- Toddler classes include snack time. Please bring at least one favorite snack to share during the year (Goldfish crackers etc.) and one large bottle of clear juice (Apple, Pear, White grape, etc.) \*No peanut products – we have children with nut allergies.
- When the weather is nice we will take advantage of our beautiful outdoor facilities. Please bring additional changes of clothes, swim diapers, sunscreen and /or hats.
- **Please arrive on time! It helps everyone, especially your child, to have a consistent routine.** If you arrive late for Infant or Toddler sessions, you will be asked to wait till the next group switch and you may miss a favorite session.
- Please come to program consistently. **Making a strong commitment to attend program is important to everyone and it benefits you and your child.**

### Have questions? Please call:

**Paula Landry (Lead Teacher, Infants):** 303-377-9732 ext. 127 / [paulaalandry@yahoo.com](mailto:paulaalandry@yahoo.com)

**Sarah Bickford (Lead Teacher, Toddlers):** 303-377-9732 ext 126 / [sbickford@anchorcenter.org](mailto:sbickford@anchorcenter.org)

In most situations regarding programming and IFSP meetings, your lead teacher will be your primary contact. We are happy to address any concerns or questions you have regarding the programs and can be contacted via e-mail, telephone, or in person during programming.

We are looking forward to an exciting school year beginning August 15! Thanks for all you do to help us help you and your child.

Warm regards,

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

**Tuition Contract -- Toddler Program  
2011-2012**

Anchor Center for Blind Children is a private non-profit organization funded by gifts from foundations and individuals, reimbursements from county and school agencies, and tuition paid by families of toddlers and preschoolers. The budgeted cost for one toddler is \$7,428 for the year.

Donations make it possible for us to subsidize tuition. However, it is with regret that we are, for the first time in over ten years, raising tuition. Families with children attending the infant program will, as always, not be charged anything. **The parent portion of tuition cost for your toddler to attend Anchor Center for Blind Children for the 2011-2012 school year is \$1,000**

Discounts are given to families paying in full by September 30, 2011. See options below. Please indicate your payment option, sign and return this form to Anchor Center by August 15, 2011. Monthly tuition payments are due the 1<sup>st</sup> of each month.

\_\_\_\_\_ My county agency or school district is paying my child's Anchor Center Tuition. Agency Name \_\_\_\_\_  
Service Coordinator \_\_\_\_\_.

\_\_\_\_\_ \$800.00 if paid in full by September 30, 2011 -- 20% discount.

\_\_\_\_\_ \$900.00 if paid in two payments of \$450.00 each due September 30, 2011 and October 31, 2011 --10% discount .

\_\_\_\_\_ \$100.00 per month paid on the first of each month from September 2010 through June 2012. (Students attending only once per week will owe ½ or \$50 per month)

\_\_\_\_\_ Amount we can pay per month.

\_\_\_\_\_ We are unable to pay any of the tuition options above and would like to meet with Anchor Center's Executive Director or Family Specialist to set up an acceptable payment plan.

We are willing to exchange volunteer services for tuition. \_\_\_\_\_

I/We agree to pay tuition to Anchor Center for Blind Children as indicated above.

Child's Name \_\_\_\_\_ (Please print)

Parent/Guardian Name \_\_\_\_\_ (Please print)

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

PERMISSION TO PHOTOGRAPH CHILD

I give my permission for \_\_\_\_\_ to be photographed and/or videotaped by the staff or approved volunteers of Anchor Center for Blind Children.

Outside organizations which are determined to have an educational or promotional focus that further the mission of Anchor Center are also granted permission to photograph my child as approved by Anchor Center staff.

Photographs and videotape which include my child may be published and used for the purposes of teaching, advertising, fundraising, public relations and the website.

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

(This release applies throughout my child's enrollment in Anchor programming)

May, 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			



