

Kids Way

Providing quality care and education since 2009

Summer Day Camp

located @ Mt. Pilchuck Elementary School

Welcome to Kids Way School Age Summer Day Camp!

Enrolling children Kindergarten through 5th grade.

Please take a few minutes to complete the following forms and return them to Kids Way prior to your child's first day. It is important that the forms be completed in their entirety; if you have any questions regarding your registration packet an authorized Kids Way employee will be happy to assist you. Please include a copy of your child's current immunization status/CIS form.

Enrollment is limited and offered on a first come, first serve basis.

Registration fees: \$75 non-refundable registration fee

Tuition Fees: **Monday through Friday \$250 per week (\$50 per day)**, additional fees for field trips or special activities. Families can enroll full time (Mon thru Fri) or part time (**Mon/Wed/Fri \$180...\$60 per day**) or (**Tues/Thurs \$120...\$60 per day**). Families have 2 weeks' tuition free vacation credits from the last day of school, to the first day in the 2024 school year. Enrollment is for the entire summer break. *30 days notice to discontinue or reduce care.

Thank you for choosing Kids Way. We strive to offer the best possible experience for our enrolled children and their families.

"Kids Way ...Teaching the Way Kids Learn"

12211 20th St NE, Lake Stevens WA 98258

www.kidsway.org

Phone: 425-374-3582

KidsWay@live.com

Summer of 2024

Kids Way School Age Summer Day Camp, located @ Mt. Pilchuck Elementary School

Registration Information

Child's Legal Name: _____ Gender: Male Female

Nick Name: _____ Date of Birth: _____

Child Lives With: Both Parents Mother Father Other: _____

Parent/Guardian Legal Name: _____ Nick Name: _____

Address: _____ Apt. _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Employer Name: _____ Work Phone: _____ Work Hrs. _____

Parent/Guardian Legal Name: _____ Nick Name: _____

Address: (if different than Mother) _____ Apt. _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Employer Name: _____ Work Phone: _____ Work Hrs. _____

Authorized Emergency Contacts / Pick up Persons: more space available on the back for additional contact persons.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Medical/Allergies/Special Care:

Child's Physician: _____ Phone: _____

Date of Last Physical Exam: _____

Child's Dentist: _____ Phone: _____

Date of Last Dental Exam: _____

**** Kids Way will always attempt to contact parents regarding medical or dental concerns. If an emergency arises and no physician or dentist is listed, Kids Way will notify the EMT that there is no preference in the physician or dentist.*

Does your child have a chronic illness? Yes No ~ If yes please describe _____

List Regularly Taken Medications: _____

Does your child have allergies? Yes No ~ If yes please list:

Allergy: _____ Reaction: _____

Allergy: _____ Reaction: _____

Does your child have any special needs, is so please list: _____

Parent Signature

Date

Parent Signature

Date

How did you hear about us?

Driving by the preschool _____

Friends or Family _____

The Lake Stevens School District _____

Online Community Page _____

Online Search _____

Peachjar Ad _____

Other, please list _____

Sunscreen Authorization Form: **Licensing (DCYF) does not allow aerosol sunscreen, only pump, stick, and lotions.**

If you'd like your child to wear sunscreen, please provide sunscreen in its original container. The Dept. of Health requires the container be dated and labeled with your child's name.

Please have your child arrive wearing sunscreen and we will reapply as needed.

Thank you,
Kids Way Summer Day Camp

Child's Name: _____

Parents Name: _____

Parents Signature: _____

Date: _____

**Kids Way School Age Summer Day Camp 2024
located @ Mt. Pilchuck Elementary School**

Medical Consent and Transportation Consent

Child's Legal Name: _____

Mother's Name: _____

Father's Name: _____

Medical Consent

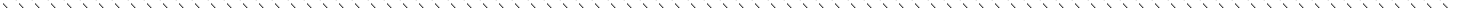
I hereby give my permission that my child may be given emergency medical treatment to include FIRST AID and CPR by a qualified staff member of Kids Way or appropriate medical personnel. I also give my permission for my child to be transported by aid car, ambulance, or employee vehicle to the nearest medical treatment center or hospital if necessary. In the event I cannot be contacted, I further consent to the medical, surgical and hospital care, treatment and procedure to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health. I understand that Kids Way does not provide any accident or medical insurance, and that it is the families responsibility to provide such coverage.

Transportation ~ Field Trip and Activity Consent

Kids Way has my permission to transport my child on scheduled field trips, outings, and activities.

I understand that a notice for field trips requiring transportation will be posted providing dates and times, however, this authorization covers transportation consent for all field trips both walking and field trips that require transportation. Field trips that are within walking distance from Mt. Pilchuck Elementary School are dependent on weather. Parents may not be notified in advance. Kids Way may also transport my child in the event of a natural disaster or emergency to the location specified in the Disaster Handbook.

I agree to allow my child to participate in Kids Way activities including transportation. I understand that accidents can sometimes happen. Therefore, in exchange for my child's participation I release Kids Way and its employees from all liability for any injury, loss or damage connected in any way whatsoever to participating in Kids Way activities whether on or off the Kids Way premises and including transportation. I understand that this release includes any claims based on negligence action, or inaction of Kids Way, of its employees or guest. Kids Way is not responsible for lost, stolen or damaged personal items in our program or parking areas.



Parent Signature Date

Parent Signature Date

Parent Printed Name: _____

Parent Printed Name: _____

Kids Way School Age Summer Day Camp 2024

located @ Mt. Pilchuck Elementary School

General Policy List

This is a list of the most commonly asked Kids Way Policy Questions.

For a complete list of policies please refer to your parent handbook.

1. Enrolling children Kindergarten through the 5th grade
2. Operating Hours: Monday thru Friday 6:00 am until 6:00 pm. Summer Camp is closed on Independence Day and Labor Day. Children must arrive by 10:00 am; possibly earlier on some field trip days.
3. Tuition Pricing: Tuition pricing is a set rate and does not change due to illness, holidays, personal reasons, or weather/emergency closures. The adult registering the child is responsible for tuition payments. All financial documents pertaining to tuition will only be release to the registering adult.
4. Overtime Fee: **Tuition covers up to 10 hours of care a day**. Licensing (DCYF) allows a maximum 10 hrs. of care per day. Waivers can be authorized when needed. An overtime fee of \$15 for up to 30 minutes of overtime, will be applied per child for overtime.
5. Sign in and Sign out: Only persons listed on the enrollment form may sign in or sign out an enrolled child. ID is required. Persons can be added to the list, but must be in writing or email. Children will not be allowed to leave without an authorized adult 16 years or older.
6. Snacks and Meals: . Kids Way provides breakfast, a morning, and afternoon snack; families provide a sack lunch. Breakfast begins at 7:00 and we stop serving breakfast at 7:30.
7. Discontinued Care: Kids Way requires a 30 day written notice to discontinue or reduce care.
8. Illness: Ill children may not attend Kids Way Summer Day Camp. The full illness policy is in your enrollment packet and online at www.KidsWay.org
9. Early Pick Up: If you will be picking up your child early, please notify a teacher so your child will be ready for early pick up. If the program is scheduled for an offsite, all day on a field trip, families may need to make alternative arrangements.
10. Kid Way Policy and Parent Handbook is emailed to families upon enrollment. Families are encouraged to read it in its entirety. An authorized Kids Way employee will answer any questions.
11. Field Trips Kids Way Summer Camp will be offering field trips throughout the summer. Walking field trips are weather dependent; families will be notified when possible. Children are required to participate in scheduled field trips. *additional fees may apply for field trips or activities.
12. Kids Way closes promptly at 6:00. There is a late fee of \$5.00 per child, per minute after 6:00.

Parent Signature: _____ Print Name: _____

Parent Signature: _____ Print Name: _____

Enrolled Child's Name: _____ Date: _____

Practices Concerning Ill Children

Kids Way health policy is based upon the requirements of Snohomish Health District and Washington State Department of Children, Youth, and Families (DCYF).

Kids Way is unable to care for children when they are ill. Families must have a backup plan for days that their child is ill. If your child becomes ill while at Kids Way, a parent/guardian will be notified and required to immediately pick up their child. If we are unable to contact a parent or guardian, we will contact a person off the emergency contact list provided at registration.

Children will be unable to attend Kids Way for the following:

1. **Fever** of 100 degrees or higher
2. **Vomiting** – 1 or more times in a 24 hour period
3. **Diarrhea** – 2 or more watery stools in a 24 hour period
* Please note children must be free of a fever (without the use of fever reducing medication), vomiting and diarrhea for 24 hours before returning to Kids Way. If your child is sent home from Kids Way, they will not be able to return the following day as it will be less than 24 hours.
4. **Rashes** which are accompanied by fever, weeping, itching, or open sores.
5. **Eye discharge or pink eye** * Children with pink eye must be on antibiotics for 24 hours and no longer displaying eye discharge before returning to Kids Way.
6. **Sore throat with or without a fever** * Children diagnosed with Strep Throat must be fever free, on antibiotics for 24 hours, and able to fully participate in class before returning to Kids Way.
7. **Lice or nits** * Children must be nit and lice free before returning to Kids Way.
8. **Appearance and Behavior** - If the child is unusually tired or irritable, pale, confused, displays a lack of appetite, complains "I don't feel good", or unable to participate in class activities
9. **Sinus/Nasal Discharge** – Children with a chronic runny nose throughout the day. Children may return once symptoms have significantly improved and nasal discharge is clear and not throughout the day.
10. **Cough** – Chronic cough throughout the day. Children may return once a cough has significantly lessened to a few times a day.
11. **Hand, foot, and mouth disease.** Children may return once they are no longer developing sores/blisters and current sores are scabbed over and no longer weeping.
12. **Cold Sores** – Open sores on a child who drools, puts toys/hand in their mouth, or unable to control saliva. If an open sore is present, exclusion will be determined on the child's developmental behavior. Children may return to care once the sore is scabbed over, no longer weeping, the child is comfortable, able to eat, and not in pain.

*** Children may attend if diagnosed with an ear infection once they are fever-free for 24 hours without fever reducing medication and able to fully participate in class and outdoor recess.

*** A doctor's note may be required prior to re-entry to Kids Way. Kids Way reserves the right to decide on re-entry.

Kids Way illness policy is designed to prevent the spread of illness and for the comfort of the children. *If we feel the illness is serious and question a child's safety, we reserve the right to contact emergency services immediately.*

Parent Signature: _____ Print Name: _____

Kids Way

School Age Summer Day Camp Located @ Mt. Pilchuck Elementary School

Dear Kids Way Parents,

Tuition Express is Kids Way's method of collecting and processing tuition payments.

Tuition Express, part of our ProCare Software management system, allows us to process tuition payments safely, quickly and efficiently.

Once enrolled in Tuition Express, your tuition payments will be paid automatically by Tuition Express. Kids Way can produce a receipt for the payment, you can receive instant email notification, or you can print and track your own receipt by signing up at www.tuitionexpress.com. Payments are made automatically when due with a transfer from a bank account or credit card (VISA or MasterCard), thus eliminating potential late payment charges. There is a bankcard processing fee when using VISA or MasterCard of 3.5%. Bank transfers are free of charge.

Your personal account information is safe with Tuition Express -- safer, in fact, than paying by check. Automated payments have proven safer than writing checks and eliminate potential check fraud or identity theft.

Please look over the Frequently Asked Questions at www.tuitionexpress.com regarding Tuition Express or automated payments in general.

Tuition Express is both safe and convenient for you, and efficient for us. Please return the enclosed opt-in/opt-out form with the payment method of your choice.

Sincerely,
Kymm Shipman
Kids Way, Director



Automated Payment Processing
Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize Kids Way Child Care & ELC to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days' written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. There will be a 3.5% processing fee for credit/debit card; transfers from a checking or savings account are FREE of charge.

COMPLETE ONE SECTION ONLY - KIDS WAY ACCEPTS VISA AND MASTERCARD

SECTION A (Credit Card)

Cardholder Name Phone #

Cardholder Address City State Zip

Account Number Expiration Date

Cardholder Signature Date

SECTION B (Bank Account)

Your Name Phone #

Address City State Zip

Bank or Credit Union Name Bank or Credit Union Address City State Zip

Routing Transit Number (see sample below) Account Number (see sample below)

Authorized Signature Date



Received by _____ Date _____

Kids Way Childcare and Early Learning Center, Inc.

Tuition/Payment Agreement 2024 School Age Summer Day Camp

Summer Hours Mon. thru Fri. 6:00 am - 6:00 pm

Tuition covers up to 10 hours a day. Over 10 hours requires a waiver and overtime tuition.

The undersigned Parent/Guardian(s) hereby state the following information is correct and agrees to the terms and conditions of the following agreement

Child's Legal Name: _____

Parent Guardian Legal Name: _____

Address: _____ City _____ State _____ Zip _____

Social Security Number: _____ Driver's License Number _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Parent Guardian Legal Name: _____

Address: _____ City _____ State _____ Zip _____

Social Security Number: _____ Driver's License Number _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

My child will arrive at _____ AM My Child will be picked up at _____ PM

My child is scheduled to start on: _____

Tuition is billed and paid in advance. Overtime tuition if approved is rated at \$15 per 30 minutes. Late pick up after 6:00 pm, is rated at \$5.00 per minute, per child. June tuition is prorated.

- Full Time Monthly billing, ... \$1082.50 (\$50 per day) due the 1st business day of the month.
- Full Time Bi-Weekly billing, due every other Monday ... \$500 (\$50 per day)
- Mon/Wed/Fri Monthly billing ... \$779.40 (\$60 per day) due the 1st business day of the month.
- Mon/Wed/Fri Bi-Weekly billing due every other Monday ... \$360 (\$60 per day)
- Tues/Thurs Monthly billing ... \$519.60 (\$60 per day) due the 1st business day of the month.
- Tues/Thurs bi-weekly billing due every other Monday ... \$240 (\$60 per day)
- Drop in for additional days (if available) \$70 per day

Each child has up to 2 weeks Tuition Free Summer Camp Vacation. Must be scheduled in advance.

Payment options include; VISA, MasterCard, and bank transfers via Tuition Express. There is a 3.5% processing fee for the use of bank cards.

I agree that full payment as set forth above is due on time as agreed regardless of hours and days attended, and not to exceed the times and days specified. this includes sick days, holidays, natural disaster days and non-approved vacation days. The undersigned parent or guardian may terminate this agreement at any time providing 30 days notice in writing is provided; this includes any change in days or hours. Tuition covers up to 10 hours per day. An overtime fee is applied at the rate of \$15 for up to 30 minutes beyond 10 hrs. The fee is not prorated and \$15 is added to your account at the start of each 30 minute increment. **Additional Information and Late Fees:**

I agree that there will be a charge of \$5.00 per minute for each child being left in care past the closing time of 6:00 pm. I agree that there will be a weekly \$100.00 late fee assessed to my account for payment not made in full and on time as agreed and outlined above. I agree that there will be a charge of \$45.00 plus late fees for any check returned for any reason. Additional fees can be charged for the following: Late payment fees, Rejected Tuition Express payments, Registration). If an absence or schedule change is necessary, I am expected to CALL Kids Way that morning to notify the office of expected changes. In addition to the above, parents will pay a non-refundable registration fee of \$75.00

Parent Guardian Signature _____ Date _____

Parent Guardian Signature _____ Date _____



School Age Summer Day Camp

Located @ Mt. Pilchuck Elementary School

12806 20th St NE, Lake Stevens WA 98258 425-374-3582

www.Kidsway.org email: Kidsway@live.com

Dear Kids Way Family,

Welcome! Thank you for choosing Kids Way School Age Summer Day Camp to care for your child/children while you are away. Your child's safety and well-being are our primary concerns. Kids Way child care provides a safe, nurturing environment for children to learn, grow and develop social skills.

My Name is Arlene; I am the on-site coordinator for the program. I am excited to start this new journey with you and your child/children. I would like to share a little bit of my background. I have been providing quality care for children for over 30 years. I worked for several years as a director for a small hospital owned center in North Snohomish County, we provided care for children 6 weeks old through age 12 years old. From there I opened my own center in Arlington and was the director/pre-K teacher. We provided care for children ages 1-year-old through school age, this was my journey for 20 years. After many years of administrative work as well as working with the children, I decided it was time to devote myself to the "fun" part of the job, working with the children. I come to Kids Way with many years of experience as well as my Associate in Technical Arts degree in Early Childhood Education.

It is our goal to provide your child/children with a safe, quality environment where your child/children feel secure and accepted. We hope to create an atmosphere of respect that promotes positive self-esteem, to recognize each child as a unique person with individual needs and interest and provide a range of activities accordingly. We hope to give children opportunities to make choices among a wide range of developmentally appropriate activities, to develop self-control, independence and sense of purpose. We will work as a team with parents, maintaining open communication and mutual support. We will meet or exceed the state-licensing requirements to ensure your child/children receive the highest quality of child care.

I am looking forward to developing a relationship with you and your child/children that will ensure your child feels safe, encouraged and loved.

Warmest Regards,

Arlene Jones



"Tell us a little about your child"

The information on this form is designed to help our teachers know and understand your child a little bit better, in addition to providing a smooth transition for your child.

Child's Name: _____ Nickname: _____

Date of Birth: _____ Security Object (...blanket, stuffed animal) _____

Describe your child's personality.....shy, outgoing, funny, serious....

What is your child's favorite activity? _____

What is your child's favorite food? _____

Has your child attended child care in the past? _____

Names of family members and pets: _____

Fears your child has, such as bugs: _____

Please list any allergies, medical conditions, IEP, or special needs (use back of page if needed):

Additional Comments (use back of page if needed):



Certificate of Immunization Status (CIS)

For Kindergarten-12th Grade / Child Care Entry

Please print. See back for instructions on how to fill out this form or get it printed from the Washington Immunization Information System.

Office use only: _____ Date: _____

Reviewed by: _____

Signed Cert. of Exemption on file? Yes No

Child's Last Name: _____ First Name: _____ Middle Initial: _____ Birthdate (MM/DD/YYYY): _____ Sex: _____

I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.

Parent/Guardian Signature Required _____ Date _____

I certify that the information provided on this form is correct and verifiable.

Parent/Guardian Signature Required _____ Date _____

- Required for School and Child Care/Preschool
- Required Only for Child Care/Preschool

	Date	Date	Date	Date	Date
	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
Required Vaccines for School or Child Care Entry					
♦ DTaP / DT (Diphtheria, Tetanus, Pertussis)					
♦ Tdap (Tetanus, Diphtheria, Pertussis)					
♦ Td (Tetanus, Diphtheria)					
♦ Hepatitis B					
<input type="checkbox"/> 2-dose schedule used between ages 11-15					
♦ Hib (<i>Haemophilus influenzae</i> type b)					
♦ IPV / OPV (Polio)					
♦ MMR (Measles, Mumps, Rubella)					
♦ PCV / PPSV (Pneumococcal)					
♦ Varicella (Chickenpox)					
<input type="checkbox"/> History of disease verified by IIS					
Recommended Vaccines (Not Required for School or Child Care Entry)					
Flu (Influenza)					
Hepatitis A					
HPV (Human Papillomavirus)					
MCV / MPSV (Meningococcal)					
MenB (Meningococcal)					
Rotavirus					

Documentation of Disease Immunity

Healthcare provider use only

If the child named in this CIS has a history of Varicella (Chickenpox) or can show immunity by blood test (titer) it MUST be verified by a healthcare provider

- I certify that the child named on this CIS has:
- a verified history of Varicella (Chickenpox).
 - laboratory evidence of immunity (titer) to disease(s) marked below. Lab report(s) for titers MUST also be attached.

- | | | |
|--------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Mumps | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Polio | _____ |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Rubella | _____ |
| <input type="checkbox"/> Hib | <input type="checkbox"/> Tetanus | _____ |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Varicella | _____ |

Licensed healthcare provider signature _____ Date _____
(MD, DO, ND, PA, ARNP)

Printed Name _____



**WHEN SCHOOL IS OUT,
CAMP IS IN!**

Safe ~ Affordable ~ Fun!

OPEN Enrollment Begins April 8, 2024

Camp days and hours: Mon. through Fri. 6:00 am. - 6:00 pm.

***Closed July 4th Independence Day and September 2nd Labor Day**

Tuition is \$250 per week (Mon-Fri) or \$60 per day if less than full time.

Summer Camp is located at Mt. Pilchuck Elementary School, utilizing their stage area, gymnasium, and playground.

Field trips may include:

*Our local Lake Stevens Community Garden *

*Picnics at Local Parks and Playgrounds *The Reptile Man

*Jetty Island *Bowling *Movies *Water Play *Kangaroo Farm *Hibulb Cultural Center *Library *Centennial Trail *Frisbee Park *Everett Children's Museum *Skagit Children's Museum *Snohomish Valley Golf *Pottery Nook *Woodland Park Zoo* ... and much more! *Field trip fees may apply

Kids Way Summer Camp is available to ALL elementary school age children, Kindergarten through 5th Grade.



Kids Way Summer Camp!

425-374-3582 KidsWay@live.com