

# Kids Way

Providing quality care and education since 2009

Before & After School Program located at  
Mt. Pilchuck Elementary School

\*Providing care for children enrolled at Mt. Pilchuck  
Elementary School

Dear Parent,

Welcome to Kids Way Before and After School Program!

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.

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

**Registration and Class Supply Fee:**

\$200 registration and class supply fee.

*\*\*\*The registration and class supply fee secure your child's enrollment spot and is non-refundable.*

*Enrollment is complete once registration fee and completed packet are returned.*

*All fees are processed through Tuition Express. Registration during the school year requires \$200 registration and class supply fee plus tuition.*

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 20<sup>th</sup> St NE, Lake Stevens WA 98258

[www.kidsway.org](http://www.kidsway.org)

Phone: 425-374-3582

[KidsWay@live.com](mailto:KidsWay@live.com)

**2024/2025 School Year**

**Kids Way Before and After School Program, located @ Mt. Pilchuck Elementary School**

**My child will begin attending on: \_\_\_\_\_**

**\*\*\*Enrolled at: Mt Pilchuck \*\*\***

**GRADE: \_\_\_\_\_**

**Child's Legal Name:** \_\_\_\_\_ **Gender:** Boy Girl

**Nick Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Child Lives With:** Both Parents Mother Father Other: \_\_\_\_\_

**Legal Guardian Name #1:** \_\_\_\_\_ **Nick Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Apt.** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Work Hrs** \_\_\_\_\_

**Legal Guardian Name #2:** \_\_\_\_\_ **Nick Name:** \_\_\_\_\_

**Address: (if different than #1)** \_\_\_\_\_ **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:** \_\_\_\_\_

**Does your child have any special needs, is so please list:** \_\_\_\_\_

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**Legal Guardian Name #1: Signature**                      **Date**

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**Legal Guardian Name #2: 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:

Kids Way applies sunscreen with parents signed authorization. Parents are required to bring sunscreen in its original container, and **label it with their child's name and the date**. If you would like sunscreen applied to your child during the spring and summer, please complete this form and return it with your preferred sunscreen.

**\*\*\*\* Licensing (DCYF) does not allow aerosol sunscreen \*\*\*\***

Thank you,  
Kids Way Child Care and Early Learning Center

Child's Name: \_\_\_\_\_

Legal Guardian Name Print: \_\_\_\_\_ Signature: \_\_\_\_\_

Legal Guardian Name Print: \_\_\_\_\_ Signature: \_\_\_\_\_

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

# Kids Way Before and After School Program

## 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 trips to their enrolled elementary school, field trips, outings, and activities.** I understand that a notice for field trips requiring transportation will be posted providing dates and times. 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, its employees or guest. Kids Way is not responsible for lost, stolen or damaged personal items in our program or parking areas.

.....  
I have read, understand, and agree to the above Medical Consent and the Transportation/Field Trip/Activity Consent policies.

\_\_\_\_\_  
Legal Guardian Name #1                      Date

\_\_\_\_\_  
Legal Guardian Name #2                      Date

# Kids Way Before and After School Program 2024-25 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 Mt. Pilchuck students
2. Operating Hours: Monday thru Friday 6:00 am until 6:00 pm.
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. Overtime fees apply; see below.
4. 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.
5. Snacks and Meals: Kids Way provides breakfast and an afternoon snack; families provide a sack lunch; Kids Way provides both AM and PM snacks on non-school days. Breakfast begins at 7:00 and we stop serving breakfast at 7:30.
6. Discontinued Care: Kids Way requires a 30 day written notice to discontinue or reduce care.
7. Illness: Ill children may not attend Kids Way. The full illness policy is in your enrollment packet and online at [www.KidsWay.org](http://www.KidsWay.org)
8. 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.
9. 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.
10. Field Trips Kids Way may offer field trips on non-school days. Walking field trips are weather dependent; families will be notified when possible. Children are required to participate in scheduled field trips. \*Field Trip Fees may apply
11. Kids Way closes promptly at 6:00. There is a late fee of \$5.00 per child, per minute after 6:00.
12. Limited Care is limited to 2 hrs. before school, and 1.25 hrs. after school. Early drop off and late pick up, is charged an overtime fee of \$3.00 per minute.
13. 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. Kids Way must be notified in advance if a child will be in care over 10 hrs.

Legal Guardian Name #1 Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Legal Guardian Name #2 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.***

Legal Guardian Name #1 Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Legal Guardian Name #2 Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Enrolled Child’s Name: \_\_\_\_\_ Date: \_\_\_\_\_



Before & After School Program  
Child Care & Early Learning Center, Inc.

12211 20<sup>th</sup> St NE, Lake Stevens WA 98258 425-374-3582

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 can be paid automatically by Tuition Express or by you online. 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](http://www.tuitionexpress.com). Payments can be made by you with a bank transfer or credit card (VISA or MasterCard), or by us 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 monthly processing fee when using VISA or MasterCard of \$10 per child; for both automatic and online payments. Bank transfers automatic and online 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. For those using bill pay through their bank account, you no longer have to depend on the timing and accuracy of the US Postal Service.

Please look over the Frequently Asked Questions at [www.tuitionexpress.com](http://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 attached 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 \$10 per month 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 Before & After School Pricelist and Options:** **School Year 2024/25**

\*\*\*Monthly rates are the weekly rate times 4.33 and processed the 1<sup>st</sup> business day of the month.

\*\*\*Bi-Weekly Rates are processed every other Monday

\*\*\*All tuition is processed via Tuition Express

**Tuition includes:** Up to 10 hours a day on non-school days. Full Time, Mon thru Fri, Before & After School care, includes early release, Conference Week, Winter/Spring Break at no extra charge.

**Billing cycle options:** Bi-Weekly (every other Monday) or Monthly the first business day of the month.

## **Monday thru Friday**

Before & After School \$25.50 per day

\*\$255 Bi-Weekly

\*\$552.06 Monthly

Before School only: \$ 23.00 per day

\*\$230 Bi-Weekly

\*\$497.95 Monthly

After School only: \$18.50 per day

\*\$185 Bi-Weekly

\*\$400.53 Monthly

## **Part Time**

### **Mon/Wed/Fri**

Before & After School \$31.00 per day

\*\$186 Bi-Weekly

\*\$402.69 Monthly

Before School only \$25.50 per day

\*\$153 Bi-Weekly

\*\$331.25 Monthly

After School only \$22.00 per day

\*\$132 Bi-Weekly

\*\$285.78 Monthly

### **Tues/Thurs**

Before & After School \$31 per day

\*\$124 Bi-Weekly

\*\$268.46 Monthly

Before School only \$25.50 per day

\*\$102.00 Bi-Weekly

\*\$220.83 Monthly

After School only \$22 per day

\*\$88.00 Bi-Weekly

\*\$190.52 Monthly

## **Non-Recurring/Drop In Tuition Rates:** \*\*\*no limited option for drop in care

Before & After School \$35 per day ... Before School Only \$30 per day ... After School Only \$25 per day

Non-School Days \$60 per day \*up to 10 hours of care

\*\*\* Non - School Day Additional Fees for children enrolled AM or PM Only Care, includes your child's typical daily rate plus the addition fee for AM or PM Only Care in the above price list.

\*\*\* I have read and understand Kids Way Before & After School Pricing.

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

**Kids Way Childcare and Early Learning Center, Inc.**  
**Tuition/Payment Agreement 2024/25 Before and After School Program**

**Tuition Covers up to 10 hours of care**

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

Child's Legal Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Guardian's Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Guardian's 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**

**\*Please "X" the schedule your child will need and your preferred billing cycle.**  
**Tuition is billed and paid in advance. Over 10 hrs. of care is rated at \$15 per 30 minutes**

**Late pick up after 6:00 pm, is rated at \$5.00 per minute, per child.**

**Monthly Billing \_\_\_\_\_ Bi-Weekly Billing (every other Monday) \_\_\_\_\_**

Mon thru Fri Full Time **AM&PM** \_\_\_\_\_ Mon thru Fri **AM ONLY** \_\_\_\_\_ Mon thru Fri **PM Only** \_\_\_\_\_

Mon/Wed/Fri **AM&PM** \_\_\_\_\_ Mon/Wed/Fri **AM ONLY** \_\_\_\_\_ Mon/Wed/Fri **PM Only** \_\_\_\_\_

Tues/Thurs **AM&PM** \_\_\_\_\_ Tues/Thurs **AM ONLY** \_\_\_\_\_ Tues/Thurs **PM Only** \_\_\_\_\_

**Each child has one week Tuition Free 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 \$50.00 plus late fees for any check returned for any reason.*

*Additional fees can be charged for the following: Field Trips, 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 \$200.00*

Legal Guardian Name #1 Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Legal Guardian Name #1 Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

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



## Before & After School Program

Located @ Mt. Pilchuck Elementary School  
12806 20<sup>th</sup> St NE, Lake Stevens WA 98258 425-374-3582

www.Kidsway.org email: [Kidsway@live.com](mailto:Kidsway@live.com)

Dear Kids Way Child Care Family,

Welcome! Thank you for choosing Kids Way Before and After School program 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 provide designated time for homework, with assistance from staff. 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....

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What is your child's favorite activity? \_\_\_\_\_

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What is your child's favorite food? \_\_\_\_\_

Has your child attended child care in the past? \_\_\_\_\_

Names of family members and pets: \_\_\_\_\_

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Fears your child has, such as bugs: \_\_\_\_\_

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

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**Additional Comments** (use back of page if needed):

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# Certificate of Immunization Status (CIS)

For Kindergarten-12<sup>th</sup> 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: Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
 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

### Required Vaccines for School or Child Care Entry

	Date	Date	Date	Date	Date
	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
♦ 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 \_\_\_\_\_