

Kids Way

Child Care & Early Learning Center, Inc.

Providing quality care and education since 2009

Dear Parent,

Welcome to Kids Way Child Care and Early Learning Center, Inc.

Please take a few minutes to complete the following forms and return them to Kids Way. 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. There is a \$200 registration and class supply fee per child when registering for the upcoming fall. The registration/class supply fee and two weeks advanced tuition deposit is required to reserve your child's space during the school year.

Registration, class supply fees, and advanced tuition deposits are non-refundable. All payments are processed via Tuition Express, no cash or checks accepted.

Thank you for choosing Kids Way for your child's care and early learning experience. 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

2022/23 School Year



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Teaching the Way Children Learn Since 2009

Hello!

My name is Kymm Shipman and I am the owner and director of Kids Way Child Care & Early Learning Center located in downtown Lake Stevens. I have always loved children and thoroughly enjoyed my oldest son's preschool and childcare experience. Upon the birth of my second child, I decided to go back to college for my degree in Early Childhood Education and open my own Child Care and Preschool.

It has been an amazing journey! College affirmed many of my beliefs as a mom, as well as giving me in depth knowledge regarding child development and developmentally appropriate methods to teach to the youngest of children.

Keeping parents in mind I remodeled our building to include video web monitoring which allows parents to view their child's day via their computer, tablet, or smart phone. We also offer a secure building with assigned codes required at all entrances. New in 2019 we now have emailed digital daily reports which include curriculum activities as well as photos of your child's day. Kids Way teachers are educated, experienced, and well prepared to foster learning in young children while building on children's strengths.

Children are born learners. Kids Way specializes in Kindergarten Readiness for the Lake Stevens School District. We use many of the same tools and philosophies; including the Award-Winning Handwriting Without Tears "GET SET FOR SCHOOL" program in Writing & Literacy and Math & Numbers. We love this program as it teaches to ALL learning styles. In addition, we utilize, David Matteson's Foundation in Literacy to teach children how to compose and tell a story via drawn pictures, labels, and a sentence caption. Classroom routine is an important part of kindergarten preparation and success. Our curriculum includes circle time, arts & crafts, math, science, literacy, language, recess and social development; in addition, field trips to the Lake Stevens Athletic Club for indoor PE/Gym and the Lake Stevens Library.

We have parent teacher conferences twice a year. Our spring conference for the PreK Classroom includes a Kindergarten Transition Report for your child's upcoming Kindergarten teacher. When children graduate from Kids Way and begin Kindergarten, they are READY! They have learned how to navigate a classroom of their peers and they recognize many of the materials in their new classroom.

Early childhood is fleeting; our goal is for it to be full of laughter, learning, and love.

Kids Way Child Care and Early Learning Center, Inc

Registration Information 2022/23

Child's Legal Name: _____ Gender: Boy Girl (please circle)

Nick Name: _____ Date of Birth: _____

Child Lives With: Both Parents Mother Father Other: _____

Mother's Legal Name: _____ Nick Name: _____

Address: _____ Apt. _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Employer Name: _____ Work Phone: _____ Work Hrs _____

Father's 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: _____

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: _____

Allergy: _____ Reaction: _____

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

Mother's Signature

Date

Father's 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 and Water Play 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.

Consent forms are completed during registration. Sunscreen is requested/accepted in spring.

In addition, Kids Way participates in water play such as sensory tubs, on site sprinklers, and the splash park across the street at Cove Park. Your signature serves as your permission to apply sunscreen (if provided) and for your child to participate in water play.

Thank you,

Kids Way Child Care and Early Learning Center

Child's Name: _____

Parents Name: _____

Parents Signature: _____

Date: _____



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The Washington State Department of Early Learning has merged with other state agencies creating, The Washington State Department of Children, Youth, and Families (DCYF); it is the new licensing agency overseeing licensed child care.

With this change comes new Washington Administrative Codes (WAC) for all licensed care. These codes go into effect on August 1, 2019. One of those codes includes brushing children's teeth once a day while in child care. (WAC 110-300-0180)

Families are allowed to "opt out" and provide oral hygiene/tooth brushing at home. Please let me know which you prefer:

_____ Option #1

We prefer to provide oral hygiene/tooth brushing at home and opt out of tooth brushing while in care at Kids Way Child Care & Early Learning Center.

_____ Option #2

We prefer our child's teeth be brushed while in care at Kids Way Child Care & Early Learning Center. We understand that it is the parent's responsibility to brush their child's teeth upon arrival. Tooth brushing may not occur at the sink and must be performed with a toothbrush and cup (health code). Children's hands must be washed after brushing their teeth. If a parent is unable to perform the tooth brushing and hand washing a Kids Way teacher will brush their child's teeth and wash their hands during free choice time.

We understand by choosing Option #2, we will be required to supply single use disposable toothbrushes and disposable cups for our child. Kids Way will charge a \$5.00 fee per occurrence if toothbrushes and cups are not supplied. Kids Way will charge a \$10 fee per occurrence if a Kids Way teacher performs the tooth brushing and hand washing.

Child's Name: _____

Parents Signature: _____

Date: _____

This form will be valid the duration of your child's enrollment at Kids Way. If you choose to change your option, please request another form. Every family is required to have a form on file.

Thank you,
Kymm Shipman
Kids Way Director

Kids Way Child Care and Early Learning Center, Inc.

Medical Consent, Digital monitoring Recording Web Viewing Photography Acknowledgement,
Transportation Consent, HiMama

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.

Digital Monitoring ~ Recording ~ Web Viewing ~ Photography Acknowledgement

I acknowledge that Kids Way is being digitally monitored and recorded and these images are available through internet web viewing. I am aware that all entrances, classrooms, and playgrounds are equipped with cameras, and that my child/children are being viewed and recorded. In the event that it is necessary, recordings will be made available to State and local authorities. Recordings will not be made available to parents or guardians. Parental access is limited to your child's primary classroom. This is necessary to maintain a secured viewing environment. I acknowledge that Kids Way may photograph my child for educational or classroom use.

Transportation ~ Field Trip Consent

Kids Way has my permission to transport my child on scheduled field trips, outings, and activities. I understand that a notice for planned field trips will be posted on HiMama, however field trips within walking distance may happen any day without prior notice. 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 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.

HiMama! Digital Daily Reports

Kids Way will share my child's day via daily emails from HiMama! Daily emails will include photos of the children. Some photos may contain group shots that include your child. Group shots may be emailed to all families with a child in the photo.

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

Mother's Signature

Date

Father's Signature

Date

General Policy List for the school 2022/23

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. We enroll children ages 30 months through 5 years.
2. Operating Hours: Monday thru Friday 5:30 am – 6:00 pm
3. Tuition Pricing: Tuition pricing is a set rate and reserves your child's enrollment slot, it does not change due to illness, holidays, personal reasons, or weather/emergency closures.
4. Vacation Credits: Families receive a week's tuition credit per school calendar year (prorated to the number of days per week a child is enrolled). The vacation credit reloads every September and does not carry over to the following school year. Families must be enrolled for 3 consecutive months with their account in good standing to qualify for a vacation credit.
5. Snacks and Meals: Breakfast begins at 7:00 and we stop serving breakfast promptly at 7:30. Kids Way provides a morning and afternoon snack. Parents provide lunch; however, Kids Way provides the milk served with lunch.
6. Deviations from Kids Way's Menu: Our menu has been approved by Washington State Dept. Children, Youth and Families, and Washington State Dept. of Health, any deviations from the menu due to allergies or other health related concerns require a doctor's note and a specific food replacement of the same nutritional value provided by the child's family.
7. "School Time" for your child to get the most out of our academic and arts and craft time, please arrive by 9:30 if possible.
8. Arrival times: Kids Way requires all children arrive by 10:30 unless there is prior approval. This allows your child to acclimate to school and to be ready to participate.
9. Kid Way Policy and Parent Handbook is available on our website Kidsway.org
Families are encouraged to read it in its entirety. An authorized Kids Way employee will answer all questions. Copies are available upon request.
10. Kids Way closes promptly at 6:00. There is a late fee of \$5.00 per child, per minute after 6:00.
11. Discontinued Care: Kids Way requires a 30-day written notice to discontinue care. Vacation credits may not be used for the 30-day discontinue care notice. If Kids Way determines a child is a safety concern to themselves or others, Kids Way reserves the right to discontinue care immediately.
12. Photography: Kids Way uses pictures for some art projects, daily reports, and family gifts. Please check the appropriate box and sign below:

Kids Way has my permission to use photos of my child for classroom projects.

I DO NOT WANT PHOTOS TAKEN OF MY CHILD WHILE ENROLLED AT KIDS WAY

I have fully read and understand the statements included in Kids Way General Policy List, I understand that this is a partial list of the most common questions and all of Kids Ways policies are listed in the Kids Way Parent Handbook.

Parent Signature: _____ Print Name: _____

Enrolled Child's Name: _____ Date: _____

Kids Way Policy Regarding Illness

- Kids Way health policy is based upon the requirements of The Snohomish Health District and The Washington State Department of Children, Youth, and Families (licensing). Kids Way is unable to care for children when they are/become ill. Families must have a backup plan for days that their child is ill. If your child becomes ill while at Kids Way, the parent will be notified and required to immediately pick up their child. Children may return to care when they are no longer contagious and able to fully participate in class activities ***including outside play.*** **Children will be unable to attend Kids Way for the following without a negative Covid 19 test. This is mandated by the Snohomish Health District:**

- A cough
- Shortness of breath or difficulty breathing
- A sore throat
- New loss of taste or smell
- Muscle or body aches
- Congestion/running nose – not related to allergies
- Unusual Fatigue
- **Your child may not attend, even with a negative Covid-19 test they have the following symptoms.**
- A fever of 100 degrees or above or a sense of having a fever
- Chills
- Nausea/vomiting/diarrhea
- Head lice
- **Children must be fever-free and no nausea/vomiting/diarrhea for a minimum of 24 hours to return to care, in addition to a negative Covid-19 test.**

MASKS ARE OPTIONAL FOR CHILDREN, THEIR FAMILIES, AND STAFF

*A doctor's note may be required prior to re-entry to Kids Way. This policy is subject to change and is mandated by the Snohomish Health District.

Kids Way reserves the right to decide on re-entry.

*If we feel an illness or injury is serious and question a child's safety, we reserve the right to contact emergency services immediately.

Parent Signature: _____ Print Name: _____

Child's Name: _____ Date: _____



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Dear Kids Way Parents,

Kids Way's method of collecting and processing tuition payments is Tuition Express. Tuition Express is part of our ProCare Software management system and allows us to process tuition payments safely, quickly and efficiently. Kids Way does not accept in person payments.

Once enrolled in Tuition Express, your tuition payments are paid automatically by Tuition Express. Payments are made via a bank transfer or credit card (VISA or MasterCard) automatically, thus eliminating the need to collect and store checks or cash at the school. There is a bankcard monthly processing fee when using VISA or MasterCard of 3.5% per transaction, 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 Tuition Express form with the payment method of your choice.

Sincerely,
Kymm Shipman
Kids Way, Director

Kids Way Childcare and Early Learning Center, Inc.

Tuition/Payment Agreement 2022-23 School Year... effective 9-1-22

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: _____

Mother's Legal Name: _____

Address: _____ City _____ State _____ Zip _____

Social Security Number: _____ Driver's License Number _____

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

Email: _____

Father's Legal Name: _____

Address: _____ City _____ State _____ Zip _____

Social Security Number: _____ Driver's License Number _____

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

Email: _____

Start Date: _____ Arrival time @ Kids Way _____ Pick up Time _____

Non-Refundable Registration and Class Supply Fee \$200

Full Time: Monday through Friday

Little Preschool 30-36 months or until fully potty trained \$382.50 per week. All children must arrive in underwear, diapers are allowed during naptime only. Families must be actively potty training prior to your child's first day.

Preschool (must be fully potty trained) \$357.50 per week

PreK (must be fully potty trained) \$357.50 per week

Part Time: Mon/Wed/Fri or Tues/Thurs

Little Preschool 30-36 months or until fully potty trained for Mon/Wed/Fri \$267.50 per week

Little Preschool 30-36 months or until fully potty trained for Tues/Thurs \$179 per week

Preschool (potty trained) and PreK Tuition for Mon/Wed/Fri \$249.50 per week

Preschool (potty trained) and PreK Tuition for Tues/Thurs \$167 per week

***Children who enrolled/attend on indoor PE days will have a week activity fee once indoor PE resumes; children who are enrolled part-time and are not scheduled in class on PE days will not be charged.

*** 5% sibling discount for full time enrolled siblings attending Kids Way Before & After School Program located at Mt. Pilchuck Elementary School.

Monday Bi-Weekly _____ The 1st business day of each Month (weekly rate x 4.33) _____

A \$50 Per Child Late Fee Will Be Added To Your Account For Each Week Your Payment Is Week Late

Acceptable forms of payment include, VISA, MasterCard (+3.5% transaction fee) or bank transfer. Tuition is processed via Tuition Express.

I agree that full payment as set forth above is due on time as agreed regardless of hours and days attended this includes sick days, holidays, emergency closure days and non-approved vacation days, and not to exceed the times and days specified. One normal week of vacation without payment is allowed per child per school year. Vacation can be used 1 day at a time or grouped together, provided notice is given. Any vacation time above one week will be payable as normal. Consistent enrollment of 3 months and current non-delinquent tuition accts are required for a vacation credit. Kids Way, Inc. or 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. No credit will be allowed for vacation during the 30 day discontinue care notice period. Change in enrollment schedule is subject to availability. All tuition is due in advance, Kids Way reserves the right to discontinue care if tuition is not paid in full, on time.

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 \$50.00 per week 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 Tuition Express Payments returned for any reason. Additional fees can be charged for the following: Late payment fees, Rejected Tuition Express payments, Diapering/Potty Training Fees, Activity Fees, Registration Fees, Late Pick Up, Lunch Fees, Pizza Day. 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 and supply fee of \$200.00. If a family discontinues care for any reason a new registration and supply fee is required upon re-enrollment. **Families are required to give 30 days' notice in writing to discontinue care.** I agree to pay full tuition for the entire 30 days' notice if discontinuing care; even if my child/children are not in attendance.

Mother's Signature

Date

Father's Signature

Date

Covid-19 Tuition Agreement Addendum

Hello Kids Way Families,

Kids Way follows all health and safety mandates from the Snohomish Co. Dept. of Health, The Washington State Dept. of Children, Youth, and Families, and L&I. Licensed childcare is a heavily regulated industry with the focus on safety and quality of care.

As you know, children must be 100% symptom free or have a negative Covid 19 test to attend care. All Covid 19 tests must be performed by a medical provider, community drive-thru testing, or pharmacy. No home tests are accepted, included online home test. This is a Dept. of Health mandate. If your child is required to stay home, Kids Way current "Illness Policy" does not change, tuition will be charged and remain the same.

Kids Way's biggest asset is our teachers; they are the heart and soul of our programs. If a Kids Way Program is required to temporarily close due to a positive Covid-19 exposure, our staff members will remain employed and receive full pay, and tuition will be charged and remain the same. If a temporary closure is mandated by the Department of Health, Kids Way will work closely with the health department to ensure a safe return to care as quickly as possible. The length of closure will vary depending on the circumstances.

Should a family choose to discontinue care, the 30 days' notice applies, and cannot be combined with vacation credits. If a family chooses to return in the future, they will have to re-register and pay all applicable registration fees, and return to care is subject to availability.

Hopefully, we will continue to move forward and we are through the most challenging time.

Thank you for your ongoing support!

Sincerely,

Kymm Shipman, Kids Way Director

By signing this letter, you agree to the Kids Way tuition terms outlined in this letter.

Child's Name: _____

Parent's Name: _____

Parent's Signature: _____ Date: _____



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 _____

THINGS FOR PARENTS TO BRING DAILY

Clothing

Please bring at least change of clothes in your child's backpack.

Outdoor Clothing

Kids Way has recess daily even then weather is wet or cold. Please dress your child appropriately and include coats, hats, mittens, boots, and a swimsuit and towel in the summer.

A separate set of outdoor accessories may be left in your child's cubbie.

Sack Lunch

Parents are required to provide a sack lunch daily or a "reheat lunch".

ITEMS TO BE KEPT AT KIDS WAY

Naptime Items

Small/Medium Blanket, crib sheet, comfort item, and pacifier if needed.

Diapers allowed at naptime

If your child wears diapers during nap time, parents are responsible to provide at least one week's worth of diapers, wipes, and non-latex gloves at all times; parents are welcome to bring in a complete package of each item. Kids Way will notify parents when their diapering supplies are low.

PLEASE DO NOT BRING ANY MEDICATIONS INCLUDING DIAPER OINTMENT WITHOUT COMPLETING A MEDICATION FORM. THESE ITEMS CANNOT BE LEFT IN YOUR CHILD'S CUBBIE OR BACKPACK.

It is Kids Way's goal to provide the very best experience for the children entrusted to us, if you have any questions or concerns, please speak to your child's teacher or the director.

Thank-you 😊

Lunch Ideas

Washington State Department of Children, Youth and Families (licensing) requires all lunches contain the following four ingredients:

- A dairy product (milk is provided by Kids Way)
- Meat or meat alternative (such as beef, fish, poultry, legumes, tofu, or beans)
- A whole grain product (such as bread, cereal, bagel or rice cake)
- Fruits or vegetables, child sized portions (2 fruits or two vegetables, or 1 fruit and 1 vegetable)

Lunches may consist of “left-over’s” or other hot meals such as, Mac & Cheese, Pizza, Chili & Crackers, Spaghetti, Corn Dogs or Chicken Nuggets; however hot lunch is limited to “reheated” items, please do not send items that must be prepared such as “Easy Mac” or “Cup of Soup” unless they have been prepared and only need preheating.

Other lunch idea’s would include; Sandwiches, Lunchables (parents must add a fruit or veggie), Salads (fruit, potato or green), Veggies & Dip, Cheese sticks or cubes, and all fruits.

All hot lunches are reheated only! Please limit reheating times to 1-2 minutes. **No frozen lunches please.**

Please wash and cut up or peel fruit to your child’s preference...fruit will be placed on the plate as it is prepared in your child’s lunch.

At this time Kids Way is allowing peanut products...such as Peanut Butter...however, if a child is enrolled with a serious peanut allergy, peanuts and peanut products will no longer be permitted.

Every child’s safety is Kids Way top priory.

Voluntary Pizza Day!

Kids Way has a voluntary Pizza Day the first two Wednesdays and the last two Thursdays of each month. Pizza Day includes, all you can eat pizza, fruit, cookie, and milk. The cost is \$5.00 and added to your Kids Way account.



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 _____

	Date	Date	Date	Date	Date	Date
	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
<ul style="list-style-type: none"> ◆ Required for School and Child Care/Preschool ◆ Required Only for Child Care/Preschool 						
◆ 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 _____



Child Care & Early Learning Center, Inc.

"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, or special needs (use back of page if needed):

Additional Comments (use back of page if needed):
