

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,
Highland, and Hillcrest Elementary Schools.

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:

\$175 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 \$150 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 20th St NE, Lake Stevens WA 98258

www.kidsway.org

Phone: 425-374-3582

KidsWay@live.com

2022/2023 School Year

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

My child will begin attending on: _____

*****Enrolled at: Mt Pilchuck Highland Hillcrest*** GRADE level** _____

Child's Legal Name: _____ Gender: Boy Girl

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: _____

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: _____

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 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.

Thank you,
Kids Way Child Care and Early Learning Center

Child's Name: _____

Parents Name: _____

Parents 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.

Mother's Signature Date

Father's Signature Date

Kids Way Before and After School Program 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 school starts after school until 6:00 pm. Times are adjusted to accommodate early release days and non-school 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. Sign in and Sign out: Only persons listed on the enrollment form may sign in or sign out and enrolled child. ID is required. Persons can be added to the list, but must be in writing. Children will not be allowed to leave without an authorized adult 16 years or older.
5. Vacation Credits: Families receive one week's tuition credit per school 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 summer or following school year. Families must be enrolled for 3 consecutive months prior to using a vacation credit. Drop-in care does not accrue vacation credits.
6. Snacks and Meals: . Kids Way provides breakfast and an afternoon snack. On non-school days parents provide a sack lunch. Breakfast begins at 7:00 and we stop serving breakfast at 7:30, non-school days will include an AM and PM Snack.
7. Discontinued or Reduction in Care: **Kids Way requires a 30-day written notice to reduce or discontinue care.** Vacation credits may not be used for the 30-day discontinue care notice.
8. Illness: Ill children may not attend Kids Way Before and After School Program. The full illness policy is in your Parent Handbook 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 your child will be absent, please notify the program director.
10. 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 and 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. Families will be notified of field trips requiring transportation. Children may be required to participate in scheduled field trips. Field trips that require payment will be added to your Kids Way account. Fees will reflect the cost of the field trip/event.
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: _____

Enrolled Child's Name: _____ Date: _____

Kids Way Policy Regarding Illness

Kids Way health policy is based upon the requirements of The Washington State Department of Health, and The Washington State Department of Early Learning (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:

Covid-19 Health Screening Questions from the CDC, DOH, and DCYF:

- A cough
- Shortness of breath or difficulty breathing
- A fever of 100 degrees or above or a sense of having a fever
- A sore throat
- Chills
- New loss of taste or smell
- Muscle or body aches
- Nausea/vomiting/diarrhea
- Congestion/running nose – not related to allergies
- Unusual Fatigue
- Does anyone in the household have these symptoms
- Has anyone in the household been in close contact with suspected or confirmed COVID-19
- Has your child had any medication to reduce a fever before coming to care
- Your child's temperature will be taken

*At this time, a negative Covid-19 test is required for any child or staff who displays symptoms.

*A doctor's note may be required prior to re-entry to Kids Way.

Kids Way reserves the right to decide on re-entry. The policy is subject to change. Kids Way is regulated by the Snohomish Health District.

*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: _____



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

12211 20th 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. 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 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 _____

Before and After School Price List: 2022-23 School Year

** Monthly Rates are the weekly rate times 4.33, all tuition is billed monthly via Tuition Express

Full Time, (4 to 5 days a week):

Before & After School Care

\$750 per month (\$173.21 per week = \$34.64 per day)

Before School Only

\$660 per month (152.42 per week = \$30.48 per day)

After School Only

\$450 (\$103.92 per week = \$20.78 per day)

Recurring Schedule 3 days a week:

Before & After School Care,

\$649.50 per month (\$150 per week = \$50 per day)

Before School Only

\$584.55 per month (\$135 per week = \$45 per day)

After School Only

\$389.70 (\$90 per week = \$30 per day)

Recurring Schedule 2 days a week:

Before & After School Care,

\$433 per month (\$100 per week = \$50 per day)

Before School Only

\$389.70 per month (\$90 per week = \$45 per day)

After School Only

\$259.80 (\$60 per week = \$30 per day)

Non-Recurring/Drop-In Rates

- **Before & After School Care:** \$65 per day, \$70 on early release Fridays
Before School Only \$55 per day
After School Only \$45 per day, \$50 on early release Fridays
- **Transportation Fee: for Highland and Hillcrest Students \$4 per day less than full time, Full Time \$65 per month (\$3 per day)**
- **Less than full time: Extra Fees for AM or PM Only Schedules on Non-School Days**
- **Less than full time: Extra Fees for AM/PM Only Schedules during Conference Weeks**
- **Full Time Enrollment includes early release and Non-School Days at no extra charge.**

Kids Way Childcare and Early Learning Center, Inc.
Tuition/Payment Agreement 2022/2023 Before and After School Program

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: _____

Social Security Number: _____ Drivers License Number _____

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

Father's Legal Name: _____

Social Security Number: _____ Drivers License Number _____

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

Tuition covers up to 10 hours per day.

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

Tuition Rates: Please circle the schedule your child will need. Recurring Rates are billed monthly.

Full Time 4 to 5 days a week: Before and After School \$750 per month (\$173.21 per week/\$34.64 per day), Before School Only \$660 (\$152.42 per week/\$30.48 per day) **OR** After School Only \$450 (\$103.92 per week/\$20.78 per day)

Less than full time recurring weekly schedule: AM&PM \$50 per day, AM ONLY \$45 per day or PM ONLY \$30 per day

Drop-In/Non-Recurring Care \$65 per day AM/PM (Friday early release \$70), Before School Only \$55 or After School Only \$45 per day, (Friday early release PM additional \$5 per day), Conference Weeks PM \$65 per day, Non-School Day \$70 per day.

*** \$20 cancellation fee, no refund if cancelled within 48 hours of scheduled day

*** Must be scheduled at least one work day in advance, must be canceled a minimum of 48 hours in advance for refund.

***no additional charge on non-school days or early release on AM/PM recurring care, additional days extra. Part time AM only or PM only care will incur additional fees if attending on non-school days.

***5% sibling discount for full time (Monday through Friday), before & after school care. No discount on part time care.

***3.5% charge for credit/debit cards, no charge for bank transfers.

Yes, my child needs transportation to and/or from school @ \$4.50 per day flat rate/\$65 per mo FT

My child attends: Highland Elementary ... Hillcrest Elementary (please circle your child's school)

My child's recurring schedule (circle days):

Mon Tues Wed Thurs Fri ... Both Before & After School AM or PM only

Tuition is billed monthly and paid in advance via Tuition Express. 30 day minimum contracted schedule. 30 day notice required for change in schedule. Change in schedules is subject to availability. **\$50.00 Per Child Late Fee Will Be Added To Your Account For Each Week Your Payment Is Late, care will be suspended while waiting for payment, enrollment slot will not remain secured while waiting for delinquent payment.** Acceptable forms of payment include, VISA, MasterCard, or Bank Transfer. All tuition is processed with Tuition Express. There is a 3.5% monthly convenience 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. One normal week of vacation without payment is allowed per child per year (account must be current when applied). 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 is required for a vacation credit. Kids Way, Inc. or the undersigned parent or guardian may terminate this agreement at any time providing 30 day notice in writing is provided; this includes any change in days or hours. Kids Way reserves the right to immediate discontinued care for safety concerns. No credit will be allowed for vacation during the 30 day notice period. **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 \$50.00 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/Tuition Express returned for any reason. Fees can be charged for the following: Late payment fees, Rejected Tuition Express payments, Activity Fees, Registration Fees, Transportation Fees. 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 \$175.00.

Mother's Signature _____ Date _____

Father's Signature _____ Date _____

Covid-19 Tuition Agreement Addendum

Hello Kids Way Families,

Kid4s 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 at this time, however that may change at a future date. 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 Before & After School Program follows the Lake Stevens School District policy, unless mandated differently by the health district.

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: _____

Kids Way

Before & After School Program

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 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: _____ Grade level Fall 2022 _____

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 _____