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/Guardian,
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 20th St NE, Lake Stevens WA 98258
www.kidsway.org Phone: 425-374-3582 KidsWay@live.com

2026/2027 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 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

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 2026-27

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 attending Mt Pilchuck Elementary School
2. **Operating Hours:** Monday thru Friday 6:00 am until 6:00 pm
3. **Kids Way closes promptly at 6:00** There is a late fee of $5 per child, per minute after 6:00.
4. **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.
5. **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 for work/commuting hours. 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. and a waiver completed and signed.
6. **Sign in and Sign out**: Only persons listed on the enrollment form may sign out an enrolled child. ID is required. Persons can be added to the list, but must be in writing or email.
7. **Snacks and Meals:** Kids Way provides breakfast and an afternoon snack; families provide a sack lunch; Kids Way provides breakfast, AM and PM snacks on non-school days. Breakfast begins at 7:00 and we stop serving breakfast at 7:30.
8. **Discontinued Care: Kids Way requires a 30 day written notice to discontinue or reduce care.**
9. **Illness:** Ill children may not attend Kids Way. The full illness policy is in your enrollment packet and online at www.KidsWay.org
10. **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.
11. **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.
12. **Field Trips** Kids Way may offer field trips on non-school days. Walking field trips are weather dependent; families will be notified when possible. *Field Trip Fees may apply
13. **Key Fobs:** Families are assigned a Key Fob for entrance to the school. There is a $20 deposit; it is refundable when the fob is returned undamaged.

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:_____

Kids Way

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 scheduled tuition payments are paid automatically via 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 processed automatically when due with a transfer from a bank account or credit card (VISA or MasterCard). There is a bankcard processing fee when using VISA or MasterCard of 3.5%; no processing fees for bank transfers.

Your personal account information is safe with Tuition Express -- safer, in fact, then 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 3-Digit CVC Code

_____

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 2026/27

***Monthly rates are processed the 1st 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. Part-time enrollment incurs additional charges on non-school days, early release, and school breaks.
Billing cycle options: Bi-Weely (every other Monday) or Monthly the first business day of the month.

Monday thru Friday

Before & After School $27.50 per day
*$275 Bi-Weekly
*$595 Monthly
Before School only: $ 25.00 per day
*$250 Bi-Weekly
*$541.25 Monthly
After School only: $20.50 per day
*$205 Bi-Weekly
*$444 Monthly

Part Time

Mon/Wed/Fri

Before & After School $35.00 per day
*$210 Bi-Weekly
*$455 Monthly
Before School only $29 per day
*$174 Bi-Weekly
*$377 Monthly
After School only $25 per day ($40 on early release Friday)
*$180 Bi-Weekly
*$390 Monthly

Tues/Thurs

Before & After School $35 per day
*$140 Bi-Weekly
*$303 Monthly
Before School only $29 per day
*$116 Bi-Weekly
*$251 Monthly
After School only $25 per day
*$100.00 Bi-Weekly
*$217 Monthly

Non-Recurring/Drop In Tuition Rates:

***Before & After School $40 per day, Before School Only $35 per day, After School Only $30 per day ($45 on Friday Early Release, Non-School Days $75 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. $50 per day
*** MWF PM Only, additional $15 for early release Fridays
*** I have read and understand Kids Way Before & After School Pricing.

*****WCCC ID# 969007**

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 Prorated Vacation. Must be scheduled in advance and account must be current. *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: _____

Kids Way

"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):

_____

_____

_____

_____

_____

Washington State Department of Health

Certificate of Immunization Status (CIS)

For Kindergarten-12th Grade / Child Care Entry

Office Use Only:
Reviewed by: Date:
Signed Cert. of Exemption on file? ❑ Yes ❑ No

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

Child's Last Name: **First Name:** **Middle Initial:** **Birthdate** (MM/DD/YY): **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**

Certificate of Immunizations Status (CIS) is available online at: https://myirmobile.com/ or from your medical provider.

♦ Required for School and Child Care/Preschool
● Required Only for Child Care/Preschool

			Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY
Req			**ild Care Entry**			
♦ **DTaP / DT** (Diphtheria, Tetanus, Pertussis						
♦ **Tdap** (Tetanus, Diphtheria, Pertussis)						
♦ **Td** (Tetanus, Diphtheria)						
♦ **Hepatitis B** ❑ 2-dose schedule used between ages 11-1						
● **Hib** (*Haemophilus influenzae* type b)						
♦ **IPV / OPV** (Polio)						
♦ **MMR** (Measles, Mumps, Rubella)						
● **PCV / PPSV** (Pneumococcal)						
♦ **Varicella** (Chickenpox) ❑ History of disease verified by IIS						
Recommended			**hool 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.**

❑ Diphtheria	❑ Mumps	❑ Other:
❑ Hepatitis A	❑ Polio	_____
❑ Hepatitis B	❑ Rubella	_____
❑ Hib	❑ Tetanus	
❑ Measles	❑ Varicella	

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

Printed Name