



Dear Parents,

We count it a great privilege to have your child or children here at Christ the Rock Preschool. We are so excited your child will be attending our program.

Children are precious to us and will receive tender, loving care and instruction while in our care. Christ the Rock Preschool (CTRP) is a Christian Preschool Center operated under the direction of Christ the Rock Fellowship. Our goal is to provide a safe, loving, and secure environment where children learn about God's love and grow in character, academics, and in social development.

Our staff is of the highest quality and has a wealth of experience in working with young children. All our teachers are required to have thirty hours of initial training and a minimum of ten hours of continuing education each year, including First Aid and CPR certification. In addition, we have two Teacher-in-Service days to expand teachers' education. We strive to have a highly trained staff who desire to see children grow emotionally, physically, socially, and intellectually.

At Christ the Rock Preschool (CTRP) children enjoy a balance of indoor and outdoor free play, group activities, and individual attention from staff. All our activities and projects are designed to enhance your child's growth and to provide a loving and nurturing environment.

We encourage you to work with us as partners in the development of your child. Your involvement will enhance the experiences your child has and the progress he/she will make while attending Christ the Rock Preschool (CTRP). Please feel free to talk with the Director for further information regarding the care of your child.

Sincerely,
Board of Directors
Christ the Rock Preschool



Toddler 12 months to 2 years (1 to 4 child to teacher ratio)

Weekly

5 days a week \$585
3 days a week \$455
2 days a week \$390

Monthly

5 days a week \$2,505
3 days a week \$1,945
2 days a week \$1,680

Early Preschool (1 to 7 child to teacher ratio)

Weekly

5 days a week \$525
3 days a week \$400
2 days a week \$340

Monthly

5 days a week \$2,255
3 days a week \$1,725
2 days a week \$1,470

PRESCHOOL - Pre-Kindergarten (1 to 10 child to teacher ratio)

Weekly

5 days a week \$480
3 days a week \$335
2 days a week \$290

Monthly

5 days a week \$2,060
3 days a week \$1,440
2 days a week \$1,255

Half Day Preschool - (1 to 10 child to teacher ratio)

Monthly

5 days a week \$830
3 days a week \$580
2 days a week \$495

Registration Fee

One Child Family \$150
Two or more children \$200

* Military and Crane employees receive a discount of 5%

* A 10% Multi-child discount is available for families with more than 1 child in the Center.

* Vacation Discounts cannot be combined with any other discount

* Discounts cannot be used for ½ day students



2025 - 2026 ENROLLMENT APPLICATION

Start Date: _____

End Date: _____

How would you like to be billed? ☐ Monthly ☐ Weekly ☐ Other: _____

Child's Information

First Name: _____ M.I.: _____ Last Name: _____

Preferred Name: _____ DOB: _____ Gender: ☐ Male ☐ Female

Is child potty trained? ☐ Yes ☐ No What elementary will your child attend? _____

Child's Address: _____ City: _____ State: _____ ZIP: _____

Parent/Guardian Information (Dad)

First Name: _____ M.I.: _____ Last Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Email: _____ Cell Phone: _____

Employed By: _____ Work Phone: _____

Work Address: _____ City: _____ State: _____ ZIP: _____

Driver's License Number: _____ State: _____

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed

☐ **Custodial Parent** (if married, mark both parents) ☐ **Non-Custodial Parent** (parenting plan must be on file at school)

Parent/Guardian Information (Mom)

First Name: _____ M.I.: _____ Last Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Email: _____ Cell Phone: _____

Employed By: _____ Work Phone: _____

Work Address: _____ City: _____ State: _____ ZIP: _____

Driver's License Number: _____ State: _____

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed

☐ **Custodial Parent** (if married, mark both parents) ☐ **Non-Custodial Parent** (parenting plan must be on file at school)

Emergency Contact Information

To prioritize the safety of every child, it's essential that we receive a completed emergency release form for each child, including a list of at least two alternative emergency contacts and their contact numbers, separate from those of the parent or legal guardian. If you wish to include more than three contacts, please input them in the BrightWheel app.

EMERGENCY AND AUTHORIZED PICK UP CONTACT 1

First Name: _____ M.I.: _____ Last Name: _____

Cell Phone: _____ Work Phone: _____ Relationship to child: _____

____ This person is allowed to pick up my child ____ This person is **NOT** allowed to pick up my child

EMERGENCY AND AUTHORIZED PICK UP CONTACT 2

First Name: _____ M.I.: _____ Last Name: _____

Cell Phone: _____ Work Phone: _____ Relationship to child: _____

____ This person is allowed to pick up my child ____ This person is **NOT** allowed to pick up my child

EMERGENCY AND AUTHORIZED PICK UP CONTACT 3

First Name: _____ M.I.: _____ Last Name: _____

Cell Phone: _____ Work Phone: _____ Relationship to child: _____

____ This person is allowed to pick up my child ____ This person is **NOT** allowed to pick up my child

Child's Schedule

We are open from 7am-5:30pm. To ensure a stable and comforting atmosphere for the children, we maintain a consistent daily schedule. Our main instructional session commences at 9:00 AM sharp every day. Children are kindly asked not to arrive during nap time (12-2:30pm). Additionally, a fee will be applied for late pickups or early drop-offs outside the scheduled times.

Preschool Plus Daycare (12 months Pre-Kindergarten)

_____ to _____ ____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

Half Day Preschool

9:00 AM to 12:30PM ____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

Photography Release

I authorize the photographing or recording of my child for print or electronic use in promoting our childcare services. I acknowledge my responsibility to update this form if I wish to revoke authorization. I agree that this authorization will remain valid throughout my child's enrollment. I understand that neither I nor my child will receive any compensation for participation.

My child's photo can be used for crafts and photos: ____ Yes ____ No

My child's photo can be used on the CTR-Preschool.com website: ____ Yes ____ No

My child's photo can be posted on the CTR-Preschool social media accounts: ____ Yes ____ No

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Medical Release

In consideration of _____ [Child's Name], opportunity to participate in Christ the Rock Preschool activities and programs, I acknowledge and accept the risks of injury associated with participation and transportation to and from any and all activities and programs of Christ the Rock Preschool and Church. I also accept personal financial responsibility for any injury or other loss sustained during the activities or programs of Christ the Rock Preschool or during transportation to and from such activities and programs, as well as for medical treatment rendered to my child that is authorized by Christ the Rock Preschool, its leaders, employees, volunteers, or agents.

I specifically consent to allowing my child to be transported to receive emergency care and to be responsible for all financial charges for such emergency care. I release and promise to indemnify, defend, and hold harmless Christ the Rock Preschool, its leaders, employees, volunteers, and agents from any and all injury or loss arising directly or indirectly out of the activities and programs of Christ the Rock Preschool or transportation to and from such activities and programs, whether such injury arises out of the negligence of Christ the Rock Preschool, my child, or otherwise.

If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the participant (or parent/guardian) and the activity sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution in accordance with the rules of the American Arbitration Association.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Permission for School Evacuation

I hereby grant permission for my child, _____ [Child's Name], to participate in school evacuation procedures as deemed necessary by the school administration for safety reasons. I understand that these procedures may include drills or actual evacuations in the event of emergencies such as fire, natural disasters, or other unforeseen circumstances.

I acknowledge that the school will take all reasonable precautions to ensure the safety and well-being of my child during these evacuations. I agree to provide updated contact information and emergency contacts to the school to facilitate communication during evacuation situations.

Furthermore, I understand that it is my responsibility to inform the school of any relevant medical conditions or special needs my child may have that could affect their participation in evacuation procedures.

By signing below, I indicate that I have read and understood the school's evacuation policies and give consent for my child to participate in evacuation drills and procedures.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Financial Agreement

By enrolling your child at Christ the Rock Preschool, you agree to comply with our financial policies and procedures. We appreciate your cooperation in ensuring a smooth and positive experience for all members of our school community. If you have any questions or require further clarification regarding our financial policies, please do not hesitate to email our Billing Director at BILLING@CTRF.COM.

REGISTRATION: *Initial Each Section*

_____ A yearly registration fee of \$150.00 per child or \$200.00 per family is required on or before the child's initial day of attendance and in September at the start of every academic year. This fee is non-refundable.

TUITION CYCLE: *Initial Each Section*

_____ **Monthly Tuition:** Monthly tuition is posted on the 20th day of the month for the next month's tuition. Tuition is calculated by multiplying the weekly rate by 4.33. Tuition is due on the first of the month by closing time.

_____ **Weekly Tuition:** Weekly tuition is posted on Thursday of each week for the next week. All tuition payments are due in advance and are due and payable on Monday of each week.

_____ **Late Tuition:** For monthly payments, a \$20 late fee will be applied on the second day of the month if your payment is received after closing on the 1st. If payment is not received by the first day of the month, any early payment discounts will be forfeited. Similarly, for weekly payments, a \$20 late fee will be incurred for payments received after 5:30 pm on Monday.

_____ **Tuition Changes:** At Christ the Rock Preschool, adjustments to tuition invoices cannot be made during an active billing period. Families must submit written notice by the 10th of the preceding month for any schedule modifications. Download Change of Care forms from <https://ctr-preschool.com/forms>.

_____ Tuition, fees, and terms may be subject to modification. The Center will issue written notification regarding any adjustments to tuition or fees at least 30 days before the changes take effect.

PAYMENTS: *Initial Each Section*

_____ **Checks and Money Orders:** Payment can be made via check or money order, which should be deposited in the payment box on the wall opposite the drinking fountains. Please ensure accurate processing by including the child's first and last name in the memo section. Please make checks and money orders payable to CTRP.

_____ **Cash Payments:** Cash payments are not accepted without prior approval by the Director.

_____ **Online Payments:** You can submit online payments using the BrightWheel App by accessing your child's account. BrightWheel accepts credit cards, debit cards, and ACH payments. To maintain security, we do not store account details and are unable to modify credit or debit card numbers.

_____ **Credit Card Fees:** A 2.95% surcharge applies to all credit and debit card transactions, while a fee of 0.6% (with a minimum of \$0.25 and a maximum of \$2) is applicable for ACH payments.

_____ **NSF:** For any returned checks or declined credit/debit card transactions, a \$35 fee will be applied to your account. We retain the right to decline further checks and credit/debit cards.

PAYMENTS: *Initial Each Section*

_____ Refunds will not be issued for over payments made by current students; instead, the excess amount will be credit-ed towards the following month's tuition.

RECEIPTS & STATEMENTS: *Initial Each Section*

_____ To access your records, log in to brightwheel.com, where you can view your monthly statement detailing the charges and payments from the previous month.

_____ For tax purposes, access your BrightWheel account and go to the PAYMENTS tab. Detailed guidance can be found at <https://help.mybrightwheel.com/en/articles/3673759-tax-season-reporting-student-transaction-summary>.

_____ Families who are no longer enrolled should print a year-end statement upon withdrawal from the school.

Financial Agreement

UNPAID ACCOUNTS: *Initial Each Section*

- _____ Any account that becomes delinquent by one day will lead to the suspension of the student(s) until the account is settled in full, unless special arrangements are approved by the school administration or CTRP Board of Directors.
- _____ Any additional charges will be invoiced accordingly.

TERMINATION OF ENROLLMENT: *Initial Each Section*

- _____ The parent must provide written notice at least two weeks in advance before withdrawing their child from the program. Those who terminate enrollment without proper notice will not be eligible for tuition refunds and will be responsible for the full month's tuition.
- _____ Should CTRP decide to disenroll a child for any reason, refunds will not be provided.
- _____ Half-day students must provide one month's notice and conclude their enrollment on the last day of the month, rather than mid-month. If a student withdraws during the month, no refunds will be issued for the remaining days. Enrollment cannot begin in the middle of the month.

HOLIDAYS & CLOSURES: *Initial Each Section*

- _____ Families will not be credited for holidays, missed days, or closures due to weather, teacher in-service days, power outages, or other unexpected circumstances.
- _____ If the child attends part-time and a holiday falls on a regularly scheduled day, the days cannot be exchanged or switched.

PANDEMIC OR OTHER DISASTER SHUTDOWN: *Initial Each*

- _____ In the event of a mandated closure of our Center due to a severe outbreak of communicable disease or disaster, the following tuition adjustments will apply:
 - During the first full week of shutdown, 100% of normal tuition will be charged.
 - During the second and third weeks of an extended shutdown, 50% of regular tuition will be billed.
 - After three weeks, no tuition or fees will be charged upon restart for enrolled students.
- _____ If you choose to withdraw your student, please provide two weeks' written notice. A registration fee will be required upon re-enrollment, subject to availability. Our primary objective is to support our staff by ensuring the continuation of their salaries so they can return promptly when the shutdown ends.

DISCOUNTS : *Initial Each Section*

- _____ Parents with multiple children enrolled in the Preschool will receive a 10% discount on the tuition for the second child.
- _____ Active Military, Law Enforcement, and first responder parents will receive a 5% tuition discount. Thank you for your service.
- _____ Crane employees currently enrolled will receive a 5% tuition discount.
- _____ Only up to two discounts can be applied to an account, with a maximum total reduction in tuition of 15%.
- _____ Families can request a vacation credit of one week per school year by submitting a written request by the 20th of the month for the following month. Requests must include the child's full name and the dates of absence. Vacation credits cannot be combined with other credits. ***Vacation credits are 1/2 off of one weeks tuition.***
- _____ Tuition will not be reduced for absences, holidays, or teacher in-service days.

FEES: *Initial Each Section*

- _____ **Change of Schedule:** To adjust your child's attendance schedule please complete a Change of Care form. A \$25.00 Change of Care fee will be applied to your account. All necessary paperwork must be submitted to the Director at least one month prior to the requested change, and the modified schedule must be maintained for a minimum of one month. The Change of Care form can be found at <https://ctr-preschool.com/forms>.
- _____ **Diaper Fee:** Parents must provide disposable diapers. If diapers are needed but not provided, a \$10 daily Diaper Fee will be charged to your account. Reminders will be posted to you on Brightwheel.com.

Financial Agreement

FEES CONTINUED: Initial Each Section

- _____ **Clothing:** Accidents are a normal part of early childhood. If a change of clothes is needed and not provided, a \$20 clothing fee will be charged to your account.
- _____ **Lunch:** CTRP does not provide lunch. If you forget to bring your child lunch a \$20 fee will be charged to your account. We will provide them with a sandwich, fruit, and a vegetable.
- _____ **Illness Notification and Fee:** If your child becomes ill during their time with us, we will promptly notify you via text, phone call, or the BrightWheel app to arrange for pickup. Sick children must be collected within one hour of notification. After this time, a fee will be applied to your account, consisting of \$15 for the initial 5 minutes and \$2 for each additional minute thereafter.
- _____ **Late Pick-Up Policy:** A late charge will be incurred for children not picked up at their scheduled dismissal time. Continued lateness may lead to expulsion. Tuition refunds will not be issued.

 - **First Violation:** \$15 for the initial five minutes, then \$2.00 per minute thereafter.
 - **Second Violation:** \$25 for the first five minutes, then \$4.00 per minute thereafter.
 - **Third Violation:** \$50 for the first five minutes, then \$6.00 per minute thereafter, and expulsion.

I, _____ hereby acknowledge and agree to abide by all the financial policies set forth by Christ the Rock Preschool. I understand that these policies include but are not limited to tuition payment schedules, late fees, and any additional charges or fees related to my child’s enrollment.

I agree to make timely payments for all fees and charges incurred, as outlined in the provided payment schedule or as communicated by the school administration. I understand that failure to adhere to these payment terms may result in penalties, including but not limited to late fees or suspension of services.

Furthermore, I acknowledge that I have received and reviewed the school’s policies regarding refunds, withdrawals, and financial assistance Christ the Rock Preschool. I agree to comply with these policies and understand that any requests for exceptions must be submitted in writing to the school administration for consideration.

By signing below, I confirm that I have read, understood, and agree to comply with all financial policies established by Christ the Rock Preschool.

_____	_____
Parent/Guardian Signature	Date
_____	_____
Parent/Guardian Signature	Date

Program Policy Agreement

FACILITY OPERATIONS: *Initial Each Section*

- _____ **Sign In and Out Procedures:** Each day, children must be logged in and out using either the BrightWheel app or the check-in kiosk. Parents are required to check in with the teacher before dropping off or picking up their children.
- _____ **Morning Arrival:** Children be accompanied to their room and cannot be dropped off at the front doors.
- _____ **Communication:** CTRP primarily uses email and the BrightWheel App for all parent communication. This includes emergency notifications, billing, announcements, parent notifications, and daily information.
- _____ **Pick-Up Verification:** If a teacher is unfamiliar with a visitor/parent, their identification will be verified. If the individual is not listed on the authorized pick-up list, the child will not be released.

BUILDING ACCESS: *Initial Each Section*

- _____ **Door Codes:** Each parent will receive a distinct door code for accessing the building, which should not be shared with anyone else.
- _____ **Tailgating:** Kindly avoid holding the door open for others (known as tailgating) when entering or exiting the building. Every individual entering the premises must use their personal door code or ring the doorbell for verification by the Director. Granting access to another adult who is not your spouse will lead to the expulsion of your child, as it violates our safety and security protocols.

BEHAVIOR MANAGEMENT PRACTICES: *Initial Each Section*

- _____ If a child exhibits behavior that cannot be managed and requires more individual attention than can be provided within child-to-staff ratios, you may be requested to promptly pick up your child. Fees may be applicable if your child is not picked up in a timely manner.
- _____ Repeated instances of uncontrollable behavior can lead to suspension or expulsion. Children sent home or expelled due to behavioral issues will not qualify for a tuition refund for the day's care not provided.
- _____ Behavior that is violent, physically harmful to staff, other children, or property, or consistently disruptive to normal operations may result in immediate expulsion. This encompasses actions such as biting, hitting, kicking, and engaging in age-inappropriate or abusive sexual behavior towards other children or staff.
- _____ We do not restrain children.

RELIGIOUS ACTIVITIES: *Initial Each Section*

- _____ At Christ the Rock Preschool, we provide a Christian-centered education focused on teaching children Christian principles and basic morality. Our curriculum integrates Bible stories, memory verses, and prayer.

NONDISCRIMINATION: *Initial Each Section*

- _____ CTRP is committed to being an equal opportunity care provider. We do not discriminate against students based on race, color, national origin, sex, religion, creed, age, marital status, or disability.

QUESTIONS & CONCERNS: *Initial Each Section*

- _____ If you have any questions or concerns, the Director or Program Supervisor will gladly discuss them with you. Please don't hesitate to call and arrange an appointment.

ACKNOWLEDGEMENT OF UNDERSTANDING & AGREEMENT:

I/we have reviewed and consent to the terms outlined in this Program Admission Agreement. I acknowledge that it is my responsibility to review and adhere to CTRP rules and procedures as outlined in the Parent Handbook, accessible at <https://ctr-preschool.com/forms>. By signing below, I confirm that I have read, understood, and agree to comply with all policies established by Christ the Rock Preschool.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date



Permission to Apply Sunscreen

Name of Child: _____ Start Date: _____

Stop Date: (6 months after start date listed) _____

As the parent or guardian of the above child, I recognize that too much sunlight may increase my child's risk of getting skin cancer someday. Therefore, I give my permission for Christ the Rock Preschool Staff to apply a sunscreen product of SPF-15 or higher to my child, as specified below, when he or she will be playing outside, especially during the months of March through October and between the daily times of 10 a.m. and 4 p.m. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of the ears, nose and bare shoulders, arms, and legs.

☐ I authorize the use of the following "program-provided" sunscreen on my child:

Product Used: Kids Rocky Mountain Sunscreen SPF 50

Active Ingredients: Avobenzone 1.8%, Homosalate 7%, Octocrylene 5%. **Inactive**

Ingredients: Water, Butyloctyl Salicylate, Sorbitol, Aluminum Starch Octenylsuccinate, VP/ Eicosene Copolymer, Stearic Acid, Phenoxyethanol, Ethylhexylglycerin, Polyglyceryl-3, Distearate, Sorbitan Isostearate, Triethanolamine, Dimethicone, Carbomer, Disodium EDTA.

I have checked all applicable information regarding the type and use of sunscreen for my child:

☐ I do not know of any allergies my child has to sunscreen.

☐ My child is allergic to some sunscreens. Please use only the following brand(s) and type(s) of sunscreen:

☐ For medical or other reasons, please do not apply sunscreen to the following areas of my child's body:

☐ I give Christ the Rock Preschool permission to apply sunscreen to my child.

Parent/Guardian full name (print): _____

Parent/Guardian signature: _____ Date: _____



Child's Schedule & Special Interests (for teachers)

The following information about your child's needs, routine, and activities will help us give your child the best possible care. If a question does not apply, please respond with NA (not applicable).

Child's Name: _____ DOB: _____

Child's Nickname: _____ Drop Off Time: _____ Pickup time: _____

Mom's Name: _____ Dad's Name: _____

Does your Child Use: Pacifier Special Blanket/Stuffed Animal Other: _____

Siblings: _____

Does your child have any birthmarks? _____

Food:

What is your child's favorite food? _____

What is your child's least favorite food? _____

Sleeping:

Describe your child's fussy time and any special circumstances or needs (stuffed animal, special blanket, story, mood, waking, etc.). _____

Does your child sleep in a crib or bed? _____

Is your child toilet trained? _____

Does your child use sign language to help communicate? _____ If so, what signs does your child use? _____

Play:

Favorite outdoor activity: _____

Favorite indoor activity: _____

Favorite Toy: _____

Behaviors:

Please describe any fears your child may have: _____

Please describe how you manage your child's behavior at home: _____

Please describe any special medical, physical, or emotional needs your child may have: _____

Childhood Health History

Child's Name:	Sex: Male Female	Birth date:	Date of child's last physical:
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Child's Health History

Name of Doctor/Clinic:	City/State:	Phone Number:
Name of Dentist/Clinic	City/State	Phone Number:

Were there any Significant problems during pregnancy or birth? If yes, please explain.

Has your child had surgery or been hospitalized? If yes, please explain.

MEDICATION

Does your child take medication on a regular basis? If yes, please explain.

Name of medication(s), dosage and when taken:

Does the patient have a past history or a current disease, problem, or condition involving any of the following? If yes, check all that apply.

- | | | |
|---|---|---|
| <input type="checkbox"/> Asthma Other breathing problems | <input type="checkbox"/> Bone or joint problems | <input type="checkbox"/> Tuberculosis exposure |
| <input type="checkbox"/> Seizures or other neurological problems | <input type="checkbox"/> Eczema or skin problems | <input type="checkbox"/> Chicken Pox or vaccination for such |
| <input type="checkbox"/> Heart of other cardiovascular problems | <input type="checkbox"/> Birthmarks, scars, or tattoos | <input type="checkbox"/> Diabetes or other endocrine problems |
| <input type="checkbox"/> Bladder or urinary tract problems | <input type="checkbox"/> Frequent ear infections or tubes | <input type="checkbox"/> Injury or abuse |
| <input type="checkbox"/> Bowel or other GI problems | <input type="checkbox"/> Other ear, nose or throat problems | <input type="checkbox"/> Car sickness |
| <input type="checkbox"/> Allergies (Fill out Allergy Plan) | | |

Please describe the checked condition(s) above or provide information about any disease, problem, or condition not listed above:

ALLERGY NOTE: If your child has a food or milk allergy we must have written documentation of the allergy from the doctor. For milk allergies, the doctor must also name a substitute for the milk. ***If the allergy has the potential to be severe, the child's health care provider must complete a medical statement and an allergy care plan must be completed before enrollment.** We at CTRP want to make sure that the children in our care are safe. We will consider each child's allergy on a case-by-case basis. We then meet with staff and parents to decide how best to manage. For milder allergies limited substitutions may be considered. We still cannot guarantee that we will be able to keep your child 100% allergen free.

Do you keep epinephrine (epi-pen) available at home for your child's allergy? Yes No

Do you need an allergy plan form? Yes No

Would you allow us to post a photo of your child to alert all staff to his/her allergy? Yes No

TOILETING:

Does your child use diapers? Yes No ☐ Disposable ☐ Cloth ☐ Pull ups

If cloth, remember that we are unable to launder diapers and they will be bagged and sent home un-rinsed and un-emptied.

Does your child use a potty or the toilet? _____ Do they need regular reminders to use the bathroom? Yes No

How does your child let you know that it's time "to go"? _____

DEVELOPMENT

Do you have any concerns about your child's development? Yes No

☐ Hearing ☐ Vision ☐ Language ☐ Gross Motor ☐ Fine Motor ☐ Social ☐ Other

Notes:

What is your child's primary language? _____

Are other languages being used with your child? _____

SOCIAL AND EMOTIONAL DEVELOPMENT

Has your child been in care before? Yes No	Is your child comfortable in group situations? Yes No
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Is there anything we should know about your child's play with other children, by themselves, any concerns?

What kinds of activities does your child enjoy? Are there activities your child avoids?

How would you describe your child's temperament and personality?

What frightens your child?

Does your child have any favorite songs or games that comforts them?

What are your expectations for the Children's Center and Center staff members?

Is there anything regarding your family, extended family or child that you would like to share with us?



Certificate of Immunization Status (CIS)

Reviewed by:	Date:
Signed COE on File? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Child's Last Name:	First Name:	Middle Initial:	Birthdate (MM/DD/YYYY):
I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.		Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.	
X _____ Parent/Guardian Signature		X _____ Parent/Guardian Signature Required if Starting in Conditional Status	
Date		Date	

▲ Required for School	● Required Child Care/Preschool	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
Required Vaccines for School or Child Care Entry							
●▲ DTaP (Diphtheria, Tetanus, Pertussis)							
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)							
●▲ DT or Td (Tetanus, Diphtheria)							
●▲ Hepatitis B							
● Hib (<i>Haemophilus influenzae type b</i>)							
●▲ IPV (Polio) (any combination of IPV/OPV)							
●▲ 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)							
COVID-19							
Flu (Influenza)							
Hepatitis A							
HPV (Human Papillomavirus)							
MCV/MPSV (Meningococcal Disease types A, C, W, Y)							
MenB (Meningococcal Disease type B)							
Rotavirus							

Documentation of Disease Immunity (Health care provider use only)		
If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.		
I certify that the child named on this CIS has: <input type="checkbox"/> A verified history of varicella (chickenpox) disease. <input type="checkbox"/> Laboratory evidence of immunity (titer) to disease(s) marked below.		
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Hib	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps
<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella
<input type="checkbox"/> Polio (all 3 serotypes must show immunity)		
▶		
Licensed Health Care Provider Signature Date		
▶		
Printed Name		

I certify that the information provided on this form is correct and verifiable.	Health Care Provider or School Official Name: _____ Signature: _____ Date: _____ If verified by school or child care staff the medical immunization records must be attached to this document.
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Instructions for completing the Certificate of Immunization Status (CIS): Print the from the Immunization Information System (IIS) or fill it in by hand.

To print with the immunization information filled in:

Ask if your health care provider's office enters immunizations into the WA Immunization Information System (Washington's statewide registry). If they do, ask them to print the CIS from the IIS and your child's immunization information will fill in automatically. You can also print a CIS at home by signing up and logging into MyIR at <https://wa.myir.net>. If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: waiisrecords@doh.wa.gov or 1-866-397-0337.

To fill out the form by hand:

1. Print your child's name and birthdate, and sign your name where indicated on page one.
2. Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guides below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as DTaP, Hepatitis B as Hep B, and Polio as IPV.
3. If your child had chickenpox (varicella) disease and not the vaccine, a health care provider must verify chickenpox disease to meet school requirements.
 - ☐ If your health care provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
 - ☐ If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.
4. If your child can show positive immunity by blood test (titer), have your health care provider check the boxes for the appropriate disease in the Documentation of Disease Immunity section, and sign and date the form. You must provide lab reports with this CIS.
5. Provide proof of medically verified records, following the guidelines below.

Acceptable Medical Records

All vaccination records must be medically verified. Examples include:

- A Certificate of Immunization Status (CIS) form printed with the vaccination dates from the Washington State Immunization Information System (IIS), MyIR, or another state's IIS.
- A completed hardcopy CIS with a health care provider validation signature.
- A completed hardcopy CIS with attached vaccination records printed from a health care provider's electronic health record with a health care provider signature or stamp. The school administrator, nurse, or designee must verify the dates on the CIS have been accurately transcribed and provide a signature on the form.

Conditional Status

Children can enter and stay in school or child care in conditional status if they are catching up on required vaccines for school or child care entry. (Vaccine series doses are spread out among minimum intervals, so some children may have to wait a period of time before finishing their vaccinations. This means they may enter school while waiting for their next required vaccine dose). To enter school or child care in conditional status, a child must have all the vaccine doses they are eligible to receive before starting school or child care.

Students in conditional status may remain in school while waiting for the minimum valid date of the next vaccine dose plus another 30 days time to turn in documentation of vaccination. If a student is catching up on multiple vaccines, conditional status continues in a similar manner until all of the required vaccines are complete.

If the 30-day conditional period expires and documentation has not been given to the school or child care, then the student must be excluded from further attendance, per RCW 28A.210.120. Valid documentation includes evidence of immunity to the disease in question, medical records showing vaccination, or a completed certificate of exemption (COE) form.

Reference guide for vaccine trade names in alphabetical order

For updated list, visit <https://www.cdc.gov/vaccines/terms/usvaccines.html>

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB	Hib	Fluarix	Flu	Havrix	Hep A	Menveo	Meningococcal	Rotarix	Rotavirus (RV1)
Adacel	Tdap	Flucelvax	Flu	Hiberix	Hib	Pediarix	DTaP + Hep B + IPV	RotaTeq	Rotavirus (PV5)
Afluria	Flu	FluLaval	Flu	HibTITER	Hib	PedvaxHIB	Hib	Tenivac	Td
Bexsero	MenB	FluMist	Flu	Ipol	IPV	Pentacel	DTaP + Hib +IPV	Trumenba	MenB
Boostrix	Tdap	Fluvirin	Flu	Infanrix	DTaP	Pneumovax	PPSV	Twinrix	Hep A + Hep B
Cervarix	2vHPV	Fluzone	Flu	Kinrix	DTaP + IPV	Prevnar	PCV	Vaqta	Hep A
Daptacel	DTaP	Gardasil	4vHPV	Menactra	MCV or MCV4	ProQuad	MMR + Varicella	Varivax	Varicella
Engerix-B	Hep B	Gardasil 9	9vHPV	Menomune	MPSV4	Recombivax HB	Hep B		

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711).

DOH 348-013 June 2021