

**KIDS CO. REGISTRATION PAGE – School Age**

Fill in all blanks. Indicate N/A if not applicable. Please type or print all information clearly. Choose location.

- Adams       Cascadia       Cedar Park       Decatur       Graham Hill       Island Park  
 John Hay       Lakeridge       Magnolia       McDonald       Northwood       Queen Anne  
 South Shore       TOPS       West Mercer

Child's Name: \_\_\_\_\_ Preferred Name/Nickname: \_\_\_\_\_

Gender:  Female  Male  Other: \_\_\_\_\_ Birthdate (mm/dd/yyyy): \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Name of School Attending: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_ Classroom #: \_\_\_\_\_

Will your child be using school transportation to or from child care?  Yes  No If yes, include Route #: \_\_\_\_\_

Pick Up Location: \_\_\_\_\_ Time: \_\_\_\_\_

Drop Off Location: \_\_\_\_\_ Time: \_\_\_\_\_

Once a completed registration page and enrollment form is turned in to the program manager for your selected location, it will be a **minimum of two (2) business days** before your child can start attending Kids Co. This is to ensure a thorough review of the paperwork for completeness as required by state licensing, allow time for additional paperwork to be completed, if required, and prepare your child's file.

Any change of programs or schedule must be turned in by the first of the month prior to the month they will take effect (i.e. changes for October must be submitted by September 1st, etc.). Schedule Change Forms are available from the program manager. **CHANGE OF DAYS OR TIMES CANNOT BE GUARANTEED BUT WILL BE MADE ON A SPACE AVAILABLE BASIS.**

School-Age children enrolled on a regular monthly basis at Kids Co. will be billed by time slot (as detailed on the tuition rate sheet) for any hours of care beyond your regular schedule as approved by the program manager.

**Days and times my child will be attending Kids Co.** This schedule is effective for the duration of my child's enrollment in Kids Co. Changes to my child's schedule or complete withdrawal are subject to the policies outlined in the **Family Handbook**.

**My child will attend during the following time slots and on the following days:**

**BEFORE SCHOOL:**  Monday  Tuesday  Wednesday  Thursday  Friday

**AFTER SCHOOL:**  Monday  Tuesday  Wednesday  Thursday  Friday

**Part-time Options:** We make every attempt to meet part-time schedule requests. However, in an effort to balance daily attendance of students we may have to discuss options to requests we cannot accommodate (i.e. M-W instead of W-F or M & T instead of TH & F, etc.)

I'd like my child to start on this date (DD/MM/YYYY): \_\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notes for Program Managers Only.**

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

Managers Signature: \_\_\_\_\_

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

## KIDS CO. ENROLLMENT FORM

**Fill in all blanks. Please type or print all information clearly.**

Child's Name: \_\_\_\_\_ Nickname or Preferred Name: \_\_\_\_\_

Gender:  Female  Male  Other \_\_\_\_\_ Birthdate (mm/dd/yyyy): \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Name of school attending in the fall: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION: This is my child's primary address  Yes  No**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Nickname or Preferred Name: \_\_\_\_\_ Birthdate (mm/dd/yyyy): \_\_\_\_\_

Married  Partner  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

Address: \_\_\_\_\_ Cellular Phone: (\_\_\_\_\_) \_\_\_\_\_  
Street Address, Apt. #

City, State, Zip Code \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_  
Name

Position / Title: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ If not employed are you in school?  Yes  No

**PARENT/GUARDIAN INFORMATION: This is my child's primary address  Yes  No**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Nickname or Preferred Name: \_\_\_\_\_ Birthdate (mm/dd/yyyy): \_\_\_\_\_

Married  Partner  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

Address: \_\_\_\_\_ Cellular Phone: (\_\_\_\_\_) \_\_\_\_\_  
Street Address, Apt. #

City, State, Zip Code \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Position / Title: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ If not employed are you in school?  Yes  No

If parents are not at the same address, to which parent should correspondence be addressed? \_\_\_\_\_

**Does person(s) responsible for the tuition receive child care subsidy of any kind?  No  Yes**

**If yes, check all that apply and fill in any applicable information.**

I receive subsidy from:

**HSD** (City of Seattle Child Care Subsidy) Contract Number: \_\_\_\_\_

**DSHS** (Washington State Child Care Subsidy) Contract Number: \_\_\_\_\_

**Other:** \_\_\_\_\_

**Child reside(s) with: *check all that apply***

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Mother            | <input type="checkbox"/> Father            | <input type="checkbox"/> Both Parents together | <input type="checkbox"/> Foster Parents             |
| <input type="checkbox"/> Mother/Stepfather | <input type="checkbox"/> Father/Stepmother | <input type="checkbox"/> Grandparent(s)        | <input type="checkbox"/> Parent's Significant Other |
| <input type="checkbox"/> Mother/Mother     | <input type="checkbox"/> Father/Father     | <input type="checkbox"/> Other: _____          | <input type="checkbox"/> Other: _____               |

## KIDS CO. ENROLLMENT FORM

**Has your child attended any other Kids Co. programs?**  Yes  No if yes, mark ALL applicable locations.

- |                                      |                                       |                                      |                                      |                                      |                                    |
|--------------------------------------|---------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Adams       | <input type="checkbox"/> Cascadia     | <input type="checkbox"/> Graham Hill | <input type="checkbox"/> Island Park | <input type="checkbox"/> John Hay    | <input type="checkbox"/> John Muir |
| <input type="checkbox"/> Lakeridge   | <input type="checkbox"/> McDonald     | <input type="checkbox"/> Northwood   | <input type="checkbox"/> Queen Anne  | <input type="checkbox"/> South Shore | <input type="checkbox"/> TOPS      |
| <input type="checkbox"/> West Mercer | <input type="checkbox"/> Other: _____ |                                      |                                      |                                      |                                    |

**Emergency Contact and Authorized Pick-up Information:**

Person(s) to be contacted in case of an emergency/authorized pick up **other than parent(s) or legal guardian(s)** listed above. At least one local contact is required, or a written emergency plan if no local contact is available.

Name: _____	Relationship with child: _____
Cellular Phone: (_____) _____	Home Phone: (_____) _____
Work Phone: (_____) _____	Address: _____
Email: _____	City, State, Zip: _____

Name: _____	Relationship with child: _____
Cellular Phone: (_____) _____	Home Phone: (_____) _____
Work Phone: (_____) _____	Address: _____
Email: _____	City, State, Zip: _____

Name: _____	Relationship with child: _____
Cellular Phone: (_____) _____	Home Phone: (_____) _____
Work Phone: (_____) _____	Address: _____
Email: _____	City, State, Zip: _____

**Is there anyone who has a legal restraining order prohibiting or limiting contact with your child?**  Yes  No

If YES, please list his/her name and **attach required legal documentation.**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Any custody or visiting arrangements we need to be aware of? \_\_\_\_\_

**Out-of-state (or area) Disaster Preparedness Emergency Contact:** Person(s) to be contacted in case of an emergency other than parent or legal guardian. **One out-of-state contact is required,** or a written emergency plan if no contact is available.

Name: _____ Relationship with child: _____ Cellular Phone: (_____) _____ Address: _____ _____ Work Phone: (_____) _____ Home Phone: (_____) _____ Email: _____	Name: _____ Relationship with child: _____ Cellular Phone: (_____) _____ Address: _____ _____ Work Phone: (_____) _____ Home Phone: (_____) _____ Email: _____
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# KIDS CO. ENROLLMENT FORM

**Health Information:** All sections must be completed including check boxes.

*Our ability to serve your child in the best possible manner is dependent upon you providing us with accurate health and development information on your child. Please be thoughtful and thorough when completing this section. Attach a copy of IEP's or any medical, emotional, and/or behavioral diagnoses. **Please note that failure to disclose pertinent health and developmental information that inhibits Kids Co.'s ability to provide full and adequate care may result in discontinued enrollment.***

Date of last physical: \_\_\_\_\_ Dental exam: \_\_\_\_\_ Vision exam: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Insurance: \_\_\_\_\_

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

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Insurance: \_\_\_\_\_

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

Does your child have Allergies?  Yes  No If yes, an **Allergy/Intolerance Report** must be completed and returned to the program manager before your child can start. Please describe the allergy/intolerance: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**A. DOES YOUR CHILD HAVE ANY OF THE FOLLOWING (Please check any that apply):  NONE**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Frequent Colds               | <input type="checkbox"/> Frequent Sore Throats | <input type="checkbox"/> Frequent Ear Infections |
| <input type="checkbox"/> Skin Disorders (i.e. rashes) | <input type="checkbox"/> Heart Trouble         | <input type="checkbox"/> Convulsions             |
| <input type="checkbox"/> Fainting Spells              | <input type="checkbox"/> Diabetes              | <input type="checkbox"/> Asthma                  |
| <input type="checkbox"/> Stomach Upsets               | <input type="checkbox"/> Urinary Difficulties  | <input type="checkbox"/> Frequent Diarrhea       |
| <input type="checkbox"/> Frequent Constipation        | <input type="checkbox"/> Febrile Seizures      | <input type="checkbox"/> Other _____             |

Please provide details on any items marked in box **A**: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**B. HAS YOUR CHILD HAD ANY OF THE FOLLOWING:  NONE**

- |   |               |   |               |
|---|---------------|---|---------------|
| <input type="checkbox"/> Bronchitis         | Date(s) _____ | <input type="checkbox"/> Measles (hard) | Date(s) _____ |
| <input type="checkbox"/> Hepatitis (A or B) | Date(s) _____ | <input type="checkbox"/> German Measles | Date(s) _____ |
| <input type="checkbox"/> Chicken Pox        | Date(s) _____ | <input type="checkbox"/> Mumps          | Date(s) _____ |
| <input type="checkbox"/> Scarlet Fever      | Date(s) _____ | <input type="checkbox"/> Whooping Cough | Date(s) _____ |

Please provide details on any items marked in box **B**: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# KIDS CO. ENROLLMENT FORM

## C. HAS YOUR CHILD BEEN DIAGNOSED WITH ANY OF THE FOLLOWING (Please check any that apply): NONE

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Language Delay             | <input type="checkbox"/> ADD/ADHD           | <input type="checkbox"/> Development Delays             |
| <input type="checkbox"/> Autism or Related Disorder | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Vision Impairment              |
| <input type="checkbox"/> Learning Disabilities      | <input type="checkbox"/> Mental Illness     | <input type="checkbox"/> Behavioral/Emotional Disorders |
| <input type="checkbox"/> Other: _____               | <input type="checkbox"/> Other: _____       | <input type="checkbox"/> Other: _____                   |

Please provide details on any items marked in box C: \_\_\_\_\_

Does your child have an IEP?  Yes  No If yes, a copy must be provided to the program manager **before** your child can start.

Does your child take any medications?  Yes  No If yes, please list medications, time when taken, and dosage below:

Child and/or family see any specialists (hearing/speech/physical therapist, counselor, etc.)?  Yes  No If yes, please check all that apply:  Child  Family List specialists with name and contact information: \_\_\_\_\_

## D. LIST OF CHILD'S BEHAVIORS (Please check any that apply): NONE

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Difficulty with transitions               | <input type="checkbox"/> Has a hard time in groups                      | <input type="checkbox"/> Difficulty in controlling anger         |
| <input type="checkbox"/> Prefers to play alone                     | <input type="checkbox"/> Fearful and anxious                            | <input type="checkbox"/> Loses temper                            |
| <input type="checkbox"/> Argues with parents or teachers           | <input type="checkbox"/> Touchy, easily annoyed by others               | <input type="checkbox"/> Sensitive to criticism                  |
| <input type="checkbox"/> Can't sit still, fidgets, squirms in seat | <input type="checkbox"/> Deliberately does things to annoy other people | <input type="checkbox"/> Bites, hits or throws things when angry |
| <input type="checkbox"/> Other: _____                              | <input type="checkbox"/> Other: _____                                   | <input type="checkbox"/> Other: _____                            |

Please provide details on any items marked in box D: \_\_\_\_\_

Present health problems (illness, etc.)?  Yes  No If yes, please explain: \_\_\_\_\_

Has your child ever been hospitalized?  Yes  No If yes, please explain: \_\_\_\_\_

Has your child had injuries with fractures or loss of consciousness?  Yes  No If yes, please explain: \_\_\_\_\_

Describe your child's overall health: \_\_\_\_\_

I have disclosed all health and behavior information for my child.  Yes  No If **No**, please explain: \_\_\_\_\_

**Required: Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# KIDS CO. ENROLLMENT FORM

## Additional Important Information:

Just as health and development information is important to us in order to provide the best care for your child, relationship and other life experience information helps us get to know your child better from the time s/he starts. Please be thoughtful and thorough when completing this section.

Is this her/his first child care experience?  Yes  No

If NO, please list the previous provider's names, phone numbers and child's length of stay. There may be instances where communication with the previous caregiver might be helpful in working with your child.

Child Care Provider Name:	Area Code & Phone Number:	Length of Stay:

If YES, please describe your child's previous group play experiences. \_\_\_\_\_

What do you hope your child will gain from her/his experience at Kids Co.? \_\_\_\_\_

Is your child adopted?  Yes  No If YES, does s/he know (any other details important to your child's situation)?

## Brothers and Sisters of child:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Other members of the household: \_\_\_\_\_

What time does your child wake up in the morning and go to bed at night? \_\_\_\_\_ AM \_\_\_\_\_ PM

Favorite Activities: \_\_\_\_\_

How does your child express anger and frustration? \_\_\_\_\_

How do you guide your child's behavior at home? \_\_\_\_\_

Does your child have any fears? \_\_\_\_\_

What words describe your child's personality? \_\_\_\_\_

Describe how your child gets along with other kids: \_\_\_\_\_

Any other information about your child that we should be aware of: \_\_\_\_\_

## KIDS CO. ENROLLMENT FORM

How did you hear about Kids Co.? Please be specific: \_\_\_\_\_

For fund raising we are requesting information regarding the ethnic background of the children we serve. Some funders ask specifically for this information. Please mark all that apply to your child.

- Asian
- Black/African-American/African
- Hispanic, Latino, or Spanish origin
- American Indian/Alaska Native
- Native Hawaiian/Pacific Islander
- White/Caucasian/European American
- Mixed Ethnicity (two or more races): \_\_\_\_\_
- Other: \_\_\_\_\_

What is the primary language spoken in the home? \_\_\_\_\_

# KIDS CO. ENROLLMENT FORM

## PARENT/GUARDIAN AGREEMENTS

I grant permission to Kids Co. to provide care for my child.

I understand that Kids Co. assumes no responsibility or liability for injuries/illnesses of my child. I further understand that I hold Kids Co., its officers, agents, employees, and volunteers harmless from any and all liability or claims which may arise out of my child's participation in Kids Co. programs.

I acknowledge that Kids Co.'s philosophy, policies and procedures are communicated and available through the Kids Co. Family Handbook. I acknowledge that I have received a copy of the Family Handbook and that parents/guardians are expected to read and adhere to all Kids Co. policies and procedures. I understand that the Family Handbook is available to me on Kids Co.'s website and anytime by request. I understand Kids Co.'s policies and procedures are subject to change at any time without notice. I understand that failure to follow Kids Co.'s policies and procedures may result in termination of enrollment.

I understand that Kids Co. staffs are Mandated Reporters. "Mandated reporters" are persons or groups of persons who have frequent contact with children and families and are required by Washington's State law to report suspected cases of child abuse and neglect to CPS or to the appropriate law enforcement agency (RCW 26.44.030).

In an effort to support the healthy development and academic achievement of my child, I grant permission to Kids Co. staff to openly communicate with the appropriate individuals, i.e. teacher, counselor, principals, and staff, etc., at my child's school. I agree to complete a school district annual FERPA form in order help Kids Co. staff be informed of my child's academic progress and improve my child's success at school. I understand that staff may share information with the school regarding my child's enrollment at Kids Co. I acknowledge and understand that I may revoke my consent in writing to the school district and program manager, at any time.

I grant permission to Kids Co. to contact any individuals listed in this form (i.e., previous caregivers, physician, therapist, etc.) for additional relevant information regarding my child. I understand that I will be notified, in advance, of anyone being contacted regarding my child.

I grant permission for my child to use all of the play equipment and participate in all of the activities of the center.

I grant permission for my child to be included in evaluations and promotional materials connected with the child care program.

Kids Co. is not responsible for anything that may happen as a result of a lack of and/or false information given by parent(s) or guardian(s) at the time of enrollment. All of the information provided is true and correct to the best of my knowledge.

This contract is effective for the duration of my child's enrollment in Kids Co. Changes to my child's schedule or complete withdrawal from the program are subject to the policies outlined in the **Family Handbook** and the **Tuition Agreement**.

I understand that failure to follow Kids Co. policies and procedures may result in termination of enrollment.

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

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# KIDS CO. ENROLLMENT FORM

**HEALTH & WELL-BEING AGREEMENT:** Per State of Washington child care licensing and public health requirements, the following is available for parents to review at any time. These documents are posted in the parent area (or other convenient location) at each center and copies are available. Please take the time to read and understand these documents.

1. **Center Health Policy:** Center policy and procedures relating to staff and child health practices, communicable disease exposure and reporting, medication and first-aid management and other health-related topics.
2. **Pesticide Policy:** Center policy adhering to public health standards and in partnership with the schools where each center is located.
3. **Disaster Preparedness Policy:** Center policy in partnership with the schools where each center is located. Covers policy for major natural disaster preparedness, staff responsibility and disaster supply management.
4. **Pet Policy:** Center policy and procedures for the caring of classroom pets. Covers types of pets that are allowed/not allowed and certain procedures for caring for some pets.

I understand that the above documents are available for review.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OCCASIONAL WALKING FIELD TRIP PERMISSION:** Throughout the school year and summer, we take occasional walking trips to local parks, beaches, or public places. All trips will be adequately staffed to provide the utmost safety for your child while enjoying an enriching visit to a nearby place. Parents will be notified of the trip in advance with the time of departure and arrival back to the center. This information will be posted on the door of the center. Parents will be allowed to pick up their child from a local walking trip location provided they have picked up their child before (staff will recognize you), notified the program manager in advance, and have signed out their child at the center in the sign-in/out book prior to pick up.

I give my permission for my child to attend occasional walking field trips with Kids Co. throughout the year.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SUNSCREEN PERMISSION:** State licensing requirements permit child care facilities to apply sunscreen to children only with the written consent from the parent. Please sign if you would like your child to use sunscreen while at Kids Co. We will provide Water Babies Sunscreen SPF 45 or generic substitute (ingredients and directions listed below). If you would like your child to use a different brand you must supply it yourself. We highly recommend that all children use a sunscreen of level 45, and that application is done before arriving at Kids Co. Please read the policy under **HEALTH and WELL BEING** in our Family Handbook to be thoroughly familiar with the requirements. We recommend for water activities that T-shirts be worn over bathing suits. For all other outdoor activities, hats or visors and sunglasses are advisable.

**Directions:** Apply liberally to all exposed areas. For best results let dry 30 minutes before exposure to sun, and reapply after prolonged swimming, excessive perspiration, vigorous activity or toweling.

My child or a staff member may apply sunscreen according to the instructions above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Coppertone Water Babies SPF 45** Hypoallergenic. Water Babies is a gentle, non-irritating PABA-free formula, which is non-stinging. **Active Ingredients:** Ethylhexyl p-Methoxycinnamate, 2 Ethylhexyl Saclicylate, Oxybenzone, Homosalate. **Inactive Ingredients:** Water, Sorbitan Isostearate, Sorbitol, Polyglyceryl-3 Distearate, Octadecene/MA Copolymer, Triethanolamine, Stearic Acid, Barium Sulfate, Benzyl Alcohol, Fragrance, Dimethicone, Aloe Extract, Jojoba Oil, Methylparaben, Tocopherol (Vitamin E), Propylparaben, Carbomer, Disodium, EDTA, Imidazolidinyl Urea.

**HAND SANITIZER PERMISSION:** State licensing requirements permit child care facilities to give hand sanitizer to children only with the written consent from the parent/guardians on field trips and/or when soap and water are not available. Hand sanitizer is not meant to replace regular hand washing practices of soap and water. Please sign if you would like your child to use hand sanitizer while on a field trip or when soap and water are not available. We will provide Infectiguard or a generic substitute (ingredients and directions listed below). If you would like your child to use a different brand you must supply it yourself.

**Directions:** Apply one pump into hands and rub hands together until all liquid has dried. Apply before eating and/or when soap and water are not available.

My child may use hand sanitizer according to the instructions above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Infectiguard. Active Ingredients: Ethyl Alcohol

# KIDS CO. ENROLLMENT FORM

## CONSENT FOR EMERGENCY TREATMENT

As the parent or legal guardian, I hereby give consent to Kids Co. that my child, \_\_\_\_\_, may be given emergency treatment to include 1st Aid/CPR by a qualified staff member of Kids Co. or Medic 1. I also give permission for my child to be transported by an aid car, ambulance or staff car to the nearest medical treatment center or hospital, if necessary.

As parent/legal guardian, I authorize a qualified physician to examine the above-named student and in the event of injury to administer emergency care and to arrange for any consultation by a specialist, including surgeon and/or dentist, as deemed necessary to insure proper care of any injury for my child. I understand that every effort will be made to contact parents or guardians to explain the nature of the problem prior to any involved treatment. It is understood that a conscientious effort will be made to notify me or other persons listed on this form before such action is taken.

In the event it becomes necessary for Kids Co. staff-in-charge to obtain emergency care for your student, neither the staff-in-charge nor Kids Co. assumes financial liability for expenses incurred because of accident, injury, illness, and/or unforeseen circumstances.

### Complete each section of this form in its entirety:

Child's Physician: \_\_\_\_\_ Last examine date: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Preferred Hospital: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies (drugs/others)/Reactions: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip Code

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Work Address: \_\_\_\_\_  
Street City State Zip Code

Parent/Guardian Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(If different than above) Street City State Zip Code

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Work Address: \_\_\_\_\_  
Street City State Zip Code

Emergency Contact Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip Code

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Kids Co. – Media Release Form

- Choose one:     Adams                       Cascadia                       Graham Hill                       Island Park                       John Hay
- Lakeridge                       McDonald                       Northwood                       Queen Anne
- South Shore                       TOPS                       West Mercer                       Other: \_\_\_\_\_

Dear Parents and Guardians,

Kids Co. periodically receives attention from newspapers, magazines, radio and TV stations; asking to take pictures, do interviews and audio- and video- record portions of our programs. This exposure is of great benefit to Kids Co. as a whole, and brings understanding of the critical need for high-quality child care in our community. Kids Co. engages professional photographers/videographers and we ourselves take pictures of children and activities to use in our newsletters, posters, press releases, flyers, social media (e.g., Facebook), website, etc.

We need a legal guardian’s permission to do these things and ask you to read and respond to the information below. If you choose not to grant permission, this will in no way affect any child’s opportunity to participate in Kids Co. programs or events.

So that we can honor your wishes, mark the box indicating your choice and sign the release. Please return this form to a Kids Co. staff member, or in the tuition payment box.

Please call if you have questions or concerns at (206) 781-8062.

Release Form for Kids Co. Child: \_\_\_\_\_  
Please print child’s name.

MEDIA RELEASE FOR A MINOR

I, the undersigned, being legal parent/guardian of the child listed above, grant to Evergreen Children’s Association dba Kids Co. the right to use his/her photograph, likeness, video or voice recording with or without his/her name, for advertising, broadcast or publication in any and all media (including social media and Kids Co.’s website). I hereby release any claims of copyright, libel, slander, violation of privacy or similar rights that I may have. There is no expiration date on this release; I will not seek compensation for usage.

OPT OUT: I do not grant permission to use my child’s photograph, likeness, video or voice recording with or without his/her name, for broadcast or publication in any and all media.

Parent/Guardian Name (print): \_\_\_\_\_

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



# FIELD TRIP CONSENT FORM

- Choose one:  Adams  Cascadia  Graham Hill  Island Park  John Hay  
 Lakeridge  McDonald  Northwood  Queen Anne  South Shore  
 TOPS  West Mercer  Other: \_\_\_\_\_

Student Name: \_\_\_\_\_

An integral and important part of any quality school age care or preschool program is giving our participants opportunities for out of the center excursions. The types of field trips are specific to each Kids Co. location. Some examples of field trip destinations are: local beaches and parks, sporting events, museums, etc. By completing this form you are consenting to your student participating on all scheduled field trips when your student is enrolled.

Kids Co.'s field trip transportation policy is to utilize public transportation (e.g., metro bus, street cars, yellow buses, sound transit, etc.), or take local walking trips. We may coordinate the use of private vehicles driven by parent volunteers with appropriate seat belts/restraints, valid driver's license and adequate auto insurance when public transportation, or walking, is not practical. Mercer Island Kids Co. sites sometimes utilize Mercer Island School District transportation during our summer program.

Taking a large group of children on a field trip can be challenging. We are very serious about the safety rules and will inform you about problems, if they occur. There are some problems that may result in your child being suspended from field trips. If this should occur, you are responsible for finding alternative care for your child. In the event that your child is asked to stay back from a field trip it is not acceptable to have them join another group even if that group is at the center.

Describe any medical/behavioral condition, including allergies that could impact the student's field trip experience:

- None  Medical/behavioral Condition – describe: \_\_\_\_\_

Kids Co. will make every reasonable effort to provide a safe environment during the field trip. As the parent/guardian of the above named student I understand that there are inherent risks associated with participation in these activities including physical injury, and/or other consequences.

I understand that Kids Co. assumes no responsibility or liability for injuries/illnesses of my child. I further understand that I hold Kids Co., its officers, agents, employees, and volunteers harmless from any and all liability or claims which may arise out of my child's participation on field trips.

I acknowledge that Kids Co.'s *Field Trip Behavior Expectations* and any other instructions apply on all field trips. I grant permission for my child to participate in all the field trips on the days when s/he will be attending Kids Co.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Kids Co. Bike/Wheels Day Agreement

1. **HELMETS:** All bike riders/wheeled equipment users (skates, rollerblades, scooters, etc.) **MUST** have a helmet and wear it at all times while riding their bikes or using wheeled equipment. Bikes/wheeled equipment privileges will be taken away for the day if you ride without a helmet.
2. **BIKES/WHEELED EQUIPMENT:** Bikes/wheeled equipment is not to be shared unless the equipment belongs to Kids Co. You must bring your own bikes/wheeled equipment, i.e. scooters, rollerblades, etc. in order to ride.
3. **SAFETY:** All bikes/wheeled equipment must be going in the same direction. All kids must follow the chalk, signs, cones, or directions of staff.
4. **SAFETY:** If a staff asks a child to SLOW DOWN, that child must slow down or lose bikes/wheel day privileges for the day.
5. **SAFETY:** Collisions are EVERYONE'S responsibility. Each child is 100% responsible for everyone's safety and their own. If there are multiple collisions bikes/wheels day may be suspended for that day.
6. **STAFF:** KidsCo. Staff has the responsibility to keep everyone safe who is riding bikes/wheeled equipment, or not riding. If there are actions or behaviors that are deemed unsafe by staff, your child may be asked to choose a different activity.
7. **FUN:** We want everyone to have fun, be safe, and be respectful of other bikes/wheeled equipment on the road.

Parent/Guardian(s) understand that Kids Co. is not responsible for any bikes, wheeled equipment, or helmets and other safety equipment brought to the center.

Parent/Guardian(s) understand that not all centers offer bikes/wheeled equipment (many do not have storage for their own bikes) or a wheels day.

By signing below, parent/guardian(s) give permission for their child to participate in wheels activities and agree to review this agreement with their child.

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

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Certificate of Immunization Status (CIS)

For Kindergarten-12<sup>th</sup> 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.

<b>Child's Last Name:</b>	<b>First Name:</b>	<b>Middle Initial:</b>	<b>Birthdate (MM/DD/YY):</b>	<b>Sex:</b>
_____	_____	_____	_____	_____

<p>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.</p> <p><b>Parent/Guardian Signature Required</b> _____ <b>Date</b> _____</p>	<p>I certify that the information provided on this form is correct and verifiable.</p> <p><b>Parent/Guardian Signature Required</b> _____ <b>Date</b> _____</p>
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- ◆ Required for School and Child Care/Preschool
- Required Only for Child Care/Preschool

Required Vaccines for School or Child Care Entry	Date	Date	Date	Date	Date	Date
	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
◆ <b>DTaP, DT</b> (Diphtheria, Tetanus, Pertussis)						
◆ <b>Tdap</b> (Tetanus, Diphtheria, Pertussis)						
◆ <b>Td</b> (Tetanus, Diphtheria)						
◆ <b>Hepatitis B</b> <input type="checkbox"/> 2-dose schedule used between ages 11-15						
● <b>Hib</b> ( <i>Haemophilus influenzae</i> type b)						
◆ <b>IPV / OPV</b> (Polio)						
◆ <b>MMR</b> (Measles, Mumps, Rubella)						
● <b>PCV / PPSV</b> (Pneumococcal)						
◆ <b>Varicella</b> (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	

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

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Printed Name \_\_\_\_\_

**Instructions for completing the Certificate of Immunization Status (CIS): printing it from the Immunization Information System (IIS) or filling it in by hand.**

**To print with immunization information filled in:** Ask if your healthcare provider's office enters immunizations into the WA Immunization Information System (Washington's statewide database). 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: [waisrecords@doh.wa.gov](mailto:waisrecords@doh.wa.gov) or 1-866-397-0337.**

**To fill out the form by hand:**

**#1** Print your child's name, birthdate, sex, and sign your name where indicated on page one.

**#2 Vaccine information:** 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 Guide 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 History of Varicella Disease:** 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 healthcare 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 Documentation of Disease Immunity:** If your child can show positive immunity by blood test (titer) and has not had the vaccine, have your healthcare provider check the boxes for the appropriate disease in the Documentation of Disease Immunity box, and sign and date the form. **You must provide lab reports with this CIS.**

**Reference guide for vaccine abbreviations in alphabetical order**

For updated list, visit <https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.pdf>

Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus	Hep A	Hepatitis A	MCV / MCV4	Meningococcal Conjugate Vaccine	OPV	Oral Poliovirus Vaccine	Tdap	Tetanus, Diphtheria, acellular Pertussis
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hep B	Hepatitis B	MenB	Meningococcal B	PCV / PCV7 / PCV13	Pneumococcal Conjugate Vaccine	VAR / VZV	Varicella
DTP	Diphtheria, Tetanus, Pertussis	Hib	<i>Haemophilus influenzae</i> type b	MPSV / MPSV4	Meningococcal Polysaccharide Vaccine	PPSV / PPV23	Pneumococcal Polysaccharide Vaccine		
Flu (IIV)	Influenza	HPV (2vHPV / 4vHPV / 9vHPV)	Human Papillomavirus	MMR	Measles, Mumps, Rubella	Rota (RV1 / RV5)	Rotavirus		
HBIG	Hepatitis B Immune Globulin	IPV	Inactivated Poliovirus Vaccine	MMRV	Measles, Mumps, Rubella with Varicella	Td	Tetanus, Diphtheria		

**Reference guide for vaccine trade names in alphabetical order**

For updated list, visit <https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.pdf>

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 (RV5)
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		