

Office Use Only	
Date Forms Rec'd _____	
Deposit Rec'd _____	<input type="checkbox"/>
Confirmation 1/2 sht _____	<input type="checkbox"/>
Summer Letter _____	<input type="checkbox"/>

Colbert Chapel Preschool

4922 E. Bernhill Rd

Colbert, Wa 99005

Phone: (509) 238-4886 Fax: (509) 238-1113

preschool@colbertchapel.org, Director Jen Whitehead



Registration fee is \$65 (nonrefundable) (\$75 after July 1)
Please attach your check when returning this form.
Your completed REGISTRATION FORM AND CHECK or money order
are required to hold your place in a class.

Today's Date: _____

My child is registering for Pre-k: M/W/F AM ___ M/W/F PM ___ Preschool T/TH AM _____

Child's Name _____ Male/Female _____

Date of Birth _____ Age _____

Primary Home Address _____

City _____ State _____ Zip _____

Primary Phone _____

EMERGENCY CONTACT **DURING CLASS TIME** NAME/PHONE _____

Mother's Name _____ Phone _____

Address _____

Email _____

Employer/Occupation _____ Work phone _____

Father's Name _____ Phone _____

Address _____

Email _____

Employer/Occupation _____ Work Phone _____

Informational/newsletters sent to mom/dad/or both _____

Legal Guardian's Address _____

Email _____ Occupation _____

Home Phone _____ Cell Phone _____

Sibling Name _____ Age _____

Sibling Name _____ Age _____

Sibling Name _____ Age _____

Please include us in the All Class Directory? Y or N _____

All _____ (mother's/Father's name- both phone numbers-both emails and address)

Except _____

Other than those listed above, please list anyone who has permission to pick your child up from preschool.

Name/Relationship to child _____ Phone _____

Name/Relationship to child _____ Phone _____

Name/Relationship to child _____ Phone _____

Name/Relationship to child _____ Phone _____

Please complete the back side of this form as well.

Child's Doctor _____ Phone _____

Child's Dentist _____ Phone _____

Date of child's last exam _____

Please attach a current copy of your child's immunizations. For returning students, please attach an updated copy of their immunization record, if it has changed since the last record we have on file.

Does your child have any allergies?

Does your child have any specific health problems or significant health history that the preschool should be aware of?

Please tell us how you heard of Colbert Chapel Preschool.

What church, if any, do you consider your home church?

Are you on Facebook? Y ___ N ___ If yes, please like our Facebook page - Colbert Chapel Preschool.

I hereby warrant to Colbert Chapel Preschool that I am entitled to legal custody and possession of the above named child and accordingly am authorized to place them in the care and custody of the Preschool and am further authorized to sign this Registration form. I understand that they are to be signed IN and OUT by myself or a designated person each day they are in attendance at Preschool.

I hereby release and hold harmless the Preschool and its staff from loss or damages to toys, clothes or personal articles. I hereby invest authority in the Preschool to discipline my child as deemed necessary, in accordance with the Preschool's written policy.

I have received a copy of the CERTIFICATE OF IMMUNIZATION and understand that I MUST return it, AND THIS FORM, completed, to the Center before my child will be enrolled. I also understand that I need to inform the Preschool, in writing as my child receives new immunizations.

I hereby give permission that my child may be given EMERGENCY TREATMENT to include first aid and CPR by a qualified child care employee. I further authorize and consent to medical, dental, surgical, hospital care, treatment, and procedures to be performed by my child's listed doctor/dentist. If the doctor/dentist cannot be reached, I give my consent for a licensed physician to safeguard my child's health and administer any necessary medical treatment. I waive my right of informed consent to such treatment in the event that I cannot be reached. I give my permission for my child to be transported by ambulance, the Center van or personal vehicle to an emergency center for treatment.

Parent/Legal Guardian Signature

Date

I will notify the Center of any changes on this form. I will complete a new form every 12 months.

Parent/Legal Guardian Signature

Date

Colbert Chapel Preschool

“WEEKENDS WITH MINNIE” sign up

(PLEASE RETURN THIS FORM TO PRESCHOOL!)

Student's name: _____

As described in our handbook, we have a guinea pig named “Minnie” in the preschool room. All the kids LOVE her. We do allow for children to sign-up to take Minnie home for the weekend. This is completely OPTIONAL and is not advertised to the children in case you cannot participate. Please indicate whether you are interested or not. Once I have a final schedule made I will let you know what weekend you can expect a furry houseguest.

_____ **Yes, we would like to bring Minnie home. Please schedule us.**

_____ **Sorry, not at this time.**

Colbert Chapel Preschool Photo / Video Permission

I give my permission for the staff at Colbert Chapel Preschool to video and take photographs of my child for use within the Preschool, Church, and children's ministries. I understand that my child's photo and name (first name only) may be published on the Colbert Chapel Preschool Facebook page and/or on the Church and Preschool website: www.colbertchapel.org

I give permission for my child(ren)'s photo/image that may include my child's first name only to be published on the Preschool Facebook page and / or the Church and Preschool webpage.

I give permission for a photo / image that includes my child without his/her first name to be published on the Preschool Facebook page and / or the Church and Preschool webpage.

I DO NOT GIVE permission for a photo / image of that includes my child to be published on the Preschool Facebook page and / or on the Church and Preschool webpage.

Child(ren)'s name(s) printed

Printed name of Parent / Legal guardian

Signature

Date

Colbert Chapel Preschool

Payment Policy:

Registration Fee is \$65 (\$75 after July 1st) per child. Registration fee is due when enrollment forms are submitted and the fee is required to hold a spot for your child in a class.

Tuition can be paid monthly, due the first of each month for the upcoming month. Tuition can also be paid on a 3 month, 6 month or full year basis as listed on the Financial Information sheet in your packet.

Accounts kept in current standing are always appreciated. Arrangements need to be made in advance with the director if payments cannot be made according to the payment schedule. All accounts that have balances older than 30 days are considered delinquent. A 10% fee will be added to the balance each month. If an account becomes 60 days overdue your child is at risk for not being accepted back to the center until your account balance and all fees have been paid in full. All returned checks will be charged an additional \$35.00 fee for reprocessing. Since tuition is based on the school year, no reductions are given for holidays, vacations, or non-school days. Tuition reductions for absences due to sickness are generally not given, though adjustments may be considered for an extended illness. If a child is withdrawn during the year, a refund for unused, whole months may be given. PLEASE note that a full month notification MUST be given if your child will not be finishing the school year. Any accounts without notification will be billed for a final month of tuition. If you need assistance with your tuition, due to unforeseen hardship circumstances, please ask us about our "Helping Hands" program.

I, _____ parent(s) of _____
Print parent's names print child(ren)'s names

understand and agree to comply with the above stated financial policy.

Parent's signature

date

Parent's signature

date

Colbert Chapel Preschool and Chapel Children's Center Off Premises Evacuation Plan

In the event that we must evacuate our building and/or the general vicinity, we will transport the children to the Northwest Christian High School Gymnasium, our neighbors up the road. We will wait there until we receive confirmation that it is safe to return to the church building. We will transport by church/daycare vans, the church/daycare school bus, and privately owned vehicles of Preschool staff, church staff, and Chapel Children's Center daycare staff if needed. We will inform parents of the current status as soon as it is feasible to do so. PLEASE MAKE SURE WE HAVE YOUR MOST CURRENT AND PREFERRED CONTACT INFORMATION, AND KEEP US INFORMED OF CHANGES!

Please sign the bottom portion and return to the Preschool as soon as possible. We need to be prepared at all times! Thanks.

I, _____, the natural parent / legal guardian, give my permission for my child(ren) _____

to be transported in any of the following, in the event of an emergency:

- Church/daycare vans
- Church/daycare school bus
- Privately owned vehicles of staff

The Preschool has my current and preferred contact information.

Signature

Date

Colbert Chapel Preschool

Statement of Acknowledgement

I acknowledge that I have received the documents listed below, and that I have read and understand them.

- ✓ The Preschool Handbook including policies and procedures
- ✓ The Preschool Curriculum
- ✓ The Preschool daily activity schedule
- ✓ The Preschool policy on early & late drop off and pick up (in the Parent Handbook).
- ✓ The Preschool financial rates and payment policies.
- ✓ The Intruder alert policy (in the Parent Handbook) and Off Premises Evacuation Plan
- ✓ Information about the preschool guinea pig and invitation for her to visit your home

Further, I understand that I will be advised of my child's progress in Preschool, and I agree to support my child's learning by following up and reinforcing learning at home.

Colbert Chapel Preschool encourages parent participation in field trips and parties. Talk with the director if you would like to learn more.

Printed name of Child

Printed name of Parent / Legal guardian

Signature

Date



Certificate of Immunization Status (CIS)

Reviewed by: _____ Date: _____
Signed COE on File? Yes 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

X

Parent/Guardian Signature _____

Date _____

Parent/Guardian Signature Required if Starting in Conditional Status _____

Date _____

- ▲ Required for School
- Required Child Care/Preschool

	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY
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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)

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:
 A verified history of varicella (chickenpox) disease.
 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: _____
If verified by school or child care staff the medical immunization records must be attached to this document.

Signature: _____

Date: _____

Instructions for completing the Certificate of Immunization Status (CIS): Print the form 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: waisrecords@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	Traumenba	MenB
Boostrix	Tdap	Fluvirin	Flu	Infanrix	DTaP	Pneumovax	PSSV	Twimrix	Hep A + Hep B
Cervarix	2vHPV	Fluzone	Flu	Kimrix	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).