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Completion of this agreement is required for enrollment. This form will enable us to better understand your child and meet his/her needs. Much of the information requested is necessary to comply with state child care licensing regulations.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Enrollment Information** | | | | | | | | | | | | | | | | | | | | |
| **Child’s Information** | | | | | | | | | | | | | | | | | | | | |
| Child’s first name | | | Child’s middle name | | | | | | Child’s last name | | | | | | Child’s nickname | | | | | |
| Birthdate | Sex | Child’s primary language | | | | | | | | | Parent/guardian/sponsor primary language | | | | | | | | | |
| Child’s home address | | | | | | | | City | | | | | | State | | | | | Zip | |
| Enrollment Date | | | Transition Dates | | | | | | | Program | | | | | Class | | | | | |
|  | | | | | | | | | |  | | | | |  | | | | | |
| **Family Information** | | | | | | | | | | | | | | | | | | | | |
| List family members & pets your child lives with – include first names, relation and ages of siblings | | | | | | | | | | | | | | | | | | | | |
| Parent/guardian/sponsor | | | | | Relationship to child | | | | | | Home phone | | | | Cell phone | | | | | |
| Home address if different from above | | | | | | | | City | | | | | | State | | | | | Zip | |
| Home email | | | | | | | Work email | | | | | | | | Work phone | | | | | |
| Employer | | | Employer address | | | | | | | City | | State | | | | | Zip | | | Work hours |
| **Other** parent/guardian/sponsor | | | | | Relationship to child | | | | | | Home phone | | | | Cell phone | | | | | |
| Home address if different from above | | | | | | | | City | | | | | | State | | | | | Zip | |
| Home email | | | | | | | Work email | | | | | | | | Work phone | | | | | |
| Employer | | | Employer address | | | | | | | City | | State | | | | | Zip | | | Work hours |
| **Child Emergency Contact and Release Information** (*do not include parents/guardians/sponsors*) | | | | | | | | | | | | | | | | | | | | |
| Please notify the center if an Emergency Release Contact will pick up your child on a given day. Your pickup and emergency contacts need to be local. **Please note if pickup only**. [For the safety of your child, we request that all authorized pick up persons with whom staff is not familiar provide a photo ID at the time of pick up.] | | | | | | | | | | | | | | | | | | | | |
| **Person #1** | | | | Relationship to child | | | | | | Home phone | | | | | | Cell phone | | | | |
| Home address | | | | | | | | City | | | | | | State | | | | Zip | | |
| Home email | | | | | | Work email | | | | | | | Work Phone | | | | | | | |
| **Person #2** | | | | Relationship to child | | | | | | Home phone | | | | | | Cell phone | | | | |
| Home address | | | | | | | | City | | | | | | State | | | | Zip | | |
| Home email | | | | | | Work email | | | | | | | Work Phone | | | | | | | |
| **Person #3** | | | | Relationship to child | | | | | | Home phone | | | | | | Cell phone | | | | |
| Home address | | | | | | | | City | | | | | | State | | | | Zip | | |
| Home email | | | | | | Work email | | | | | | | Work Phone | | | | | | | |
|  | | | | | |  | | | | | | |  | | | | | | | |
| Out of State/Country Contact | | | | | | Relationship to child | | | | | | | Home and Cell Phone | | | | | | | |
| Home address | | | | | | City | | | | | | | State & Zip | | | | | | | |

The people designated in this section will be contacted by us if you cannot be reached in the event of a medical or other emergency. Our staff will only release your child to you or to those persons listed above. If you want a person who is not identified above to pick up your child, you must notify our staff in advance, in writing. Your child will not be released without prior authorization.

Parent initial \_\_\_\_\_\_\_\_\_ Staff initial \_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Medical Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Child’s name | | | | | | | Birth date | | | | | | | | | | Height | | | Weight | | | | Hair color | | | | | Eye color | |
| Distinguishing marks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Child’s Medical & Developmental History** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Does your child have any special medical conditions? □ No □ Yes Explain | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Does your child have any chronic illnesses? □ No □ Yes Explain | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Please list a brief history of your child’s serious injuries and hospitalizations. | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Does your child have diabetes? □ No □ Yes *If yes, please attach care instructions from your physician.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Does your child have asthma? □ No □ Yes *If yes, please attach care instructions from your physician.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Will medication be administered regularly? □ No □ Yes *If yes, please attach care instructions from your physician.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Does your child have any special dietary needs? □ No □ Yes Explain | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Is your child able to fully participate in all activities? □ Yes □ No Explain | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Does your child have any physical restrictions? □ No □ Yes Explain | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Does your child function at the level of other children in his/her age group? □ Yes □ No Explain | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. Is your child able to walk □ Yes □ No  ***Required for all Classroom enrollment*** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. Can your child communicate his/her needs? □ Yes □ No | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 13. Does your child need assistance at meal time? □ No □ Yes Explain | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. Does your child rest during the day? □ No □ Yes | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 15. Is your child toilet trained? □ No □ Yes, initiate | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 16. Does your child use any special equipment, such as breathing machine, wheelchair, hearing aid, braces, glasses etc.? □ No □ Yes Explain | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17. Does your child require one-to-one care/supervision on a regular basis for a significant period of time? □ No □ Yes Explain | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18. Does your child require any accommodations or modifications to fully and equally enjoy and participate in a group care setting? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ No □ Yes Explain | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19. When your child is upset, what works to comfort them? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  20. How does your child express anger and/or frustration? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  21. What method of behavior management do you use at home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  22. What is your child’s usual reaction? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  23. How would you describe your child’s personality? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  24. What are your child’s favorite activities? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  25. What are your goals for your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  26. Does your child have any special fears? Explain, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  27. Does your child require help with self-help skills? (Example: dressing self, wiping, eating…) Explain, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  28. Information we may find helpful: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Illness History** *(please check all that apply)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ Vision problems | | | | | □ Nosebleeds | | | | | | | | | | | | | □ Seizures | | | | | | | | | | | | |
| □ Hearing problems | | | | | □ Skin rashes | | | | | | | | | | | | | □ Mouth sores | | | | | | | | | | | | |
| □ Constipation | | | | | □ Sore throats | | | | | | | | | | | | | □ Fainting | | | | | | | | | | | | |
| □ Diarrhea | | | | | □ Ear infections | | | | | | | | | | | | | □ Persistent cough | | | | | | | | | | | | |
| □ Asthma/breathing problems | | | | | □ Urinary tract infections | | | | | | | | | | | | | □ Other | | | | |  | | | | | | | |
| *Please attach care instructions from your physician for any of these illnesses.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Disease History** *(please check all that apply and add the date)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ Chicken Pox (Varicella) | | |  | | □ Bronchiolitis | | | | | | | | | | |  | | □ Botulism | | | | | | | | | |  | | |
| □ Measles Rubeola | | |  | | □ Pneumonia | | | | | | | | | | |  | | □ Haemophilus Influenza | | | | | | | | | |  | | |
| □ Rubella (German Measles) | | |  | | □ Pertussis (Whooping cough) | | | | | | | | | | |  | | □ Meningococcal Infection | | | | | | | | | |  | | |
| □ Mumps | | |  | | □ Tetanus | | | | | | | | | | |  | | □ Rabies | | | | | | | | | |  | | |
| □ Scarlet Fever | | |  | | □ Diphtheria | | | | | | | | | | |  | | □ Bacterial Meningitis | | | | | | | | | |  | | |
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| **Allergies** *(please list)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Medication** Allergies | | |  | Reaction | | | | |  | | | **Food** Allergies | | | | | | | | |  | Reaction | | | | | | | |  |
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| **Bee Stings** Allergies | | |  | Reaction | | | | |  | | | **Respiratory** Allergies | | | | | | | | |  | Reaction | | | | | | | |  |
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| **Other** Allergies | | |  | Reaction | | | | |  | | | **Are any of these allergies life-threatening?** | | | | | | | | | | | | | □ **Yes** | | | □ **No** | | |
|  | | |  |  | | | | |  | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Please attach care instructions from your physician for any life-threatening allergies.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Miscellaneous Screenings and Tests** *(please check all that apply and add the date of last screening)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ Vision | | |  | | □ Developmental | | | | | | | | | | |  | | □ Tuberculosis (PPD) | | | | | | | | | |  | | |
| □ Hearing | | |  | | □ Aptitude | | | | | | | | | | |  | | □ Sickle Cell Anemia | | | | | | | | | |  | | |
| □ Speech | | |  | | □ Educational | | | | | | | | | | |  | | □ Other | | | |  | | | | |  |  | | |
|  | | |  | |  | | | | | | | | | | |  | |  | | | |  | | | | |  |  | | |

To the best of my knowledge the information contained above is accurate.

Parent initial \_\_\_\_\_\_\_\_\_ Staff initial \_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Certificate of Immunization Status (CIS) And Certificate of Exemption**

<https://www.doh.wa.gov/Portals/1/Documents/Pubs/348-013_CertificateImmunizationStatusForm.pdf>

<https://www.doh.wa.gov/Portals/1/Documents/Pubs/348-106_CertificateofExemption.pdf>

**You can now start an account at MyIR.com for WA**

<https://myir.net/?page_id=1779>

**STUDENTS MUST HAVE Documentation of MMR before starting school, no exemptions accepted for the MMR.**

**Medication Permission Form can be downloaded at:**

<https://www.dcyf.wa.gov/sites/default/files/pdf/el-license/10.9.2.18MedicationPermissionForm.pdf>

**Portable Background Check:**

**Help in the class and on field trips, good for 5 years! FREE**

<https://www.dcyf.wa.gov/services/early-learning-providers/background-checks>

**Parent Education**

Posted on our Facebook Page <https://www.facebook.com/TheShyneSchool/?ref=bookmarks> and

**A logo with colorful circles

Description automatically generated**We also have a parent resource page on the web site www.shyneschool.com

**On the Registration page of our website** [**https://shyneschool.com/registration**](https://shyneschool.com/registration) **you will find the Disaster Plan, Health and Safety Policies, The Parent Handbook as well as payment options and forms.**

**Parent Communication**

Parent Portal MyProcare.com for account receipts, statements, update contact information. Log in username is your email. It will prompt you to set up a password.

Parent Engagement App you can communicate with teachers, view photos and clock in and out. Download the app and you will be sent an invitation.

**If there is additional information about your child or family, please let us know, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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Filled out by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Please print name)*

**A logo with a sun and text

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| **Medical Information** *(***continued)** | | | | | | | | | | | | | | | | | | | |
| Child’s name | | | | | | | | | Birth date | | | | | | | | | | |
| **Child’s Medical Care Provider** | | | | | | | | | | | | | | | | | | | |
| Primary physician’s name | | | Primary physician’s practice name | | | | | | | | | | Phone | | | | | | |
| Physician’s practice address | | | | | | | | City | | | State | | | | Zip | | | | |
| Preferred hospital/clinic for emergency care | | | | | | | | | | City | | | | | State | | | | |
| Dentist’s name | | | Dentist’s practice name | | | | | | | | | | Phone | | | | | | |
| Dentist’s practice address | | | | | | | | City | | | State | | | | Zip | | | | |
| **Child’s Insurance Provider** | | | | | | | | | | | | | | | | | | | |
| Child’s health insurance provider name | Policy number | | | Secondary health insurance provider name | | | | | | | | | | Policy number | | | | | |
| **Child’s Immunization History *(please attach a copy of your child’s immunization records)*** | | | | | | | | | | | | | | | | | | | |
| Below is a list of immunizations that your child may have received. Immunizations in bold are required by our state. **No exemptions for MMR** | | | | | | | | | | | | | | | | | | | |
| Anthrax | | Influenza | | | | | **Pneumococcal disease** | | | | | Smallpox | | | | | | | |
| **Diphtheria** | | Lyme Disease | | | | | **Polio** | | | | | **Tetanus** | | | | | | | |
| **Haemophilus Influenzae type b (Hib)** | | **Measles** | | | | | Rabies | | | | | Tuberculosis | | | | | | | |
| Hepatitis A | | Meningococcal disease | | | | | Rotavirus | | | | | Typhoid Fever | | | | | | | |
| **Hepatitis B** | | **Mumps** | | | | | **Rubella** | | | | | **Varicella (Chickenpox)** | | | | | | | |
| Human Papillomavirus (HPV) | | **Pertussis (Whooping Cough)** | | | | | Shingles (Herpes Zoster) | | | | | Yellow Fever | | | | | | | |
| **Additional Medical Policies** | | | | | | | | | | | | | | | | | | | |
| 1. Prior to enrollment, I must provide the center with updated medical and immunization information for my child. This information is to be kept current and updated in accordance with state child care regulations. | | | | | | | | | | | | | | | | | **Initial** | | |
|  | | | | | | | | | | | | | | | | |  | | |
| 2. I agree to provide information to the child care center about my child’s conditions, illnesses, allergies or other needs. | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | |  | | |
| 3. If my child becomes ill with a reportable contagious disease, I understand that he/she will not be able to return until I bring in a physician’s note stating that he/she is no longer contagious. | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | |  | | |
| 4. If my child becomes ill during his/her time at the child care center, the staff will contact me to pick up my child. I will arrange for pick up as soon as possible and no later than 2 hours after being contacted. If I cannot be reached, the staff will contact those listed in the *Child Emergency Contact and Release*. | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | |  | | |
| **Emergency Medical Authorization & Consent** | | | | | | | | | | | | | | | | | | | |
| In case of a medical emergency, the staff will attempt to contact me, those listed in the *Child* *Emergency Contact and Release*, and lastly my physician. | | | | | | | | | | | | | | | | | **Initial** | | |
|  | | | | | | | | | | | | | | | | |  | | |
| In case of a medical emergency, I agree that my child may receive first aid and/or CPR. | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | |  | | |
| In case of a medical emergency, I permit the transportation of my child to a local hospital or other urgent care facility, if necessary, by paramedics or other emergency personnel. | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | |  | | |
| In case of a medical emergency, I will be responsible for the emergency medical expenses. | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | |  | | |
| In case of an accidental ingestion of a poisonous substance, I consent to my child being treated as directed by the Poison Control Center. | | | | | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | |  | | | |
| **I hereby give my permission for the school to give out my:**  Phone number \_\_Yes \_\_No and E-mail \_\_Yes \_\_No  They will be listed on a school directory for parent to parent contact only. | | | | | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | |
| I give my permission to this center to apply □ sunscreen to my child. *Please check and sign our bulk release each June or provide own.* | | | | | | | | | | | | | | | | | | **Initial** | |
|  | | | | | | | | | | | | | | | | | |  | |
| I understand that I must sign a release for bulk sunscreen or supply my own sunscreen with a valid expiration date, and it will be labeled with my child’s name. | | | | | | | | | | | | | | | | | |  | |
|  | | | | |  | | | | | | | | | | | | |  |  |
| I □ have □ do not have special instructions for the application process. | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  |  |

Parent initial \_\_\_\_\_\_\_\_\_ Staff initial \_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A logo with a sun and text

Description automatically generated The Shyne School** Early Childhood Education Registration Packet

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Rate Agreement and Contract** | | | | | | | | | | | | | |
| Child’s name | | | | | | | | | | Birth date | | | |
| **Hours of Operation** | | | | | | | | | | | | | |
| Regular operating hours are **Monday to Friday 7:00 AM to 5:30 PM** except closings for various holidays, and inclement weather as described in the Parent Handbook. Please consult the current calendar for holidays. There is no reduction in tuition because of center closures. We have 5 to 8 extra days build into our calendar for Full Day students and allow Only and Plus students to make up the hours missed. | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| The procedure to notify families should severe weather or other conditions prevent the program from opening on time or at all will be announced through our ProCare App and we will phone parents as needed. If it becomes necessary to close early, we will contact you or someone listed in the *Emergency Contact and Release*, if you are not available and it will be your responsibility to arrange for your child’s early pick up. | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Scheduled Attendance** | | | | | | | | | | | | | |
| The days and hours that I wish to contract for child care are as follows: | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Day of week | Start time | AM/PM | | End time | | AM/PM | | Comments | | | | | |
| Monday |  |  | |  | |  | |  | | | | | |
| Tuesday |  |  | |  | |  | |  | | | | | |
| Wednesday |  |  | |  | |  | |  | | | | | |
| Thursday |  |  | |  | |  | |  | | | | | |
| Friday |  |  | |  | |  | |  | | | | | |
|  | | | | | | | | | | | | | |
| Tuition payments can be made □ bi-monthly 1st and 15th □ monthly 1st basis. We have a five day grace period. | | | | | | | | | | | | | |
|  | | | | |  | |  | |  | |  | | |
| **Fee Policy** (to be completed by staff; reviewed and initialed by the parent/guardian/sponsor after completion) | | | | | | | | | | | | | |
| - Starting at Registration, or June 1st for a Sept start, your first month tuition is due. Notified of annual increases June 1st for the following Sept. | | | | | | | | | | | | | **Initial** |
|  | | |  | | | | | | | | |  |  |
| - Tuition is due and payable by cash, check or ACH the 1st of the month or next business day. | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | |  |
| * Tuition is not subject to discounts for holidays, emergency closures (i.e., weather or pandemic). | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | |  |
| * I agree to pay the full tuition in advance of services rendered. | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | |  |
| * I agree to pay the full tuition fee even if my child is absent for one or more days. | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | |  |
| * A late fee of $25is due if tuition is not received on time. My child can be unenrolled if tuition is not paid by the 10th of the month. | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | |  |
| * A non-refundable academic fee is due annually to re-enroll with a re-enrollment form. | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | |  |
| * A late pick-up fee of$1per minute, per child (not to exceed $60 per child) is due if my child is not picked up before closing. | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | |  |
| * Accounts two weeks in arrears may result in immediate termination of service. | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | |  |
| * My child may have the opportunity to participate in a special program or field trip that may have an additional fee due before the day of the event. A specific permission slip may be required. | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | |  |
| * All returned checks or ACH transactions (automatic debits) will be charged a fee of $25. Two or more returned checks or ACH transactions will result in my account being placed on “money order only” or “Cash only” status. | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | |  |
| * A months written notice is required for any child being withdrawn from the program. Failure to provide notice in writing will result in additional tuition charges. If emailed a response must be received. | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | |  |
| Schedule changes are approved on a space available basis. If you will be gone for a full month you can give notice to move to the next schedule with less hours to hold your spot. You must pay to continue to hold your spot or withdraw.  A receipt for income tax purposes can be found at MyProcare.com, using your email to log in and setting up a password the first time.  **Registration Fees**  · A onetime registration fee of $65 per child is due at the time of enrollment.  · An annual academic fee of $65 per child is due at the time of enrollment & for each subsequent school year for re-enrollment.  · An emergency kit with a 5-year shelf life, at a fee of $25, is yours to take when you leave. (Food, water, light stick, emergency blanket & rain poncho)  **Tuition & Late Payments**  · Billing is done on the first of each month. You will receive a statement at the end of the month, for the following month. Accounts are set up for monthly billing unless other arrangements have been made with the office. If you arrange to submit tuition bi- monthly the second tuition payment is due by the 15th of each month and must be received by the 20th of each month to avoid a late fee of $25.  · To avoid a late fee, you need to make alternate payment arrangements ahead of time with the director. If you do not make prior arrangements, you will receive a late fee and notice on the 6th to pay  · It is important for us to maintain a secure and stable environment for your child(ren). To accomplish this, we must offer our staff the security of knowing their employment with The Shyne School is also secure and stable. Tuition fees remain constant regardless of holidays, or closures due to weather. Parents do not pay for the days we are closed for holidays/workdays, or their children are on break, it is figured into the tuition for the year. Our fees are based on an average of twenty (20) days per month, four (4) weeks a month. This amounts to 240 days per calendar year for full time and 180 days part time per preschool year. Families attending full days, year-round, 5 to 7 days are built in for unexpected closures and are free to parents if not used. We hope this helps families when we are closed due to unexpected weather or power outage closures. Make up days are added to the end of the year for preschool Only or Plus days missed.  · A multiple child discount applies to Preschool Plus and Full Day families with a 5% discount off the total bill.  **Late Pick-up**  After 10 minutes if we are unable to contact the parents and confirm that they are on their way we will call the child’s emergency contacts to pick them up. Legal authorities will be contacted for children left at the center more than one hour past closing if we are unable to arrange for the child to be picked up.  · Preschool Only and Preschool Plus Students will be charged an hourly fee past their scheduled departure time. Due to parking limitations, you are given 15 minutes after the scheduled pick-up time **if** parking is an issue. If your child is staying longer than their scheduled day, it must be approved by the director or Lead Teacher.  **Vacation Credit**  · A vacation credit of 100% off one-week regular tuition is available to our full-time, year-round, families. A Year is defined as Sept.1-Aug. 31st.  · The criteria for using vacation credit are as follows: 1. Vacations must be scheduled in advance while still in attendance. 2. Students must be enrolled for longer than 4 months to receive credit. 3. Families must be enrolled and attend the summer session. 4. If you use a vacation credit and withdrawal before summer you will be charged for the previous credit received. | | | | | | | | | | | | |  |
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| --- | --- |
| **Other Agreements** | |
| **Private Employment Acknowledgement and Release** | |
| Any arrangement/employment between me and staff of this center (i.e., babysitting, parent’s night out), outside of the programs and services offered by this center, is an individual endeavor and private matter not connected to or sanctioned by this center. This center shall remain harmless from any such arrangement. | **Initial** |
|  |  |
| **Media Release** | |
| Occasionally, photos will be taken of the children at the center for use within the center. Please indicate that you authorize the use and reproduction of photographs of your child in conjunction with the program activities. Photo’s are never shared on the website without specific consent in advance. | **Initial** |
|  |  |

Parent initial \_\_\_\_\_\_\_\_\_ Staff initial \_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enrollment Agreement  **The Shyne School**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Other Agreements** *(continued)* | | | | |
| Child’s name | | Birth date | | |
| **Walking Excursions** | | | | |
| I give my permission for my child to participate in supervised walking excursions to the Woods. A fenced supervised play yard. | | | | **Initial** |
|  | | | | |
| **Handbook Acknowledgement** | | | | |
| I understand and agree that it is my responsibility to read and familiarize myself with policies and procedures outlined in the Family Handbook and agree to abide by them. | | | | **Initial** |
|  |  | |  |  |
| I understand that it is my responsibility to go directly to management with any questions I may have regarding the policies and procedures and information contained in this Enrollment Agreement. | | | |  |
|  |  | |  |  |
| Information contained in the Family Handbookmay be subject to change. | | | |  |
|  | | | |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Contract Approval** | | | | | | | | | |
| I certify that I have read, understand, and accept all of the terms and conditions described in this *Enrollment* *Agreement*. | | | | | | | | | |
|  |  | |  |  |  |  | |  |  |
| Primary Parent/Guardian/Sponsor Signature | | Date | | | Center Staff Signature | | Date | | |

**First Day of School Check List**



**Before you leave….**

**1. Clock your child in** on the time clock and out when you pick up. Register with time clock at transition visits.

**2. Leave a jacket** and multiple changes of clothes in your child’s cubby.

**3. Put your child’s name on all items you are leaving** *and items they could take off.*

**4. Walk your child to their teacher** on the play yard or in class. Children must be supervised 100% on campus.

**5. Leave remaining registration papers on the office**

**desk—***must have full registration packet turned in to start.*

Locate your child’s cubby, art file and coat hook. Remind teachers of pertinent information such as allergies. Please do not use your cell at the school so that your child and teacher may have your full attention when you are here.

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**Our Recommendations for Transition**

To transition to The Shyne School we like to have parents and children come for 1 hour between 9:30- 11:00 AM in the morning. During all transition visits parents need to stay at the school at all times. You are responsible for your child until they start on their first day. We recommend planning on being in the classroom with your child but also step out of the classroom to see how they do when you leave. Teachers will guide you.

While you are here:

· We ask parents to step out for 5 to 10 minutes once your child has been here for 20 or 30 minutes and are involved in an activity.

· Make sure you say good-bye and that you will be right back. It is important to build trust.

· Come back when you say. If this is a hard separation for your child, you may want to come a few more times before the first day of school.

· Talk with your child’s teacher about how the visit went and how many more visits to plan.

· For children three and four we usually do a one hour visit once or twice before they start.

On transition visits Parents are able to guide the children through their day and help them key in on routines and transitions. The teacher may call the class by name or bell and expect the children to come inside when they hear that. Parents are able to help their child by saying “Did you hear the teacher say we are going inside when she rings the bell? Let’s listen for it.” When parents stay and guide their children, they also get to see the teacher and children interact and see activities that happen at school. Children can tell when parents feel comfortable leaving. When children cry they are comforted by their teacher and a bond starts to form when children feel safe and loved. We also respect the space of children that do not want to be held.

For Preschool and Pre-K, when children are older, they have usually learned to separate from their parents easier. If you find your child is having a hard time you may want to stay longer on the second visit.

We also open the play areas to families on the weekend. When children come and play outside it gives them a sense of familiarity with the school and can increase their comfort level. We ask that you leave the play areas in the same or better condition.

Saying Good-bye Each Morning

You may stay with your child as long as you want to. If you plan to stay more than 5 min., please park a street over.

One of the school’s limitations is a small parking lot; it's particularly busy between 8:50 and 9:30. If you drop off in that window, please be as quick as you can.

When you need to leave, please tell your child. No sneaking out! If you sneak out your child might feel abandoned. If you are able to give them a 2-5 min. warning that's great otherwise, just say, "It's time for me to go now" give them a hug and kiss and go.

If they are upset, bring them over to one of the teachers. Give them a **last** hug and kiss, remind them when you will be back, then leave.

I know it can be hard to leave if your child is upset, but if your actions follow your words, it develops trust with your child. It's common for first time parents to cry on their way to the car. If your child does not calm down within half an hour we will call and discuss options with you.

We care deeply about your child and we have lots of experience with transitions!

*We want to work with you so this is a positive experience for your whole family,*

*Katrina Brooke, Director and The Shyne School Teachers*

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#### Welcome to The Shyne School!

Thank you for entrusting us with the care and potential of your child. Once you have registered you are part of our Open Door Policy. You are welcome to stop by and see your child and what they are doing at any time of the day. Please keep in mind how your child transitions away from you and the daily schedule when you plan to drop by. We promise to have lots of very active children for you to interact with. We value parent involvement in our classrooms. Parents are not required to volunteer to work in the room, make play dough, wash toys, or go with us on field trips but are **welcome to** help! When a parent is involved it sends a strong message to their children that they value education. We try to give parents lots of opportunities to be involved and active in our small community from helping in the classroom to attending center wide events. We hope you enjoy your time here.

***Please Remember:*** I must have full registration forms *(Registration, Tuition Agreement, TWO pages Health History, Overall Consent and Immunization)* for your child can start school. You may need to update information as it changes. We also request and extra set of clothes, and a dry-wet bag for soiled clothing. Any item a child can take off needs to be labeled. Please send your child in well “loved” clothes to school because they will be playing and working hard. They may often come home dirty! If your child takes a nap at school, sometimes a favorite blanket or other sleep associated object can help your child settle in at nap time.

· **Please label all items brought from home with your child’s name.**

· **Clock your child in at the beginning of the day after you drop them off in the classroom and out at the end of the day before you pick them up from the class with your code. This limits congestion in the lobby.**

· **Walk your child to their teacher on the play yard or in class when you arrive. Say good-bye so they know you are leaving for the day and at the end of the day so we know you are taking your child home. CHILDREN MUST BE IN AUDIO AND VISION SUPERVIOSON AT ALL TIMES.**

· **Please check cubbies, parent pockets and art files *(pick up notes and projects daily*).**

· **Please leave your cell phone in the car so your child and teacher can have your full attention.**

Please feel free to come and explore the school on a weekend. It is a calm and quiet time for your child to explore this new environment. We want them to have a positive feeling about the school.

Our parking is limited and gets very full from 8:50 am to 9:20 am each morning. To relieve this congested time we encourage you to come up to a half an hour early (8:30 am), at no additional charge. If you do arrive and the lot is full **PLEASE** be patient and wait at the top of the hill for a spot to open up. The wait is usually just a few minutes. **PLEASE DO NOT DOUBLE PARK!** It increases the wait time for everyone else. We also ask that you **drop your child off quickly** during this time. If you plan on staying, please come after 9:20 or park a block over on 137th. We do not recommend you park on Avondale.

We are always available and want to meet you and your child’s needs, so please never hesitate to give us a call or email if you have any questions or concerns. Teachers are available for parent conferences upon your request or November through December. Make sure to attend the curriculum night to start to build a partnership!

Thank You,

Katrina Brooke and The Shyne School Staff

***Please read the Parent Handbook on the Registration page at www.shyneschool.com***

Keep Me Home If...

**I’m vomiting.**

Two or more times in 24 hours

**I have a rash, lice or nits.**

Body rash, especially with a fever or itching. Lice or nits.

**I have diarrhea.**

3 or more watery stools in 24 hours.

**I have an eye infection.**

Thick mucus or pus draining from the eye.

**I have a sore throat.**

With fever or swollen glands.

**I’m just not feeling very good.**

Unusually tired, pale, lack of appetite, confused or cranky.

**I have a fever.**

Temperature of 100.4ºF or more, (taken under the arm) AND sore throat,

rash, vomiting, diarrhea, earache or just not feeling good.

When your child is sick:

1. **Have plans for back up childcare.**
2. **Call the school by 10:00 AM, tell your caregiver what is wrong with your child, even if your child stays home. Schools are required to track symptoms for the health department.**

**3. Students must be symptom, medication free, for 24 hours before returning to school.**

*Seattle & King County Public Health Department*

A person and a child preparing food

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**End of the Day Pick Up**

**When you arrive at the end of the day….**

**1. Clock your child out** on the time clock/App

**2. Collect jacket** and a check for soiled clothes in your child’s Cubby daily. Lost but found basket by time clock.

**3. Please leave your cell phone in the car** so teachers and

your child can have your full attention—they haven’t seen you all day!

**4. Walk to the teacher** on the play yard or in class to pick up your child. Teachers must know your child is leaving!!

6**. Check your child’s art file and parent pocket** for

injury/incident reports, projects, and notes*. This is where we put important information for you so, please check it daily!!*

***??Questions??*** [***director@shyneschool.com***](mailto:director@shyneschool.com)

**Teachers and Parents communicate via the ProCare Parent Engagement APP.**

Communicate with director through phone 425-882-1981 or email.

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**The Shyne School Parent Orientation**

As part of our fall procedures, we ask all parents to fill out this orientation form to ensure you have read and are clear about the policies and procedures of The Shyne School. All our registration documents, handbook and policies are in writing and posted to the registration page of our web site www.shyneschool.com. Hard copies in the lobby in a notebook and are available upon request.

**Return before your first week at The Shyne School. We want to be sure you have read, understand, and agree to these policies and procedures Initial each Line.**

I have read, understand, and will follow the information in the **Parent Handbook**: ***Initial each item.***

· Mission and Curriculum Philosophy \_\_

· Non-Discrimination Policy and General Center Information \_\_

· Transition Visits and What to bring \_\_

· Daily Schedule and Social Development \_\_

· Meal Policy, schedule, and menu \_\_

· Open Door Policy \_\_

· Child Abuse Reporting Law Requirements and Behavior management and Guidance \_\_

· Religious Policy, Transportation and When to keep your sick child home \_\_

· Center Practices— Center and Classroom activities to build community \_\_

· Emergency Plans, Parking Etiquette and Parent communication, Parent Conduct \_\_

I have understood I must check my child in and out each day. I must register with the time clock and will clock my child in and out each day. If the in or out is wrong, I continue with the time clock, and note the correction on the correction sheet next to the time clock. The school uses this attendance in an emergency and for safety drills. I can also use the ProCare Parent Engagement App to clock in/out.

I understand it is a **goal for teachers and parents to build a partnership**. Teachers are available to meet to help as a resource, give ideas for promoting children’s health and development, and meet for a conference to share observations and any concerns. We will develop a plan of action together if needed. Parents follow teacher recommendations for classroom placement.

I have read, understand, and will follow the information in the **Health Policy** I have read, understand, and will follow the information in the **Emergency Disaster Plan** I have read, filled out and turned in all registration documents: **Pre-registration, Registration forms, Media release for Early Achievers and Immunization Forms**. I know it is my responsibility to update the school with any changes as they happen such as immunization records and contact information.

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

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

**Child’s Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Dear Parent/Guardian

We are an **Early Achievers** School following higher guidelines and criteria than the basic licensing requirements. We want to provide the highest quality care possible for young children. Our goal is to improve and grow our teachers each year.  To achieve that we participate in a State Rating System called Early Achievers.  We have coaches, teachers' ECE AA or BA scholarships and resources available to us as part of this program.  As part of Early Achievers our teachers video tape their activities with students in their classrooms several times a year.  As part of the rating process, each learning environment is required to submit two or more video recordings per rating cycle. Recordings are uploaded to an online platform to be reviewed by officials of Cultivate Learning at the University of Washington. Although the video would show both the Teacher and various students, the primary focus is on the teacher’s instruction, not on the students in the class. Videos are not made public or shared with anyone else.

More information about Early Achievers can be found at: https://www.dcyf.wa.gov/services/early-learning-providers/early-achievers

Washington’s Administrative Code Requires early learning programs to include policy to be signed by families for the use of media:

*“WAC 110-300-0450 Parent or guardian handbook and related policies. (1) An early learning provider must supply to each parent or guardian written policies regarding the early learning program. Each enrolled child's record must have signed documentation stating the parent or guardian reviewed the handbook and early learning program policies…* - *(c) A parent or guardian's permission for photography, videotaping, or surveillance of his or her child;”*

Please indicate below your consent to the use of media as it pertains to your child in the following areas:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_consent to the video recording of my child for the purpose stated above:

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Parent/Guardian: ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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