

Trinity Lutheran Preschool

2021-22 Enrollment Form

Complete this entire packet & return to the preschool office or scan & email the Preschool

Student's first name _____ Student's last name _____ Birthdate ____/____/____ Gender _____

Parent 1/Guardian first/last name _____ cell/home/work phone _____ cell/home/work phone _____

Parent 1 Email _____

Parent 2/Guardian first/last name _____ cell / home / work phone _____ cell / home / work phone _____

Parent 2 Email _____

Child lives with: _____

Child's primary address _____ City _____ Zip _____

Classes and Schedules

On August 31, 2021 my child's age: _____ years old.

- | | | | |
|----------------------|------------|------------------|--|
| ___ Three's | 9:00-12:00 | Offered 2-5 days | Must be 3 years old by Dec. 31, 2021 |
| ___ Pre-K Beginnings | 9:15-12:15 | Offered 2-5 days | Must be 4 years old by Dec 31, 2021 |
| ___ Pre-K | 9:15-12:15 | Offered 3-5 days | Must be 4 years old by August 31, 2021 |

How many days	Circle which days
___ 2 day \$300 monthly	M T W Th F
___ 3 day \$350 monthly	M T W Th F
___ 4 day \$395 monthly	M T W Th F
___ 5 day \$455 monthly	M T W Th F

Add Early Arrival to my schedule		
___ 2 day \$40 monthly	Early arrival-you may drop off 20 minutes before the regular class begins	
___ 3 day \$55 monthly		
___ 4 day \$60 monthly		
___ 5 day \$65 monthly		

\$190 Registration Fee is due at the time of enrollment each year and non-refundable
 Registration fee and all tuition payments are made using the [Brightwheel](#) app

Office tracking: date forms received _____ sent Brightwheel invite _____ sent registration fee invoice _____ set up monthly plan _____
 Security/Facebook copied _____ issued security cards _____ file folder made _____ added to class list _____ **no missing information** _____

Additional notes _____

TRINITY LUTHERAN PRESCHOOL 2021-22 ENROLLMENT CONTRACT

Enrollment period: Enrollment is for the entire school year, September through mid-June.
We require 2 weeks written notice for your child to be withdrawn from our program.

Registration fees: All Registration fees are NON-REFUNDABLE. Registration fees are collected each year.

Tuition Policy: The total annual tuition is divided into 10 equal payments payable by the 5th of each month.
The first monthly tuition payment is due August 1 when you have *registered by July 31st*.
Your final tuition payment is due May 1.
If you enroll *after July 31st*, your tuition payments will start on your child's first day of class and the final tuition payment will be due June 1. Mid month class starts may be pro-rated.

Late Tuition Fees: A \$30 fee will be invoiced for late tuition payments made after the 5th of the month.

Non-Sufficient Payments (NSF) A \$30 fee will be invoiced for all credit card declines or NSF checks.

brightwheel permission

It is mandatory to use brightwheel for our school. You may use the app for your phone or the online version. Tuition invoices are sent via brightwheel. You can set up checking account or credit card to schedule payments. Brightwheel will send an invitation at the time of registration. Click on the link to create a personal account and be linked to your child's profile.

I have reviewed this entire contract and agree to abide by the provisions of the contract and materials incorporated into it.

As the parent/guardian for the child named below, I/We consent to Trinity Lutheran Preschool's collection, use and display of my child's information on the brightwheel application in accordance with the Privacy Policy set out on the Brightwheel website: <https://mybrightwheel.com/privacy/>

Student's Name _____

Parent 1 _____
print name signature

Parent 2 _____
print name signature

Non-Discrimination Policy: We at TLP welcome children regardless of race, ethnicity, religion, gender, color, country of origin, or family design.

Trinity Lutheran Preschool DISMISSAL AUTHORIZATION 2021-22

Student's first name

Student's last name

When parents are not available to pick up their child(ren) from school, TLP requires your permission to release your child to another adult. Please list relatives or friends who have your permission to pick the above listed child up from Preschool. TLP will not release your child to anyone without your permission. **Please inform these contacts** the TLP personnel may ask for their personal identification before releasing your child to them during our dismissal process.

Photo ID is required of all persons picking up children other than a parent.

Please provide two or more persons.

1. Name _____ Relationship _____

Phone # _____

2. Name _____ Relationship _____

Phone # _____

3. Name _____ Relationship _____

Phone # _____

4. Name _____ Relationship _____

Phone # _____

Parent/Guardian Signature

Date

Trinity Lutheran Preschool CHILD INFORMATION 2021-22

Student's first name

Student's last name

This information is valuable for teachers to get to know your child.

Parent 1 place of Employment

Position

Parent 2 place of Employment

Position

Name and ages of brothers and sisters

Names and types of family pet(s)

What language(s) does your child speak?

What activities and/or toys does your child enjoy at home?

Family church membership- (optional)

Fears your child may have

Type of discipline you use

Names of other preschool or childcare centers your child has attended /Reasons for leaving

What do you hope that your child will learn this year at preschool?

List any concerns about your child

I'd like my child's teachers to know.....

STUDENT'S FIRST NAME _____

STUDENT'S LAST NAME _____

DATE _____

Parent/Guardian Signature _____

Child's Physician _____

Phone # _____

Clinic Address: _____

Date of Child's Last Physical Exam _____

Is your child taking medication at home for any ongoing condition? ___no ___yes

If yes, please describe: _____

Share any health concerns or chronic medical conditions that you believe would be important for Trinity Lutheran Preschool and its staff to know while your child is in our care:

ALLERGIES: Check all that apply: ___Foods ___Plants ___Bee/Insects ___Animals ___Other

List Allergies and ALLERGIC REACTION

If Signs of a reaction occur, please list instructions of how you would like us to respond, in order.

1. _____
2. _____
3. _____

Is medication or Epi-Pen needed for allergy? ___YES ___NO

If yes, we **REQUIRE a current Doctor's prescription and the Medication/EPI-PEN to be left at school** with instructions for dosage and circumstances under which medication is to be administered and labeled with your child's name. A conference with the Director and your child's Teachers is required each year your child is enrolled.

FOOD RESTRICTIONS

NO YES Does your child have any food restrictions that are related to: Cultural Religious Personal

Please describe:

HAS YOUR CHILD:

Had a hearing test? yes no Please list concerns

Had an eye exam? yes no Please list any concerns

Had a speech/communication evaluation? yes no Please list any concerns

Is your child currently receiving speech therapy? yes no

Has your child seen a dentist? yes no Name of Dentist : _____

City/State _____ Phone _____

Do you have any concerns about your child's behavior? yes no If yes, describe:

Do you have any concerns about your child's development? yes no If yes, describe:

ADDITIONAL INFORMATION: _____

CONSENT TO MEDICAL CARE AND TREATMENT OF MINOR CHILD

I hereby give permission that my child, _____

may be given **non-emergency treatment** by a qualified employee at Trinity Lutheran Church and School.

In an **medical emergency situation**, if I cannot be contacted I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or emergency technician (EMT) when deemed necessary or advised by the physician or EMT to safeguard my child's health. I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance or aid car to an emergency center at the discretion of Emergency Personnel for treatment .

Parent/Guardian Signature

Date

Trinity Lutheran Preschool Release Forms 2020-2021

Pictures for Trinity Lutheran Preschool

I understand pictures taken of my child will be used on Brightwheel, hallway or classroom displays, and special events here at Trinity.

Pictures will **not** be used for advertisement, in publications or on the internet without special written parental/guardian consent.



Facebook Release

Trinity Lutheran Preschool has a Facebook Fan page where we highlight activities at our school, and post pictures. We do not use children's names.

Please initial which choice you choose for your child.

_____ **YES:** my child's picture can be used for the TLP Facebook page.

_____ **NO:** my child's picture should not be used on the TLP Facebook page

Child's name

Parent/Guardian signature

Date

Immunization Form

State Law requires:
Medically Verified Records

Now the State of WA requires medically verified immunization records for school and child care entry. Medically verified record includes one of the following:

A Certificate of Immunization Status (CIS) printed from the Immunization Information System (IIS) Instructions of how to do this are on the back of the form we have provided for you. Do not forget to provide Parent signature and date it in both places

OR

A completed hardcopy of the CIS form with a health care provider validation signature Do not forget to provide Parent signature and date it in both places

We cannot accept hand written dates of immunizations and a list of immunizations from your Dr.



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 _____

	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY
Required Vaccines for School or Child Care Entry					
•▲ DTaP (Diphtheria, Tetanus, Pertussis)					
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)					
•▲ DT or Td (Tetanus, Diphtheria)					
•▲ Hepatitis B					
• Hib (<i>Haemophilus influenzae type b</i>)					
•▲ IPV (Polio) (any combination of IPV/OPV)					
•▲ OPV (Polio)					
•▲ MMR (Measles, Mumps, Rubella)					
• PCV/PPSV (Pneumococcal)					
•▲ Varicella (Chickenpox)					
<input type="checkbox"/> History of disease verified by IIS					
Recommended Vaccines (Not Required for School or Child Care Entry)					
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

Polio (all 3 serotypes must show immunity)

Printed Name _____

Signature: _____ Date: _____

Licensed Health Care Provider Signature Date _____

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 possess 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 26A.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	Trade Name	Vaccine
ActHIB	Hib	Fluarix	Flu	Havrix	Hep A	Menveo	Meningococcal	Rotarix	Rotavirus (RV1)		
Adacel	Tdap	Fluceivax	Flu	Hiberix	Hib	Pediarix	DTaP + Hep B + IPV	RotaTeg	Rotavirus (PV5)		
Afluria	Flu	FluLaval	Flu	HibTTER	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	Twimrix	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	Recombinax 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).