

# Trinity Lutheran Preschool

## 2020-2021 Pre-Kindergarten Enrollment Form

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

Student's first name \_\_\_\_\_ Student's last name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_

Father/Guardian print full name \_\_\_\_\_ cell/home/work phone \_\_\_\_\_ cell/home/work phone \_\_\_\_\_

Father's Email \_\_\_\_\_

Mother/Guardian print full name \_\_\_\_\_ cell / home / work phone \_\_\_\_\_ cell / home / work phone \_\_\_\_\_

Mothers Email \_\_\_\_\_

Child lives with: father \_\_\_\_\_ mother \_\_\_\_\_ other \_\_\_\_\_

Child's primary address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

### Pre-K Class Selection

On August 31, 2020 my child's age: \_\_\_\_\_ years old.

For Early Bird/Lunch Bunch registration use the from included in this packet

\_\_\_\_ Monday/Wednesday/Friday Class 3 hours AM 9:00-12:00 \$330/ monthly payment

\_\_\_\_ M/T/W/Th/F AM 9:00-12:00 3 hours Check the days you prefer for your child's schedule-Chapel is Wednesday

\_\_\_\_3 day \$330/monthly payment M \_\_\_ T \_\_\_ W \_\_\_ Th \_\_\_ F \_\_\_

\_\_\_\_4 day \$375/monthly payment M \_\_\_ T \_\_\_ W \_\_\_ Th \_\_\_ F \_\_\_

\_\_\_\_5 day \$425/monthly payment M/T/W/TH/F

**\$180 Registration Fee** is due at the time of enrollment each year and **non-refundable**  
Once you accept the Brightwheel invite to create your account you will be able to pay the registration fee.  
All payments are made using the [Brightwheel app](#)

**for office only:** date forms received \_\_\_\_\_ sent Brightwheel invite \_\_\_\_\_ sent registration fee invoice \_\_\_\_\_ set up monthly plan \_\_\_\_\_  
Security/Release copied \_\_\_\_\_ issued security cards \_\_\_\_\_ file folder made \_\_\_\_\_ added to class list \_\_\_\_\_ **no missing information** \_\_\_\_\_

TRINITY LUTHERAN PRESCHOOL 2021 **NEW** ENROLLMENT CONTRACT

**Enrollment period:** Enrollment is for the entire school year, January 11—June 23, 2021  
We require 2 weeks written notice for your child to be withdrawn from our program.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 a student is enrolled.

**Tuition Policy:** The total annual tuition is divided into 6 equal payments payable by the 5th of each month.  
The first monthly tuition payment is due January 1.  
Your final tuition payment is due June 1.

If you start after January 11th, 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 on your phone or the online version. Tuition invoices are sent via brightwheel. You can use a checking account or credit card to schedule payments. An email invitation will be sent to you at the time of registration. Click on the link in that email to set up your personal account and be connected to your child's profile..

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/>

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

Student's Name \_\_\_\_\_

Father/Guardian \_\_\_\_\_  
print name

\_\_\_\_\_ signature

Mother/Guardian \_\_\_\_\_  
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 2020

\_\_\_\_\_  
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 2020

Student's first name

Student's last name

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

Father's place of Employment

Position

Mother's 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.....

# TRINITY LUTHERAN PRESCHOOL

# HEALTH HISTORY

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;

\_\_\_\_\_

\*\*\* You may need to bring a snack for your child every day in case they cannot eat the classroom snack provided by the other parents from the approved snack list in the Parent Handbook.

**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 Covid-19 Health Screening for Attendance

To minimize the risk of transmission of COVID-19 and to take full precautions to keep all students and staff healthy, **WE ASK YOU TO REVIEW ALL OF THE FOLLOWING QUESTIONS BEFORE ATTENDING PRESCHOOL EACH DAY YOUR CHILD IS SCHEDULED TO ATTEND CLASS.** This list applies to your child, parents, caregivers, siblings and all household members. **If you answer YES** to any of the following questions please call the school office at 425-771-8433 to report your child's absence and to go over the requirements before they can return to Preschool.

At drop off and pick up, all parents/caregivers must wear a mask and practice 6 feet social distancing. We will take your child's temperature at our entrance upon arrival before we welcome them into the building. Temperatures must read 100.4 degrees or below to attend class that day.

1. Does your child have any of the following symptoms within the last day? If it is the first day after a break or for a new child, this applies to the past 3 days.

- Fever (100.4 F) or chills
- Cough
- Shortness of breath or difficulty breathing
- Unusual fatigue
- Muscle or body aches
- Headache
- Recent loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting • Diarrhea

2. Has your child been in close contact with anyone with a confirmed case of COVID-19? yes no

3. Has your child had a positive COVID-19 test for active virus in the past 10 days? yes no

4. Within the past 14 days, has a public health or medical professional told your child to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection? yes no

Signing this form represents your full understanding of the risks of attending preschool during the COVID-19 Pandemic.

Our mutual goal is to provide every reasonable step to slow the spread of this virus. Please sign you have received this CDC information and your child will attend Trinity Lutheran Preschool with good health to the best of your knowledge.

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

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Date

Return this form to;  
Trinity Lutheran Preschool  
6215 196th St SW  
Lynnwood, WA 98036

Or call to arrange a time to drop it off 425-771-8433

# Trinity Lutheran Preschool Release Forms 2020-2021

\_\_\_\_\_  
Child's name

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date



## Pictures for Trinity Lutheran Preschool

I understand pictures taken of my child will be used on Brightwheel, for 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



# Immunization Form

New State Law requires:

## Medically Verified Records

Starting on August 1, 2020, the revised rule requires medically verified immunization records for school and child care entry. Medically verified record includes **one or more** of the following:

- A Certificate of Immunization Status (CIS) printed from the Immunization Information System (IIS)
- A completed hardcopy of the CIS form with a health care provider validation signature
- A completed hardcopy of the CIS with attached vaccination records printed from a healthcare provider's electronic health record with a health care provider signature or stamp. Our Director must verify the dates on the CIS have been accurately transcribed and provide a signature on the form.

## **ALL NEW STUDENTS & RETURNING STUDENTS**

**You must provide Trinity Lutheran Preschool with the new required documentation by the State of Washington.**

**Any student without a completed *medically verified* Certificate of Immunization Status will not be allowed to attend class starting in September 2020 until we receive such documentation.**



# 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.

<b>Child's Last Name:</b>	<b>First Name:</b>	<b>Middle Initial:</b>	<b>Birthdate (MM/DD/YYYY):</b>
<p>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.</p>			
<b>X</b>	<b>X</b>		
<b>Parent/Guardian Signature</b>		<b>Parent/Guardian Signature Required if Starting in Conditional Status</b>	
_____		_____	
<b>Date</b>		<b>Date</b>	

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.

▲ Required for School ● Required Child Care/Preschool	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>Required Vaccines for School or Child Care Entry</b>						
●▲ DTaP (Diphtheria, Tetanus, Pertussis)						
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)						
●▲ DT or Td (Tetanus, Diphtheria)						
●▲ Hepatitis B						
● Hib ( <i>Haemophilus influenzae</i> type b)						
●▲ 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						

<b>Recommended Vaccines (Not Required for School or Child Care Entry)</b>						
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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If verified by school or child care staff the medical immunization records must be attached to this document.

## Instructions for completing the Certificate of Immunization Status (CIS): Print the from the Immunization Information System (IIS) or fill it in by hand.

### To print with the immunization information filled in:

Ask if your health care provider's office enters immunizations into the WA Immunization Information System (Washington's statewide registry). If they do, ask them to print the CIS from the IIS and your child's immunization information will fill in automatically. You can also print a CIS at home by signing up and logging into MyIR at <https://wa.myir.net>. If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: [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 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 Pediatix 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	Hibertix	Hib	Pediatrix	DTaP + Hep B + IPV	RotaTeq	Rotavirus (PV5)
Afluria	Flu	FluLaval	Flu	HibTITER	Hib	PedvaxHIB	Hib	Tenivac	Td
Bexsero	MenB	FluMist	Flu	Ipol	IPV	Pentacel	DTaP + Hib + IPV	Trumenba	MenB
Boostrix	Tdap	Fluvirin	Flu	Infanrix	DTaP	Pneumovax	PPSV	Twinrix	Hep A + Hep B
Cervarix	2vHPV	Fluzone	Flu	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).