



ALL FORMS in enrollment packet must
be **completed and returned**
to the **Center Director** before your
child's start date!!

**DO NOT LEAVE ANYTHING BLANK!! IF IT DOES NOT
APPLY PLEASE WRITE N/A**

YOU MUST HAVE THE FOLLOWING UPON ENROLLMENT

Enrollment Fee Paid
Completed Enrollment Packet
Immunization Records

**** All DSHS Clients must have approval from your case
worker before your child's start date.****

**Questions or concerns please feel free to
contact the Center Director**

"IN HIS HANDS" Learning Center
14405 Peacock Hill Ave NW Gig Harbor, WA 98332
Phone: 253-851-8266 Fax: 253-851-9665
Provider # 334778

“IN HIS HANDS” NEW ENROLLMENT CHECKLIST

RETURN TO CENTER WITH ENROLLMENT FEE COMPLETED IMMUNIZATION FORM

CHILD'S NAME: _____ **CLASS:** _____

START DATE: _____

_____ **ENROLLMENT FEE BILLED**

_____ **ENROLL APP W/ OUT OF AREA CONTACT** _____ **COPY FOR BINDER**

_____ **EMERGENCY CONSENT FORM** _____ **COPY FOR BINDER**

_____ **PERSONAL INFO SHEET** _____ **DATE OF LAST PHYSICAL** _____

_____ **PARENT HANDBOOK SIGNATURE PAGE**

_____ **ALLERGIES: YES OR NO** _____ **IF YES PUT ON ALLERGY SHEET FOR CLASSROOM**

_____ **TUITION CONTRACT**

_____ **DISASTER PLAN**

_____ **PEST CONTROL POLICY**

_____ **RELEASE OF LIABILITY**

_____ **USDA IEA FORM** _____ **ORIG IN CR BOX**

_____ **COMPLETED IMMUNIZATION RECORD** _____ **ORIGINAL IN BINDER**

_____ **EARLY ACHIEVERS FORM** _____ **ORIGINAL IN BINDER**

CHECKLIST WHEN ENROLLING

_____ **QUICKBOOKS**

_____ **AA ROSTER**

_____ **EMAIL**

_____ **MEALCOUNTS**

_____ **SIGN IN/OUT**

_____ **ATTENDANCE**

_____ **TRANSPORTATION**

_____ **DSHS EXP**

_____ **TITLE XX**

In His Hands Learning Center Enrollment Form

DATE CHILD ENTERED CARE

DATE CHILD LEFT CARE

CHILD'S NAME FIRST MIDDLE LAST CHILD'S DOB

STREET ADDRESS CITY ZIP CODE

MOTHER/ GURDIAN HOME PHONE CELL PHONE WORK PHONE E-MAIL

OCCUPATION WORK ADDRESS CITY ZIP CODE

FATHER/ GURDIAN HOME PHONE CELL PHONE WORK PHONE E-MAIL

OCCUPATION WORK ADDRESS CITY ZIP CODE

CHILD'S PHYSICIAN ADDRESS CITY ZIP CODE TELEPHONE

CHILD'S DENTIST ADDRESS CITY ZIP CODE TELEPHONE

OTHER PEOPLE WE MAY CONTACT IN CASE OF ACCIDENT OR ILLNESS, IF YOU CANNOT BE REACHED

NAME	ADDRESS	TELEPHONE
RELATIONSHIP:		HOME: WORK:
RELATIONSHIP:		HOME: WORK:
RELATIONSHIP:		HOME: WORK:

PLEASE LIST EVERY PERSON AUTHORIZED TO PICK UP YOUR CHILD, INCLUDING PARENTS/ GUARDIANS

NAME	ADDRESS	TELEPHONE
RELATIONSHIP:		HOME: WORK:
RELATIONSHIP:		HOME: WORK:
RELATIONSHIP:		HOME: WORK:
RELATIONSHIP:		HOME: WORK:
RELATIONSHIP:		HOME: WORK:
RELATIONSHIP:		HOME: WORK:

WHO DOES NOT HAVE PERMISSION TO PICK UP YOUR CHILD?

NAME	REASON

*****IN CASE OF EMERGENCY PLEASE LIST AN OUT OF AREA CONTACT*****

NAME	ADDRESS	TELEPHONE

IN HIS HANDS LEARNING CENTER EMERGENCY CONSENT FORM

14405 PEACOCK HILL AVE NW GIG HARBOR WA 98332

P: 253-851-8266 F: 253-851-9665

CHILD'S HEALTH CARE PROVIDER'S NAME	TELEPHONE NUMBER	DATE OF LAST PHYSICAL EXAM
SPECIAL HEALTH PROBLEMS		ALLERGIES, INCLUDING DRUG REACTIONS
REGULAR MEDICATIONS		OTHER PERTINENT DATA
PREFERRED HOSPITAL	DATE OF LAST TETANUS INJECTION	
INSURANCE COMPANY'S NAME	POLICY/ MEMBER NUMBER	
POLICY HOLDER'S NAME	EMPLOYER'S NAME	

CONSENT TO MEDICAL CARE AND TREATMENT OF MINOR CHILDREN

I hereby give permission that my child, _____, may be given medical treatment by a qualified child care provider at ***In His Hands Learning Center***. When 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 aid car attendant when deemed necessary or advisable by the physician or aid car attendant 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 for treatment.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

PARENT/ GUARDIAN'S SIGNATURE	DATE	TELEPHONE NUMBER
STREET ADDRESS	CITY	ZIP CODE

CONSENT FOR WALKS

Under the supervision of In His Hands Learning Center staff and covered by the centers insurance policy, you may take my child for supervised walks on center grounds.

PARENT/ GUARDIAN'S SIGNATURE	DATE	TELEPHONE NUMBER

Personal Information About Child

The following information will be used by our staff to meet the individual needs of each child.

Name: _____ Date of Birth: _____

Has your child had any group play experience? If yes please specify _____

Child's favorite activities: _____

What are your child's strengths? _____

What are your child's needs? _____

Is your child fully toilet trained? _____ If not please explain _____

What is the child's dominate hand: Right _____ Left _____ Don't know yet _____

What languages are spoken at home? _____

Does your child have any food allergies? _____ If yes please list _____

Does your child have any other allergies? If yes please list _____

Does your child take regular medication? _____ If yes please explain _____

Date of Last Physical Exam: _____ Date of Last Dental Exam: _____

Please give a statement of your child's overall health: _____

Any other information you would like to share with us? _____

Family Handbook/ Policy Agreement/ Disaster Response

I understand...
(please initial)

- _____ The hours of operation are 6 a.m. to 6:00 p.m.
- _____ Late pick up fees begin at 6:01 p.m.- rates are in family handbook.
- _____ Tuition is due on the 1st and late on the 5th- late fees will begin to accrue on the 6th- rates are in tuition contract.
- _____ Upon arrival I must sign my child in and out upon departure. I understand that a full legal signature is required.
- _____ A two week written notice is required for vacation/ change in schedules and withdraw from the center- I will be responsible for tuition if not given proper written notice.
- _____ I will provide an adequate supply of diapers.
- _____ I understand that we do not have "center pets." However, a parent or child may bring in a special pet for a short period of time and I will inform staff of any allergies or concerns.
- _____ I will provide a seasonally appropriate change of clothes clearly labeled with my child's name.
- _____ I will not bring food, dishes, or toys from home.
- _____ I will inform teachers/ directors of personal changes ASAP (i.e change in address, phone number, etc...)
- _____ I will not bring my sick child to the center, and I will have a backup plan in place to pick up my child should they become sick while in care.
- _____ I am responsible for all the information on the central parent board (located in both entry ways), and posted notices (on sign in/out sheets or nearby), and for any correspondence in my child's cubby.
- _____ I have read the family handbook completely.

I have been oriented on In His Hands policies and agree to cooperate with the owner, director, and staff and to comply with policies set forth in the family handbook and this agreement.

Parent/ Guardian Signature

Date

In His Hands Signature

Date

TUITION CONTRACT FOR: _____

1. TUITION PAYMENT PROCEDURES

- A. Payments are to be paid on the 1st of each month for the month following, or you can pay ½ of your tuition on the 1st and the remaining ½ on the 15th, WITH NO GRACE PERIOD! Payment will be considered late on the 5th and the 16th. If Payment is not made by the date or dates contracted, a late charge of \$30.00 will be added and an additional \$10.00 per day will be added to the account until paid. Late charges will NOT be waived for any reason. Be sure to let the center director know what payment arrangement you have chosen. and mark the appropriate line.
***** 1st _____ (Whole Amount) OR 1st & 15th _____ (Half and Half) *****
- B. There will be a \$50.00 charge for any checks returned NSF from the bank. This fee will not be waived for any reason. All future payments must be made by cash or Money order only.
- C. If your tuition has been paid late more than 2 times during enrollment, your tuition will be due and payable on the 1st of the month and late fees will begin to accrue on the 2nd.
- D. There will be a yearly enrollment fee.
- E. This charge will appear on your September tuition statement each year.

2. TUITION ADJUSTMENTS

- A. **Refunds can not be made for days a child is absent from child care.** Our income comes solely from tuition and even though your child is absent, his or her space is reserved for them.
- B. In the case of extended illness, your regular charge applies for the first 5 days after you call to inform us and then the charge drops to ½ of your regular rate.
- C. Vacation policy is as follows: After 6 months of enrollment you have 2 weeks per year of vacation at no charge to you. You are required to submit a 2 week written notice of your intent to take vacation to the director.
- D. **We are closed several HOLIDAYS per year. Your tuition will not be adjusted.**
- E. **Termination/Schedule Change policy is as follows: You are required to submit a 2 week written notice to the director.** If we do not receive the advance written notice, you will be charged a final 2 weeks of tuition. ****DSHS clients are required to give a 2 week written notice as well. _____ **Initial Here****
- F. In His Hands Learning Center, reserves the right to replace, without notification to the parent or guardian, any child that has been absent for a period of 2 weeks without communication from the parent or guardian. Tuition will be charged to you for those 2 weeks.
- G. In His Hands Learning Center, reserves the right to replace any child whose tuition is more than 5 days delinquent.
- H. In His Hands Learning Center, will send all accounts 30 days delinquent to Collections. You will be responsible for all fees, interest, court costs, etc...

3. DSHS Considerations

- A. **DSHS is very specific about what they will allow us to bill for.** We may only bill DSHS for your child on days that you are working. If you bring your child on a day you are off, you will be financially responsible for that day.
- B. You are authorized 2 weeks vacation and are required to submit your intent 2 weeks prior to vacation.
- C. If you are authorized for full time care you must attend the center full time. If you do not utilize your full time spot, In His Hands will replace your child with a full time child with 2 weeks notice to you. If you work less than full time, change your authorization with your case worker to part time.
- D. If your child attends our summer camp you will be responsible for the portion of the field trip fees that DSHS does not cover.
- E. **Termination/Schedule Change Policy is as follows: A 2 WEEK WRITTEN NOTICE TO THE DIRECTOR IS REQUIRED!!** If you do not give a 2 week written notice, you will be charged a **FINAL 2 WEEKS AT THE PRIVATE RATES!** If your DSHS authorization has expired, you are responsible for the 2 weeks tuition at private pay rates.

4. CONTRACT INFORMATION

My Child _____ is enrolled at "IN HIS HANDS" Learning Center
 _____ days per week at the cost of \$ _____ per week.

DSHS CLIENTS \$ _____ COPAY DUE ON THE 1ST OF THE MONTH.

****YOU WILL BE RESPONSIBLE FOR PRIVATE TUITION RATES IF DSHS IS NOT AUTHORIZED****

****My child's tuition is due and payable in advance on the 1st and or 1/2 ON THE 1ST and 1/2 on the 15TH OF the month and is late on the 6th and or the 16th of the month.
 LATE FEES WILL NOT BE WAIVED!**

5. TUITION RATES (Effective 2/1/23)

ENROLLMENT FEES YEARLY	\$150.00 1 ST CHILD	\$100.00 2 ND CHILD	
	\$125.00 1 ST CHILD	\$75.00 2 ND CHILD	
	<u>4/5 DAYS</u>	<u>3 DAYS</u>	<u>DROP IN</u>
INFANTS 1/2 days	\$350.00 per week \$310.00 per week	\$310.00 per week \$270.00 per week	\$110.00 per day \$95.00 per day
TODDLER/JR 1/2 days	\$320.00 per week \$280.00 per week	\$280.00 per week \$240.00 per week	\$100.00 per day \$85.00 per day
PRESCHOOL 1/2 days	\$300.00 per week \$260.00 per week	\$260.00 per week \$220.00 per week	\$90.00 per day \$75.00 per day
PRE K 1/2 days	\$280.00 per week \$240.00 per week	\$240.00 per week \$200.00 per week	\$85.00 per day \$70.00 per day
BEFORE & AFTER W/ FULL DAY	\$220.00 per week	\$180.00 per week (2 HALF/1 FULL)	\$30.00 per hour
BEFORE/AFTER	\$180.00 per week	\$160.00 per week	\$30.00 per hour
BEFORE ONLY	\$160.00 per week	\$140.00 per week	\$30.00 per hour
AFTER ONLY	\$160.00 per week	\$140.00 per week	\$30.00 per hour
SUMMER CAMP	\$300.00 per week	\$26.00 per week	\$100.00 per day
TRANSPORT	\$50.00 per month (FT-4-5 days per wk)	\$40.00 per month (PT-1-3 days per wk)	

****Half Days are 5 hours or less****

****Full Days are 5 hours or more with a maximum of 10 hours per day****

6. SIGNATURE

I HAVE READ, UNDERSTAND AND ACCEPT THE CONDITIONS OUTLINED IN THE TUITION CONTRACT AND IN THE PARENT/GUARDIAN HANDBOOK.

SIGNATURE _____ DATE _____

LAST FOUR OF SS# _____ WDL# _____

 "IN HIS HANDS" Learning Center

 DATE

IN HIS HANDS LEARNING CENTER, INC
14405 PEACOCK HILL AVENUE
GIG HARBOR, WA 98332
(253)851-8266 PHONE

DISASTER PLAN

FIRE, NATURAL DISASTERS, AND EMERGENCIES

1. The evacuation routes are posted in each classroom, and the plan is posted on the central parent board by the director.
2. Fire drills are conducted monthly by director and documented on central parent board by the director.
3. Earthquake drills are directed quarterly by the director.
 - No other staff conduct drills.
 - The hours drills are conducted varies.
 - All staff know the procedure for the drills.
 - The director is responsible for educating the staff.
4. What are your procedures for preparedness before the disaster?
Educate staff about emergency procedures and have yearly training meetings. Disaster kits are kept in storage shed with emergency release forms for all children and are updated monthly. Fire drills are conducted monthly and earthquake drills are conducted quarterly.
5. Procedures during the disaster:
Stay calm and keep children calm. If evacuation is needed, all classes are to meet outside along the outside of the play yard fence. Director collects sign in sheets and time cards and accounts for all children and adults.
6. After the disaster we return to the building, if applicable, and contact parents of any child that may be injured. Director does a head count.
7. We only evacuate the building if the building is damaged in any way.
 - Our procedure for evacuating the building is to exit doors nearest to outside play yard. Director collects sign in sheets and time cards (for staff).
 - The place we go is the outside play yard; the procedure is kept on the central parent board and in the storage shed with emergency forms. The procedure is updated by the director.
8. We account for all the children with the sign in sheets.
 - It is updated daily by the parents and is kept on the sign in counter. Staff are accounted for by their time cards.
 - Time cards are updated daily by each staff member and are kept on the refrigerator.
9. All the children have emergency contacts and numbers.
 - They are kept in the children's files and with emergency kits. They are updated by the director.
10. Our procedure for children with special needs during the disaster is for lead teachers and assistants to help escort the children out of the building carrying and assisting with walking as needed.

11. Provisions for children until parents are able to pick them up include keeping children calm and entertained. Having things for children to do while waiting for parents to arrive.
 - All staff are responsible for the children.

12. Kits are made up for children.
 - Kits contain water, blankets, food, first aid kit, flashlights, and daily necessities.
 - Kits are stored in a container in the storage shed.
 - One gallon of water per child is kept in the storage shed.
 - The director is responsible for maintaining disaster kits and they are updated yearly.

13. If a disaster occurs, parents are contacted by the director by telephone.
 - Parents are able to contact the children after a disaster by telephone, coming by, or by listening to local radio stations.

14. Transportation is provided via the center vehicle and the driver will be a staff member.

15. Parents are notified of our childcare facility emergency disaster plan by the parent handbook. The parents are updated yearly by the parent handbook.

November 2003

PARENT SIGNATURE	DATE
Do you want a copy for your personal reference?	YES NO
_____ DATE PLACED IN CUBBY	
IHHLC SIGNATURE	DATE

**IN HIS HANDS LEARNING CENTER
PEST CONTROL POLICY**

To: All parents/ guardians of students and employees

**SUBJECT: ANNUAL NOTIFICATION OF OUR PEST MANAGEMENT
PROCEDURES PER RCW 17.21.415 PESTICIDE APPLICATION**

It is our desire to offer all persons a safe, healthy and attractive environment. To accomplish this, on occasion it may be necessary to control pest through the use of culture controls, mechanical controls, and chemical controls. Our maintenance person or contracted applicators may apply over the counter products such as Round-Up Pro, Tri-Mec and Crossbow. Pesticides are applied to fence lines, infields, curbs, and barked areas.

Forty Eight (48) hours prior to pesticide applications, the Center Director will notify all interested persons on it's notification register. To be placed on this register you must complete the pre notification registry form and return it to the center director.

A notification shall be posted on a prominent location near the entrance to the center and/or central parent board. On the day of application, the applicator shall post notices at each primary entrance of the center grounds. The notice will be at least 4" x 5" and state: " This landscape has been recently sprayed or treated with pesticides by our center." For more information please call your center director at 253-851-8266.

PRE-NOTIFICATION REGISTRY FORM:

PLEASE NOTIFY ME 48 HOURS PRIOR TO PESTICIDE APPLICATIONS.

_____ YES, PLEASE NOTIFY ME

_____ NO, IT IS NOT NECESSARY TO NOTIFY ME

PARENT NAME: _____

PHONE: _____

CHILDS NAME: _____

PARENT SIGNATURE: _____

DATE: _____

RETURN TO CENTER DIRECTOR

Early Achievers: Parent/Guardian Consent for On-Site Evaluation

Dear Families:

As you know, In His Hands Learning Center is participating in an exciting new program called **Early Achievers**. We need your help to make this effort a success! Please read below for more information on how you can help us continue to provide high-quality care that helps children learn and grow.

Early Achievers is a voluntary program that:

- Provides families with information about the quality of care through a Level 1 through 5 rating system
- Offers child care programs resources like coaching and training so they can support children's learning and development

On-Site Evaluation:

Child care programs that participate in Early Achievers receive **on-site evaluation** visits from the **University of Washington (UW)**. The purpose of the evaluation visits is to observe and gather information about the program in order to create an **Early Achievers Rating**.

In His Hands Learning Center has invited the UW evaluation team to visit a random selection of its classrooms as part of the Early Achievers rating process. Your child's classroom may be chosen and observed to help the rating team measure the quality of care provided at

In His Hands Learning Center.

This process includes collecting information that will be used to create a program rating and can be used in the next phase of Early Achievers to improve the quality of care provided for your child, like:

- Observing the child care environment to learn about the materials, activities and experiences available to support children
- Observing interactions between teachers and children
- Audiotaping teachers' language to understand the amount and type of language your child's teacher uses
- Observing children engaging in the classroom to understand how the environment stimulates children's learning
- Interviewing teachers and directors about how they use their practice to support their young children
- Interviewing interested families to learn about how the facility staff partner with families to supports their child's learning and development

- Reviewing program files and documentation to learn how program policies and procedures support quality practice
- Reviewing child files to see how the program supports each child's learning and development

Please note:

- Your child's care and education will not be interrupted or altered during this process.
- One Early Achievers rating will be assigned for each participating child care program. Information about your facility's participation will be posted on the Department of Early Learning and Child Care Aware of Washington websites.
- Any information that is made publically available as part of Early Achievers will never include information about your specific child.
- **No identifiable information about individual children will be collected**

Please let us know if your child's files can be included during the evaluation visit.

I allow my child's files to be reviewed as part of the facility evaluation as outlined above

I would like my child's files to be excluded during this process

◦ Reason (*optional*): _____

Child care facility name: I. H. H. L. C. Classroom: _____

Child name: _____

Parent/Guardian name (printed): _____

Signature: _____ Date: _____

Optional: The UW Evaluation Team would like to hear what you think about how your child care program works with children and families. If you are interested in participating in an interview with the UW team, please indicate below:

Yes, I am interested and willing to be contacted by UW for an interview
(Note: *not all families who check yes will be contacted*)

Please contact me by phone

Phone number _____

Best time to reach me _____

Please contact me by email so I can access a link to an online parent survey

Email address _____

RELEASE OF LIABILITY AND ASSUMPTION OF RISK

The individual(s) named below (hereinafter "Participant") desires to enter the premises owned, used, and operated by In His Hands Learning Center Inc #2, a Washington corporation (hereinafter "Company"), located at 14405 Peacock Hill Ave Nw, Gig Harbor, Wa., (hereinafter "Premises"), for the purpose of participating in a faith based childcare/early learning center or any activities related thereto, including, without limitation, group activities, recreation, classes, social gatherings, etc., offered by the Company (collectively, "Activity"). As lawful consideration for being permitted by the Owner/Director to be on the Premises or engage in any Activity, the Participant hereby understands and agrees to all the terms and conditions set forth in this agreement (hereinafter "Agreement").

1. WARNING, COVID-19. The 2019 novel Corona Virus Disease (COVID-19) (hereinafter "Disease") was previously declared a worldwide pandemic by the World Health Organization and was reported to be extremely contagious. The state of medical knowledge is ever-evolving, but the Disease is believed to spread from person-to person contact and/or by contact with contaminated surfaces and objects, and in the air. People reportedly can be infected and show no symptoms and therefore spread the Disease. The exact methods of spread and contraction are unknown, and there are limited known treatments for the Disease. Evidence has shown that the Disease can cause serious and potentially life-threatening illness, and even death in certain people groups.

2. WARNING, CONTAGIOUS DISEASES. The Participant is aware of the highly contagious nature of bacterial and viral diseases, including, without limitation, the Disease, and the risk that the Participant may be exposed to or contract the Disease or another disease or illness by being on the Premises or engaging in any Activity.

3. WARNING, POTENTIAL DAMAGES. The Participant understands and acknowledges that such exposure or infection from the Disease or other illness may result in serious illness, personal injury, permanent disability, death or property damage. The Participant acknowledges that this risk may result from or be compounded by the actions, omissions, of negligence of others, including the employees, contractors, representatives, consultants, volunteers or agents of the Company.

4. WARNING POTENTIAL INCREASED RISK. The Participant understands that while the Company may have or may not have implemented preventative measures to reduce the spread of the Disease and other illnesses, the Company cannot guarantee that the Participant will not become infected with the Disease or any other illness while on the Premises or participating in any Activity, and that being on the Premises or participating in any Activity may increase the Participant's risk of contracting the Disease or another illness. The Participant understands that

the Company cannot prevent you or your child(ren) from becoming exposed to, contracting, or spreading COVID-19 while utilizing the Company's services or premises. It is not possible to prevent against the presence of the disease. Therefore, if you choose to utilize the Company's services and/or enter onto the Premises you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

5. COMPLIANCE REQUIRED. The Participant will comply with all instructions, orders, directives and guidelines of the employees and volunteers of the Company while on the Premises or while participating in any Activity, including, without limitation, requirements related to hand sanitation, social distancing, and use of face coverings, as well as, the Owner/Director has the right not to mandate any of these measures and assumes no liability for not enforcing any such measures. The Participant also agrees not to enter the Premises or participate in any Activity if the Participant is experiencing symptoms of the Disease or another illness (such as cough, fever, fatigue, aches, loss of taste or smell, sore throat, shortness of breath, vomiting or diarrhea), has a confirmed or suspected case of the Disease or another illness, or has come in contact in the last fourteen (14) days with a person who has been confirmed or suspected of having the Disease or any other illness.

6. ASSUMPTION OF RISK: I have read and understood the above warnings concerning COVID-19. I hereby voluntarily choose to accept the risk of personal injury, illness, disability, death, or property damage related to the disease or any other illness for myself and/or my children arising from using the Company's services and being on the Premises or engaging in any activity whether caused by negligence, or otherwise. These services are of such value to me and/or my children, that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to utilize the Company's services and premises in person rather than arranging for an alternative method of enjoying the same services virtually (e.g. videoconference).

7. WAIVER. The Participant hereby expressly waives and releases any and all claims, now known or hereafter known, and the right to bring suit against the Company and its employees, contractors, representatives, consultants volunteers or agents and any related officers, directors, managers, officials, trustees, affiliates, shareholders, successors and assigns (collectively hereinafter, "Releasees"), on account of injury, illness, disability, death or property damage arising out of or attributable to the Participant's presence on the Premises or engaging in any Activity and being exposed to or contracting the Disease or any other illness, whether arising out of the negligence of the Company or any Releasees or otherwise. The Participant covenants not to make or bring any such claim against the Company or any other Releasee, and forever releases and discharges the Company and all other Releasees from liability under such claims including any and all damages whether known or unknown, foreseen or unforeseen.

8. INDEMNIFICATION. The Participant shall defend, indemnify, and hold harmless the Owner/Director and all other Releasees against any and all losses, damages, liabilities, deficiencies, claims, actions, judgments, settlements, interest, awards, penalties, fines, costs, or expenses of whatever kind, including attorney fees, fees, and the costs of enforcing any right to indemnification under this Agreement, and the cost of pursuing any insurance providers, incurred by or awarded against the Owner/Director or any other Releasees, arising out or resulting from any claim of a third party related to the Disease due to the Participant engaging in any Activity or being on the Premises.

9. BINDING AGREEMENT. The Participant acknowledges that this Agreement is binding and has been freely and voluntarily entered into without any inducement, assurance or guarantee. By utilizing the Company's services and Premises the Participant is willingly joining understanding the risks and the other families' right to privacy. Further, it is the Participant's intent that this instrument act as a complete and unconditional release of all liability.

10. ENTIRE AGREEMENT. This Agreement contains the sole and entire agreement of the parties with respect to the subject matter contained herein and there are no other promises or conditions in any other agreement whether oral or written. This Contract supersedes any and all prior and contemporaneous understandings, agreements, representations, and warranties, both written and between the parties with respect to such subject matter. This Agreement is binding on, and shall insure to the benefit of, the parties and their respective successors and assigns.

11. ATTORNEY FEES. In the event any legal proceeding is commenced for the purpose of interpreting or enforcing any provision of this Agreement, the prevailing party in such proceeding shall be awarded reasonable attorney fees in such proceeding, or any appeal thereof, and the costs and disbursements allowed by law.

12. SEVERABILITY. If any of the provisions of this Agreement are found to be invalid, illegal, or unenforceable in any jurisdiction, the remainder shall be enforced as fully as possible and the invalid, illegal or unenforceable provision(s) shall be deemed modified to the limited extent required to permit enforcement of the Agreement as a whole in any other jurisdiction.

13. WAIVER. The failure to exercise any right provided in this Agreement shall not be a waiver of prior or subsequent rights. The failure of either party to enforce any provision of this Contract shall not be construed as a waiver or limitation of that party's right to subsequently enforce and compel strict compliance with every provision of this Contract.

14. EFFECTIVE DATE. The effective date of this Agreement is September 28, 2020.

BY SIGNING, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ALL OF THE TERMS IN THE AGREEMENT AND THAT I AM VOLUNTARILY GIVING UP LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE COMPANY AND ALL OF THE RELEASEES, I FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE.

PRINT PARTICIPANT NAME

AGE

PARTICIPANT'S SIGNATURE (IF MINOR SEE BELOW)

DATE

PARTICIPANT'S ADDRESS

EMAIL

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN IF THE PARTICIPANT IS A MINOR:

I AM THE PARENT OR LEGAL GUARDIAN OF THE ABOVE NAMED PARTICIPANT. I HAVE THE LEGAL RIGHT TO CONSENT TO AND, BY SIGNING BELOW, I HEREBY DO CONSENT TO THE TERMS AND CONDITIONS OF THIS AGREEMENT. I AM SIGNING THIS AGREEMENT ON BEHALF OF THE PARTICIPANT, WHO IS A MINOR CHILD. I HAVE READ THIS AGREEMENT, AM FAMILIAR WITH ITS TERMS AND LEGAL CONSEQUENCES, AND FULLY UNDERSTAND THAT BY MY SIGNATURE BELOW I HAVE GIVEN UP SUBSTANTIAL RIGHTS. I ACKNOWLEDGE THAT THIS AGREEMENT IS BINDING, AND IT HAS BEEN FREELY AND VOLUNTARILY ENTERED INTO BY ME WITHOUT ANY INDUCEMENT, ARRURANCE OR GUARANTEE. FURTHER, IT IS MY INTENT THAT THIS INSTRUMENT ACT AS A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW, AND I AGREE TO HOLD HARMLESS AND INDEMNIFY THE COMPANY AND EACH OF THE RELEASEES FROM LIABILITY FOR ANY AND ALL COSTS, EXPENSES, FEES, LOSSES AND DAMAGES INCURRED BY THE PARTICIPANT ARISING OUT OF PARTICIPATION IN ANY ACTIVITY OF BEING ON THE PREMISES.

PRINT PARENT OR LEGAL GUARDIAN NAME

RELATIONSHIP TO PARTICIPANT

PARENT OR 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	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	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>Hemophilus 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)

COVID-19						
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)

▶

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: waiisrecords@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
ActHB	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	Trumenba	MenB
Boostrix	Tdap	Fluvirin	Flu	Infanrix	DTaP	Pneumovax	Pneumovax	Twintrix	Hep A + Hep B
Cervarix	2vHPV	Fluzone	Flu	Kinrix	DTaP + IPV	Prevnar	PCV	Vaqta	Hep A
Daptacel	DTaP	Gardasil	4vHPV	Menactra	MCV or MCV4	ProQuad	MMR + Varicella	Varivax	Varicella
Engerix-B	Hep B	Gardasil 9	9vHPV	Menomune	MPSV4	Recombivax HB	Hep B		

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711).