

HARBOUR POINTE CHRISTIAN PRESCHOOL**2023-2024 ENROLLMENT**

(Complete this entire packet & return to the preschool office)

_____/_____/_____
Student's First Name Student's Last Name birth date male/female

What does your child like to be called?

_____/_____/_____
Father /Guardian 1 yes no child lives with home phone cell phone work phone

_____/_____/_____
Mother/Guardian 2 yes no child lives with home phone cell phone work phone

Father/Guardian 1 Email Mother/Guardian 2 Email

Father/Guardian 1 Employer Mother/Guardian 2 Employer

Child's Primary Residence Address City Zip

Father/Guardian 1 _____ Mother/Guardian 2 _____ Both _____ Other _____

Child's Secondary Address City Zip

Father/Guardian 1 _____ Mother/Guardian 2 _____ Both _____ Other _____

Brother/Sisters _____ Age _____ Brother or Sister
_____ Age _____ Brother or Sister
_____ Age _____ Brother or Sister

Signature of Parent or Legal Guardian

Date

Harbour Pointe Christian Preschool, a ministry of Pointe of Grace Lutheran Church, admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities of our school. Harbour Pointe Christian Preschool does not discriminate on the basis of race, color, national or ethnic origin in administration policies, financial assistance programs or other school administered programs.

for office use only

Check # _____ Cash _____ Credit Card _____ Amount \$ _____ Date Received _____

HARBOUR POINTE CHRISTIAN PRESCHOOL CLASS OPTIONS/FIELD TRIP FORM

CHILD'S NAME _____

On August 31, 2023, my child's age: _____ years old.

ALL REGISTRATION/SUPPLY & SECURITY FEES ARE DUE UPON ENROLLMENT

*Registration fees are **NON-REFUNDABLE** for ANY reason.

Class registration, supply & security fees for 2023-2024: **\$325**

Full STEAM Ahead -Fridays **\$100**

Art Adventures-Fridays **\$100**

***Jr. Kindergarten registration, supply & security fees for 2023-2024: **\$350**

Your first month's tuition payment is **due by August 1, 2023**. All subsequent tuition payments are due by the 5th of each month.

Indicate below which class your child will be enrolling in:

2.5-3 YEAR OLDS

☐ Tuesday/Thursday 9:20am-11:50am **\$270/monthly payment**

3 YEAR OLDS

☐ Monday/Wednesday 9:30am-12:00pm **\$270/monthly payment**

☐ Tuesday/Thursday 9:30am-12:00pm **\$270/monthly payment**

☐ Full STEAM Ahead 9:00am-11:30am **\$125/monthly payment**

☐ Art Adventures 9:10am-11:40am **\$125/monthly payment**

4 YEAR OLDS PRE-K

☐ Mon/Wed/Fri 9:20am-12:20pm **\$310/monthly payment**

☐ Mon-Thurs 9:10am-12:10pm **\$350/monthly payment**

☐ Full STEAM Ahead 9:00am-11:30am **\$125/monthly payment**

☐ Art Adventures 9:10am-11:40am **\$125/monthly payment**

4 YEAR OLDS JR. KINDERGARTEN

☐ Mon-Th 9:00am-1:00pm **\$420/monthly payment**

☐ Full STEAM Ahead 9:00am-11:30am **\$125/monthly payment**

☐ Art Adventures 9:10am-11:40am **\$125/monthly payment**

Due to the restrictions of staff and space and in consideration for those who qualify, we will enforce the deadlines imposed by the Mukilteo School District. To enter the Threes Program, your child must be three by August 31, 2023 (birthdate prior to 9-1-20). To enter the Fours Program, your child must be four by August 31, 2023 (birthdate prior to 9-01-19).

Permission for Field Trip Participation: During the school year, the children will have the opportunity to enrich their classroom experience with excursions outside the school facilities.

My Child, _____ has my permission to go on all educational field trips during the 2023-2024 school year.

Signature of Parent or Legal Guardian

Date



Harbour Pointe Christian Preschool
STATEMENT OF UNDERSTANDING
COVID-19 PUBLIC HEALTH EMERGENCY
SPECIAL PROGRAM ATTENDANCE
ACKNOWLEDGMENT AND DISCLOSURE

This waiver must be initialed and signed by ALL parents/guardians.

Please read and initial each statement below.

1. _____ I understand that to enter upon the facility premises my child must be free from COVID-19 symptoms. If, during the day, any of the following symptoms appear my child will be separated from the rest of the people in the center. I will be contacted, and my child MUST be picked up from the facility within 30 minutes of being notified.

Symptoms include:

- fever of 100.4 degrees Fahrenheit or higher
- dry cough
- Shortness of Breath
- Chills
- Loss of taste or smell
- Sore Throat
- Muscle aches
- Diarrhea

While we understand that many of these symptoms can also be related to non-COVID-19 related issues we must proceed with an abundance of caution. These symptoms typically appear 2-7 days after being infected so please take them seriously. Your child will need to be symptom free without any medications for 72 hours before returning to the facility.

2. _____ I understand that my child will be required to wash their hands using CDC recommended handwashing procedures throughout the day using warm running water and rubbing with soap for at least 20 seconds.
3. _____ I understand that outside of preschool, to control my child's exposure in the community, I will comply with all state, county, or local stay-at-home orders/guidelines.

4. _____ I understand that no list of restrictions, guidelines or practices will remove 100% of the risk of exposure to COVID-19 as the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection. I understand that I play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein.
5. _____ I will not hold Harbour Pointe Christian Preschool or Pointe of Grace Lutheran Church liable if my child contracts COVID while on campus. It is my choice to have my child attend in-person classes at HPCP.

I, _____ certify that I have read, understand, and agree to comply with the provisions listed herein. I acknowledge that my child's enrollment will be terminated if it is determined that my actions, or lack of action unnecessarily exposes another employee, child, or their family member to COVID-19.

Child's Name: _____

DOB: _____

Parent/Guardian Name: _____

Parent/Guardian Signature

Date

Parent/Guardian Name: _____

Parent/Guardian Signature

Date

Management Team Signature

Date

HARBOUR POINTE CHRISTIAN PRESCHOOL

REGISTRATION CONTRACT

Parents/Guardians: Please initial OR decline ALL blanks:

____ Registration/Security: *\$325 fee per student
(initial required) *\$350 fee per student for Jr. Kindergarten Class
 *\$100 fee per student for Friday add-on classes (STEAM & Art)

***All registration/Security fees are NON-REFUNDABLE FOR ANY REASON.** These fees must accompany the registration paperwork to secure a spot in the preschool. A registration fee is due EACH YEAR that your student is enrolled.

____ Enrollment Period: Enrollment is for the entire school year, September
(initial required) through mid-June or as advised by DOH for WA State.
 We require 1 month written notice for your child
 to be withdrawn from our program.

____ Tuition Policy: The tuition fee is due by the 5th of each month
(initial required) and is divided into **10 EQUAL MONTHLY PAYMENTS**

*A **LATE FEE OF \$30** will be added to your account if tuition is paid after the 5th of the month.

*A **FEE OF \$30** will be added for ALL credit card and ACH declines .

____ COVID-19 Waiver I agree to and have signed the HPCP COVID-19 Statement of Understanding.
(initial required)

____ Pictures: I understand that pictures of preschool
(initial or decline) activities may be taken from time to time for the
 purpose of hallway/classroom/yearbook displays or for
 a slide show for children's ministries. Pictures will NOT
 be used for advertisements or in publications or on the
 internet without special written consent from a parent.

____ Face Book: HPCP has my permission to post photos of my student on the HPCP
(initial or decline) Facebook page. Names will not be listed.

____ Handbook: I have read and understand all of the policies in the
(initial required) **2023-2024 Harbour Pointe Christian Preschool Parent Handbook.**

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

Student's Name _____ Date _____

Parent/Guardian (Please Print) _____

Signature _____

HARBOUR POINTE CHRISTIAN PRESCHOOL-DISMISSAL AUTHORIZATION

(One form per student MUST be completed)

STUDENT NAME _____ Teacher _____

When parents are not available to pick up their child(ren) from school, HPCP 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 school. HPCP will not release your child to anyone without your permission. **Please inform these contacts that HPCP personnel may ask for their personal identification before releasing your child to them during our dismissal process.** You may also add the names of those that have permission to pick up your child to your Brightwheel app.

(Please Print)

Father's Name: _____ Mother's Name _____

Name _____ Relation to Student _____ Phone _____

Name _____ Relation to Student _____ Phone _____

Name _____ Relation to Student _____ Phone _____

Name _____ Relation to Student _____ Phone _____

Name _____ Relation to Student _____ Phone _____

PARENT'S SIGNATURE _____ DATE _____

Parent's Cell Phone # _____ Home Phone # _____

Student's Legal First Name

Student's Legal Last Name

What does your child like to be called

What name do you want your child to learn to write

Names & Types of Family Pets

What language does your child speak?

What language is spoken at home?

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

Family Church Membership -(optional)

Fears your child may have

Type of discipline that you use

Names of other preschools/ daycares your child has attended--reasons for leaving

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

List any concerns that you might have about your child

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

STUDENT'S FIRST NAME

STUDENT'S LAST NAME

Sex: ☐ Male ☐ Female

Child's Physician _____ Phone # _____

Clinic Address: _____

Date of Child's Last Physical Exam _____

Share any health concerns or chronic medical conditions that you believe would be important for
HARBOUR POINTE CHRISTIAN 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 Food/Other Allergies:****FOOD/OTHER****ALLERGIC REACTION**

FOOD/OTHER	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 allergies? ☐ YES ☐ NO

If medications and/or an epi-pen will be needed to administer to a child in an emergency situation, we need to have a current Doctor's prescription with instructions for dosage and circumstances under which medication is to be administered. We need to have the medication at school at all times and labeled with your child's name in a baggie. A conference with staff is required each year your child is enrolled.

Other than allergies, does your child have any food restriction?

(Cultural, Religious, Personal)? ☐ no ☐ yes, describe:

Is your child taking medication at home for any ongoing condition? ☐ no ☐ yes

If yes, please describe: _____

HAS YOUR CHILD:

Had a hearing test? ____yes ____no Please list any 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? ____no ____yes

Do you have any concerns about your child's behavior? ____no ____yes, describe: _____

Do you have any concerns about your child's development? ____no ____yes, describe: _____

ADDITIONAL CONCERNS: _____

DENTAL HISTORY

Name of Dentist : _____ City/State _____ Phone _____

Has your child seen a dentist? ____no ____yes

Signature of Parent or Guardian _____

Date _____

CONSENT TO MEDICAL CARE AND TREATMENT OF MINOR CHILD

I hereby give permission that my child, _____ may be given treatment by a qualified **Harbour Pointe Christian Preschool** employee at **Harbour Pointe Christian Preschool**. 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 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 for treatment.

Father/Guardian 1 Signature

Date

Mother/Guardian 2 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: waitrecords@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.
 - i. 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.
 - i. If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.
4. If your child can show positive immunity by blood test (titer), have your health care provider check the boxes for the appropriate disease in the Documentation of Disease Immunity section, and sign and date the form. You must provide lab reports with this CIS.
5. Provide proof of medically verified records, following the guidelines below.

Acceptable Medical Records

All vaccination records must be medically verified. Examples include:

- A Certificate of Immunization Status (CIS) form printed with the vaccination dates from the Washington State Immunization Information System (IIS), MyIR, or another state's IIS.
- A completed hardcopy CIS with a health care provider validation signature.
- A completed hardcopy CIS with attached vaccination records printed from a health care provider's electronic health record with a health care provider signature or stamp. The school administrator, nurse, or designee must verify the dates on the CIS have been accurately transcribed and provide a signature on the form.

Conditional Status

Children can enter and stay in school or child care in conditional status if they are catching up on required vaccines for school or child care entry. (Vaccine series doses are spread out among minimum intervals, so some children may have to wait a period of time before finishing their vaccinations. This means they may enter school while waiting for their next required vaccine dose). To enter school or child care in conditional status, a child must have all the vaccine doses they are eligible to receive before starting school or child care.

Students in conditional status may remain in school while waiting for the minimum valid date of the next vaccine dose plus another 30 days time to turn in documentation of vaccination. If a student is catching up on multiple vaccines, conditional status continues in a similar manner until all of the required vaccines are complete.

If the 30-day conditional period expires and documentation has not been given to the school or child care, then the student must be excluded from further attendance, per RCW 28A.210.120. Valid documentation includes evidence of immunity to the disease in question, medical records showing vaccination, or a completed certificate of exemption (COE) form.

Reference guide for vaccine trade names in alphabetical order

For updated list, visit <https://www.cdc.gov/vaccines/terms/usvaccines.html>

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB	Hib	Fluarix	Flu	Havrix	Hep A	Menveo	Meningococcal	Rotarix	Rotavirus (RV1)
Adacel	Tdap	Flucelvax	Flu	Hiberix	Hib	Pediarix	DTaP + Hep B + IPV	RotaTaq	Rotavirus (RV5)
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	Twinnrix	Hep A + Hep B
Cervarix	2vHPV	Fluizone	Flu	Kinrix	DTaP + IPV	Prevnar	PCV	Vaqta	Hep A
Danacel	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 (TTDD/TTY call 711).



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

Parent/Guardian Signature

Date

X

Parent/Guardian Signature Required if Starting in Conditional Status

Date

Required for School • Required (Child Care/Preschool)	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY
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 (Haemophilus influenzae 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						
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)

▶ 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: _____