

Kids Krew Before and After School Program **2018/2019 Registration**

Child's Name _____ Gender _____ Birthdate _____ School _____
Parent/Guardian Names(s) _____
Billing Address _____ City _____ Zip _____
Phone (home) _____ Phone (work) _____ Phone (cell) _____
E-mail address _____

Childcare Site: _____ **Madrona** _____ **Pavilion** _____ **MLT Elem.**

All three sites have been certified by the WA State Department of Early Learning and accept DSHS subsidies.

\$35 for one child or \$55 per family non-refundable registration fee due at time of registration.

Registration must be received a minimum of 48 *business hours* before starting program. Monthly fees are figured by the total number of school days in the year and then divided by ten months. Each payment is due by the **15th** of the month **prior** to services. If payment is not made by the due date, a \$20 late payment fee will be assessed, and the child may lose their spot in the program. Two weeks advance notice required for schedule changes. Refunds will not be given for days within that two-week period. Scheduled days may not be "traded" for different days. Sibling Discount: A 5% discount will be given on lesser monthly tuition amount for second child. Discount applies to regular monthly Kids Krew, Jr. Kids Krew, Preschool and Kindergarten Readiness payments only. For billing questions or concerns, please contact Renee Norton at (425) 640-3108.

We reserve the right to cancel any program and/or combine classes if we do not have the necessary minimum enrollment.

PLEASE INDICATE WHICH SERVICE YOU ARE REGISTERING FOR

SCHOOL AGE BEFORE-SCHOOL: (6:30 AM until departure)

___ 5 days/week---R\$200/N\$220 ___ 4 days/week---R\$160/N\$176 ___ 3 days/week---R\$120/N\$132 ___ 2 days/week---R\$85/N\$100

SCHOOL AGE AFTER-SCHOOL: (School release to 6:30 PM)

___ 5 days/week---R\$252/N\$277 ___ 4 days/week---R\$201/N\$222 ___ 3 days/week---R\$151/N\$166 ___ 2 days/week---R\$105/N\$120

SCHOOL AGE BEFORE AND AFTER-SCHOOL: (6:30 AM-6:30 PM)

___ 5 days/week---R\$407/N\$447 ___ 4 days/week---R\$325/N\$358 ___ 3 days/week---R\$244/N\$268 ___ 2 days/week---R\$163/N\$179

PLEASE DOCUMENT YOUR CHILD'S SCHEDULE WHEN REGISTERING

Please circle days attending: M T W TH F

DROP IN CARE R\$7.50/hr NR\$8.00/hr *Drop in care is limited to 3 times a month.*

Drop-in care will only be available to those currently registered in a Kids Krew program for two or more days per week and depends on space availability. Please call Renee at (425) 640-3108 a MINIMUM of one business day in advance to arrange drop in care. Due to short notice and staffing, drop in fees are non-refundable if care is not used after being arranged and paid for. Drop in care may not be used on early dismissal or non school days.

EARLY RELEASE AND NON-SCHOOL DAYS *Please refer to the Edmonds School District calendar for dates*

R\$33 NR\$36 NON-SCHOOL DAYS 6:30 AM - 6:30 PM with a 10 hr max : (8:00 AM-6:00 PM on National Holidays when available.)

R\$25 NR\$27 EARLY RELEASE DAYS (early dismissal) school release-6:30pm

Additional fee for non-school days, early release days, winter and spring break camps. Pre-Registration is required.

I have read and understand all policies regarding this registration. Parent Signature: _____

**Mountlake Terrace Recreation
5303 228th St SW
Mountlake Terrace, WA 98043**

YOUTH PROGRAMS AUTOMATIC PAYMENT TERMS

You have the option to have your credit or debit card automatically debited each month.
Please read and initial terms below.

Child's Name _____ Program _____

Address _____ City _____ Zip _____

Parent Name _____ Home phone _____ Cell Phone _____

Preschool & Kids Krew Automatic Payment Terms: Please Read

- Payments will be debited on or around the 15th of each month, prior to the month of service.
- It is parents' responsibility to notify the Pavilion office if a credit card is reported lost or stolen, or is expiring.
- Declined cards will incur a \$20 processing fee.

_____ Automatically debit my credit card on the 15th of every month
Kids Krew: August 2018 - May 2019
Preschool and KR: August 2018 - April 2019

_____ I do not wish to sign up for automatic payment at this time.
I will pay by check, cash or credit card by the 15th of every month prior to the month of services, August 2018 – May 2019 for Kids Krew, August 2018 – July 2019 for Jr. Kids Krew and August 2018-April 2019 for Preschool and Kindergarten Readiness. I understand that late payments will incur a \$20 late fee, and may jeopardize my child's enrollment.

Signature

Date

AUTOMATIC DEBIT/CREDIT CARD PAYMENT FORM

STUDENT
NAME: _____

Program Enrolled in: _____

Visa MC AmEx Disc

Card #: ____ / ____ / ____ **Exp. Date:** ____ / ____

NAME ON CARD _____

MONTHLY AMOUNT TO BE DEBITED: \$ _____

Fees will be debited on the 15th of each month prior to the month of service during the school year.
Credit/Debit card declines or expired cards are considered late payments and will require a \$20 fee.

Signature: _____



**Mountlake Terrace Recreation
5303 228th St SW
Mountlake Terrace WA 98043**

Welcome to the City of Mountlake Terrace Youth Programs!

We are looking forward to having you and your family as part of our Kids Krew, Junior Kids Krew, and/or Preschool/Kindergarten Readiness Programs. Our youth programs offer unique environments that give children opportunities for personal and educational growth within an exciting and fun recreational setting. Our team of caring, energetic, creative and experienced people is well versed in setting up programs that stimulate a child's natural curiosity about the world around them.

Please fill out the registration form for the program you wish to enroll in and return it to the Pavilion office along with the non-refundable registration fee, (\$35.00 for an individual, \$55.00 family rate).

Mail to or drop-off completed registration form at:
Mountlake Terrace Recreation
5303 228th St SW
Mountlake Terrace, WA 98043
Attn: Renee Norton

A full registration packet will be **EMAILED** to you mid-July. **September's tuition will be due August 15th in order to guarantee your child's placement in our programs.** You will not be invoiced. Please make your check payable to the City of Mountlake Terrace.

Contact Information

For Program information:

All programs: Tracie Neal (425) 776-9173 ext.1113

For Registration or billing questions:

All programs: Renee Norton (425) 640-3108

**PLEASE KEEP THIS SHEET FOR YOUR RECORDS
AS A FRIENDLY REMINDER SO YOUR CHILD DOES
NOT LOSE THEIR SPOT IN OUR PROGRAMS**

Payment Amt Due \$ _____

Completed full registration packet and payment Due August 15

From the desk of...

Renee Norton

Support Services Supervisor
City of Mountlake Terrace
5303 – 228th Street SW
Mountlake Terrace, WA 98043

Telephone: (425) 640-3108
Fax: (425) 775-2365
e-mail: rnorton@ci.mlt.wa.us

Dear Parents,

Following is a review of the payment terms/agreement signed as part of the registration process.

- There is a one-time annual non-refundable registration fee of \$35 individual, \$55 family.
- You will not be invoiced.
- **Yearly tuition total is divided into ten equal payments for Kids Krew and Jr. Kids Krew, nine equal payments for Preschool, and Kindergarten Readiness.** Payment is NOT figured by how many days are in each particular month. December, April and June are NOT prorated.
- Payments are due **by the 15th** of each month, **prior** to services. For example, payment for October must be made by September 15th. Monthly tuition must be received at the Mountlake Terrace Recreation Pavilion Office by the due date.
- If payment is late, the child's name will not be on the sign-in/out sheet the following month and the child will not be accepted into the program. There will be a \$20 late payment fee to continue in the program or you may lose your spot to someone on the wait list.
- No credits or refunds will be given for occasional days missed due to illness, vacation or suspension.
- Two weeks advance notice must be given for withdrawals, refunds or schedule changes.
- Refunds will incur a \$10 processing fee.
- Drop in days must be arranged at least **24 business hours** prior to the day of care. Drop in days, once arranged, are non-refundable.
- Sibling discounts do not apply to drop in fees, non-school days, early release days or breaks.
- Non-school day care, early release care and school breaks are not included in monthly payment and must be registered for separately. Please register in advance, as space is limited and there are registration deadlines.
- Automatic Payment: Fees are debited on the 15th of each month prior to the month of service during the school year.
- If set up for automatic payment, it is parents' responsibility to notify the Pavilion office if a credit card is reported lost, stolen or is expired.
- Credit/Debit cards that are declined or expired are considered late payments and will require a \$20.00 late payment fee.

Please keep this sheet for your information.



Mountlake Terrace Recreation and Parks Department

Preschool and Youth Program

5303 228th St. SW Mountlake Terrace WA 98043

425.776.9173

Date received _____ Site _____

Start Date _____

Program _____ Class entry _____

ENROLLMENT INFORMATION

Child's Name _____ Age _____ Birthdate _____
Last First Nickname

BILLING Address _____ City _____ Zip _____ Home Phone _____

Email address _____

Lives with Mother Father Other _____ Child's gender Male Female

School _____ Grade _____ Circle Program Attending: Kids Krew Preschool Other _____

PARENT OR GUARDIAN INFORMATION – All parents/guardians listed are permitted to visit during center hours and are allowed to pick up child unless access is prohibited or restricted by a court order. Attach court order, if any.

Parent # 1 name: _____ Address _____ Phone _____

Parent's Workplace – Name and Phone number _____

Parent #2 name: _____ Address _____ Phone _____

Parent's Workplace – Name and Phone number _____

GUARDIAN'S NAME: _____ Address _____ Phone _____

Guardian's Workplace – Name and Phone number _____

EMERGENCY CONTACT (other than parent/guardian or doctor). This person will be called if parents/guardians cannot be reached.

Is this person authorized to pick up the child: circle YES NO Relationship to Child: _____

NAME: _____ Address _____ Phone _____

Workplace -- Name and Phone number _____

PERSONS OTHER THAN PARENT/GUARDIAN authorized to pick up child.

Name Address Phone Relationship to child

1. _____

2. _____

AUTHORIZATIONS

It is important to me (us) that this child be allowed to participate in this activity. In addition, I (we) understand video tapes and photographs may be taken and used appropriately for publication & marketing purposes. I (we) understand there are special dangers and risks inherent in this activity, including but not limited to, the risk of serious injury, death or other harmful consequences, which may arise directly or indirectly from the child's participation in this activity. Being fully informed as to these risks and in consideration of the City's allowing my child to participate in this sponsored activity and/or use of the City's facilities I (we), on behalf of myself (ourselves) and on behalf of the above-named participant child, assume all risk of injury, damage and harm to the child which may arise from the child's participation in the activities or use of City Facilities. I (we) further agree, individually and on behalf of the above-named child, to release and hold harmless the City of Mountlake Terrace, its officials, employees and agents and agree to waive any right of recovery that I (we) may have to bring a claim or lawsuit for damages against them for any personal injury, death or other harmful consequences occurring to the above-named child or me arising out of the Child's voluntary participation in this activity. I (we) grant my (our) full and voluntary consent for the above-named child to participate in the activity program stated above.

Parent(s)/Guardian Printed Name(s) _____ Date (expires one year from this date) _____

Parent(s) Guardian Signature(s) _____

City of Mountlake Terrace-Youth Program

Developmental and Health Information

Child's name _____ Today's date _____

DEVELOPMENTAL INFORMATION

Where has your child previously attended a preschool, recreation program or childcare? _____

What languages are spoken in your home? _____

What are your child's favorite activities? _____

How would you describe your child? _____

Does your child have any particular fears (animals, water, loud noises)? _____

Does your child have any special needs? _____

Have there been any changes within the last year (divorce, separation, death, move)? _____

What do you feel is the best way of disciplining your child? _____

Are there any dietary restrictions, family values or celebrations that need to be taken into consideration? _____

HEALTH INFORMATION

An Individual Health Plan may be required from a Health Care Provider prior to attendance.

Does your child have a life-threatening health condition (diabetes, severe allergy, severe asthma, seizures, other)? _____

Does your child take any medications on a regular basis? If yes, please list medication and what it is for. _____

Does your child have allergies, reactions or intolerances to food, medicine, insects or other substances? _____

List allergy	Reaction	Potentially severe

Does your child have epinephrine (EpiPen) available at school? Y N Where? _____

Child's Health Care Provider's Name _____ Phone _____

Date of child's last physical examination _____ Are immunizations current? _____

Child's Dentist Name & Phone _____ Date of last exam _____

EMERGENCY MEDICAL AUTHORIZATION

I hereby certify that my child _____ is in normal health and capable of safe participation in the program in which he/she is enrolling. I further give my permission for my child _____ to be given emergency treatment by a qualified City of Mountlake Terrace staff member. When I cannot be reached, 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 the nearest medical facility. I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Parent/Guardian's Signature _____ Date Signed _____

Address: _____ Phone Number: _____



Certificate of Immunization Status (CIS)

DOH 348-013 January 2010

Reviewed by: _____ Date: _____

Signed Cert. of Exemption on file? Yes No

Please print. See back for instructions on how to fill out this form or get it printed from the Immunization Registry.

Child's Last Name: _____

First Name: _____

Middle Initial: _____ Birthdate (mm/dd/yyyy): _____ Sex: _____

Symbols below:
 ◆ Required for School and Child Care/Preschool
 ● Required for Child Care/Preschool Only

Parent/Guardian Name (please print): _____

Parent/Guardian Signature Required _____ Date _____

I certify that the information provided on this form is correct and verifiable.

Vaccine	Dose	Month	Day	Year
◆ Hepatitis B (Hep B)	1			
	2			
	3			
or Hep B - 2 dose alternate schedule for teens				
Rotavirus (RV1, RV5)	1			
	2			
	3			
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)	1			
	2			
	3			
	4			
	5			
◆ Tetanus, Diphtheria, Pertussis (Tdap, Td)	1			
	2			
● Haemophilus influenzae type b (Hib)	1			
	2			
	3			
	4			
● Pneumococcal (PCV, PPSV)	1			
	2			
	3			
	4			

Vaccine	Dose	Month	Day	Year
◆ Polio (IPV, OPV)	1			
	2			
	3			
	4			
Influenza (flu, most recent)				
◆ Measles, Mumps, Rubella (MMR)				
	1			
	2			
◆ Varicella (chickenpox) or verify disease 1-4				
	1			
	2			
Hepatitis A (Hep A)				
	1			
	2			
Meningococcal (MCV, MPSV)				
	1			
Human Papillomavirus (HPV)				
	1			
	2			
	3			

Office Use Only: Immunization information updated and verified with parent/guardian permission: _____

Printed Staff Name _____ Date _____ Printed Staff Name _____ Date _____

- If the child named on this CIS had chickenpox disease (and not the vaccine), disease history must be verified. Mark option 1, 2, 3, OR 4 below - see, back #5.
- Chickenpox disease verified by printout from CHILD Profile Immunization Registry. Must be marked by printout (not by hand) to be valid.
 - Chickenpox disease verified by Health Care Provider (HCP). If you choose this box, mark 2A OR 2B below.
 - 2A) Signed note from HCP attached OR
 - 2B) HCP signed here and print name below:
- Licensed health care provider (HCP) Signature _____ Date _____
 (MD, DO, ND, PA, ARNP)
 HCP Printed Name: _____
- Chickenpox disease verified by school staff from CHILD Profile Immunization Registry. If you choose this box, staff must initial that parent or guardian approves: _____ (initial) _____ (date)
 - Chickenpox disease verified by parent*. If you choose this box, fill in the date or child's age when he or she had the disease: _____
 Age/Date of disease: _____
 *Can ONLY verify for some grades, see back #5 (4).

If the child can show immunity by blood test (titer) and hasn't had the vaccine, ask your HCP to fill in this box.

Documentation of Disease Immunity

I certify that the child named on this CIS has laboratory evidence of immunity (titer) to the diseases marked. Signed lab report(s) MUST also be attached.

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Mumps	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Polio	
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Rubella	
<input type="checkbox"/> Hib	<input type="checkbox"/> Tetanus	
<input type="checkbox"/> Measles	<input type="checkbox"/> Varicella	

Licensed health care provider (HCP) Signature _____ Date _____
 (MD, DO, ND, PA, ARNP)
 HCP Printed Name: _____

Instructions for completing the Certificate of Immunization Status (CIS): printing it from the Immunization Registry or filling it in by hand.

#1 To print with info filled in: First, ask if your health care provider's office puts vaccination history into the CHILD Profile Immunization Registry (Washington's statewide database). If they do, ask them to print the CIS from CHILD Profile and your child's information will fill in automatically. Be sure to review all the information, **sign and date the CIS** in the upper right hand box, and return it to school or child care. If your provider's office does not use CHILD Profile, ask for a copy of your child's vaccine record so you can fill it in by hand using steps #2-7 (below): **EXAMPLE**

Vaccine	Dose	Date	
		Month	Day
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)			
DTaP	1	01	12
DTaP	2	03	20
DTaP	3	06	01

#2 To fill in by hand: Print your child's name, birthdate, sex, and your own name in the top box.

#3 Write each vaccine your child received under the correct disease. Write the vaccine type under the "Vaccine" column and the date each dose was received in the "Month," "Day," and "Year" columns (as mm/dd/yyyy). For example, if DTaP was received Jan 12, March 20, June 1, '11, fill in as shown here ▶

#4 If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guide 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**.

#5 If your child has had chickenpox (varicella) disease and not the vaccine, use **only one** of these four options to record this on the CIS:

- 1) If your child's CIS is printed directly from the CHILD Profile Immunization Registry (by your health care provider or school system), and disease verification is found, box 1 is automatically marked. To be valid, this box must be marked by the Immunization Registry printout (not by hand).
 - 2) If your health care provider (HCP) can verify that your child has had chickenpox, mark box 2. Then mark either 2A to attach a signed note from your HCP, or 2B if your HCP signs and dates in the space provided. Be sure your HCP's full name is also printed.
 - 3) If school staff access the CHILD Profile Immunization Registry and see verification that your child has had chickenpox, they will mark box 3. Then, they must initial and date that they got parent or guardian approval to mark this box (i.e. make this change) to the CIS.
 - 4) If your child started kindergarten in the 2008-2009 school year or later, you **CANNOT** use this box. If your child started kindergarten before the 08-09 school year, mark this box if you know he or she has had chickenpox. If you mark box 4, you must also write the approximate age or date your child had chickenpox. To find out which grades require chickenpox vaccine (or history), visit: <http://www.doh.wa.gov/cfr/immunize/schools/vaccine.htm>
- #6** Documentation of Disease Immunity: If your child can show immunity by blood test (titer) and has not had the vaccine, have your health care provider (HCP) fill in this box. Ask your HCP to mark the disease(s), sign, date, print his or her name in the space provided, and **attach signed lab reports**.
- #7** Be sure to **sign and date the CIS** in the upper right hand box, and return to school or child care.
- #8** If a school or child care makes a change to your CIS, staff will print their name in the middle bottom box and date to show that you gave approval.

Vaccine Trade Names in alphabetical order				(For updated lists, visit http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/us-vaccines-508.pdf)			
Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB	Hib	Engerix-B	Hep B	Ipol	IPV	Pentavalente	DTaP + Hep B + Hib
Adacel	Tdap	Fluarix	Flu (TIV)	Infanrix	DTaP	Pneumovax	PPSV or PPV23
Afluria	Flu (TIV)	FluLaval	Flu (TIV)	Kinrix (Knrx)	DTaP + IPV	Prevnar	PCV or PCV7 or PCV13
Boostrix	Tdap	FluMist	Flu (LAIV)	Menactra	MCV or MCV4	ProQuad (PrOqd)	MMR + Varicella
Cervarix	HPV2	Fluvirin	Flu (TIV)	Menomune	MPSV or MPSV4	Quadracel (Qdrel)	DTaP + IPV
Comvax (Cmvx)	Hep B + Hib	Fluzone	Flu (TIV)	Pediarix (Pdrx)	DTaP + Hep B + IPV	Recombivax HB	Hep B
Daptacel	DTaP	Gardasil	HPV4	PedvaxHIB	Hib	Rotarix	Rotavirus (RV1)
Decavac	Td	Havrix	Hep A	Pentacel (Pntcl)	DTaP + Hib + IPV	Rotateq	Rotavirus (RV5)

Vaccine Abbreviations in alphabetical order				(For updated lists, visit http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/us-vaccines-508.pdf)			
Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus, acellular Pertussis	Hep A (HAV) Hep B (HBV)	Hepatitis A Hepatitis B	MPSV or MPSV4	Meningococcal Polysaccharide Vaccine	Rota (RV1 or RV5)	Rotavirus
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hib	<i>Haemophilus influenzae</i> type b	MMR / MMRV	Measles, Mumps, Rubella / with Varicella	Td	Tetanus, Diphtheria
DTP	Diphtheria, Tetanus, Pertussis	HPV	Human Papillomavirus	OPV	Oral Poliovirus Vaccine	Tdap	Tetanus, Diphtheria, acellular Pertussis
Flu (TIV or LAIV)	Influenza	IPV	Inactivated Poliovirus Vaccine	PCV or PCV7 or PCV13	Pneumococcal Conjugate Vaccine	TIG	Tetanus immune globulin
HBIG	Hepatitis B Immune Globulin	MCV or MCV4	Meningococcal Conjugate Vaccine	PPSV or PPV23	Pneumococcal Polysaccharide Vaccine	VAR or VZV	Varicella

Reference Guide