

Mountlake Terrace Recreation and Parks Department

5303 228th St SW, Mountlake Terrace WA 98043

425-776-9173

PRESCHOOL PROGRAMS **2021/2022 Registration**

Child's Name _____ Birthdate _____ Child's age in September 2021 _____
Parent/Guardian name(s) _____
Billing Address _____ City _____ Zip _____
Phone (primary) _____ Phone (work) _____
E-mail address _____

\$35 for one child or \$55 for 2+ children non-refundable registration fee due at time of registration.

Monthly fees are determined by taking the total number of school days in the year and dividing by 10 months for Preschool/KR and by 12 months for Junior Kids Krew. Registration must be received a minimum of 48 *business hours* before starting program. A 5% discount will be given on lesser monthly tuition amount for second child. Discount applies to regular monthly payments only.

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. Pre-registration is required. 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

PRESCHOOL

T/Th, 9:30am-12:30pm

Child must be 3yrs old and fully potty-trained

R\$136 NR\$149 monthly

KINDERGARTEN READINESS

M/W/F 9:30am-12:30pm

Child must be 4 yrs old by Aug 31 2021

R\$179 NR\$197 monthly

JUNIOR KIDS KREW – Junior Kids Krew hours 6:30am-6:30pm – 10 hours maximum

A quality year round childcare program for 3-5 year olds. Child must be 3 yrs old and fully potty-trained. Program includes recreation swims and **daily preschool and/or kindergarten readiness activities.** Care is available from 6:30am-6:30pm with a maximum of 10 hrs. per day. Edmonds school district Non-school days, Winter break and Spring break are included. Scheduled days may not be traded for different days. Junior Kids Krew Program has been certified by WA Department of Early Learning and accepts DSHS subsidies for qualified applicants. Please send a sack lunch daily. You will also need to send a crib sheet, blanket and complete change of clothes on the first day of attendance. Junior Kids Krew Program Runs September-August.

Check off days & write in approximate drop-off and pick-up times – Fees are monthly.

Monday Tuesday Wednesday Thursday Friday

2 days a week

less than 5 hours
R \$198 NR \$219

5 to less than 7 hours
R \$261 NR \$288

7 to 10 hours
R \$353 NR \$370

3 days a week

less than 5 hours
R \$298 NR \$328

5 to less than 7 hours
R \$392 NR \$432

7 to 10 hours
R \$529 NR \$554

4 days a week

less than 5 hours
R \$397 NR \$438

5 to less than 7 hours
R \$523 NR \$576

7 to 10 hours
R \$706 NR \$739

5 days a week

less than 5 hours
R \$497 NR \$547

5 to less than 7 hours
R \$653 NR \$720

7 to 10 hours
R \$882 NR \$970

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

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@mltwa.gov

Dear Parents,

Following is a review of the payment terms/agreement signed as part of the registration process. Please keep this sheet for your information.

- 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, 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.
- Kids Krew drop in days must be arranged at least **24 business hours (M-F)** prior to the day of care. Drop in days, once arranged, are non-refundable. Drop in fees are R\$8.25/NR\$9.00 per hour.
- 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.

Holiday/Closure information

The Recreation Pavilion is closed on Labor Day, Thanksgiving and the day after, Christmas Eve, Christmas Day, New Year's Day, Memorial Day and July 4th. Based on space availability, care may be available for an additional fee of R\$36 NR\$40 on other National Holidays (8:00 AM-6:00 PM) for Kids Krew and Junior Kids Krew participants only. Please register in advance.

Closed for employee appreciation breakfast

December Date TBD - No AM Kids Krew
Junior Kids Krew will open at 9:00am

Holiday dates that require registration:

Veteran's Day
Martin Luther King Jr. Day
President's Day



**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 2021 - May 2022
Preschool and KR: August 2021 - May 2022

_____ 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 2021 - May 2022 for Kids Krew, Preschool and Kindergarten Readiness and August 2021 - July 2022 for Jr. Kids Krew.
I understand that late payments will incur a \$20 late fee, and may jeopardize my child's enrollment status.

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: _____



I (we) am/are the parent(s) or legal guardian of _____ (Child's Name) who desires to be a participant in the City of Mountlake Terrace's recreational activity of swimming in the Mountlake Terrace Recreation Pavilion pool.

It is important to me (us) that this child be allowed to participate in this activity. I (we) understand there are special dangers and risks inherent in this activity, including but not limited to, the risk of serious physical 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 of Mountlake Terrace's facilities I (we), on behalf of myself (ourselves) and on the 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 The City of Mountlake Terrace's facilities. I (we) further agree, individually and on the behalf of the above-named child, to release and hold harmless The City of Mountlake Terrace, it's officials, employees, volunteers 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 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 described above.

I hereby consent to allow my child's picture or likeness to appear in any official document, City of Mountlake Terrace website, sponsor advertisement and/or City of Mountlake Terrace produced television coverage of City of Mountlake Terrace sponsored recreational activity without compensation to me.

YES ___ NO ___ (parent/guardian initials)_____.

Parent(s) / Legal Guardian Printed Name(s)

Parent(s) / Legal Guardian Signature(s)

Date

Parent(s) Legal Guardian Address Email Phone ()

Child Participant Address Phone ()



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. | | | |
| X | X | | |
| Parent/Guardian Signature | | Date | |
| | | | |
| Parent/Guardian Signature Required if Starting in Conditional Status | | Date | |
| | | | |

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.

| | Date | Date | Date | Date | Date | Date |
|---|----------|----------|----------|----------|----------|----------|
| Required Vaccines for School or Child Care Entry | MM/DD/YY | MM/DD/YY | MM/DD/YY | MM/DD/YY | MM/DD/YY | MM/DD/YY |
| •▲ 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 | | | | | | |

| | Date | Date | Date | Date | Date | Date |
|--|----------|----------|----------|----------|----------|----------|
| Recommended Vaccines (Not Required for School or Child Care Entry) | MM/DD/YY | MM/DD/YY | MM/DD/YY | MM/DD/YY | MM/DD/YY | MM/DD/YY |
| 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: <input type="checkbox"/> A verified history of varicella (chickenpox) disease. <input type="checkbox"/> 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: _____ If verified by school or child care staff the medical immunization records must be attached to this document. |
| Date: _____ | |

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 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 |
|------------|---------|------------|---------|------------|-------------|---------------|--------------------|------------|-----------------|
| ActHIB | 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 | PPSV | Twinrix | 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).