

Kids Krew Before and After School Program **2019/2020 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** _____ **Terrace Park** _____ **MLT Elem.**

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

Reg. Fee: \$35 for one child or \$55 per family 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---RS\$210/NS\$231 ___ 4 days/week---RS\$168/NS\$185 ___ 3 days/week---RS\$126/NS\$138 ___ 2 days/week---RS\$85/NS\$100

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

___ 5 days/week---RS\$264/NS\$291 ___ 4 days/week---RS\$211/NS\$233 ___ 3 days/week---RS\$159/NS\$174 ___ 2 days/week---RS\$105/NS\$120

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

___ 5 days/week---RS\$427/NS\$469 ___ 4 days/week---RS\$341/NS\$375 ___ 3 days/week---RS\$256/NS\$281 ___ 2 days/week---RS\$170/NS\$188

PLEASE DOCUMENT YOUR CHILD'S SCHEDULE WHEN REGISTERING

Please circle days attending: M T W TH F

DROP IN CARE RS\$7.75/hr NRS\$8.50/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 (Mon-Fri) 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 - Pre-Registration is required.

Please refer to the Edmonds School District calendar for dates

RS\$33 NRS\$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.)

RS\$26 NRS\$28 EARLY RELEASE DAYS (early dismissal) school release-6:30pm

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@ci.mlt.wa.us

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.
- 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.
- 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.

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\$33 NR\$36 on other National Holidays (8:00 AM-6:00 PM) for Kids Krew and Junior Kids Krew participants only. Please register in advance.

2019/2020 holiday dates to register for are:

November 11
January 20
February 17

Wednesday, December 11th 2019

No AM Kids Krew
Junior Kids Krew will open at 9:00am



**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 2019 - May 2020

Preschool and KR: August 2019 - May 2020

_____ 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 2019 - May 2020 for Kids Krew, August 2019 - July 2020 for Jr. Kids Krew and August 2019-May 2020 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 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
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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) _____

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: _____



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)

DOH 348-013 January 2010

Office Use Only:

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				
	1			
	2			
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	Date
_____	_____	_____	_____	_____
Printed Staff Name	Date	Printed Staff Name	Date	Date
_____	_____	_____	_____	_____

1) Chickenpox disease verified by printout from CHILD Profile Immunization Registry
Must be marked by printout (not by hand) to be valid.

2) 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: _____

3) 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)

4) 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.

Diphtheria Mumps Other: _____
 Hepatitis A Polio
 Hepatitis B Rubella
 Hib Tetanus
 Measles 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	Year
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)				
DTaP	1	01	12	2011
DTaP	2	03	20	2011
DTaP	3	06	01	2011

#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/cfh/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.

(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	
ActHIB	Hib	Engerix-B	Hep B	Ipol	IPV	Pentavalente	DTaP + Hep B + Hib	TriHIBit	DTaP + Hib		
Adacel	Tdap	Fluarix	Flu (TIV)	Infanrix	DTaP	Pneumovax	PPSV or PPV23	Tripedia	DTaP		
Afluria	Flu (TIV)	FluLaval	Flu (TIV)	Kinrix (Kinrx)	DTaP + IPV	Prevnar	PCV or PCV7 or PCV13	Twinrix (Twinrx)	Hep A + Hep B		
Boostrix	Tdap	FluMist	Flu (LAIV)	Menaetra	MCV or MCV4	ProQuad (PrQd)	MMR + Varicella	Vaqta	Hep A		
Cervarix	HPV2	Fluvirin	Flu (TIV)	Menomune	MPSV or MPSV4	Quadacel (Qdrel)	DTaP + IPV	Varivax	Varicella		
Comvax (Cmvx)	Hep B + Hib	Fluzone	Flu (TIV)	Pediarix (Pdrix)	DTaP + Hep B + IPV	Recombivax HB	Hep B				
Daptacel	DTaP	Gardasil	HPV4	PodvaxHIB	Hib	Rotarix	Rotavirus (RV1)				
Decavac	Td	Havrix	Hep A	Pentacel (Pntcl)	DTaP + Hib + IPV	RotaTeq	Rotavirus (RV5)				

(For updated lists, visit <http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/us-vaccines-508.pdf>)

Vaccine Abbreviations in alphabetical order		Full Vaccine Name		Abbreviations		Full Vaccine Name		Abbreviations		Full Vaccine Name	
DT	Diphtheria, Tetanus, acellular Pertussis	Hep A (HAV)	Hepatitis A	MPSV or MPSV4	Meningococcal Polysaccharide Vaccine	RoTa	Rotavirus	RoTa	(RV1 or RV5)	Rotavirus	Rotavirus
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hep B (HBV)	Hepatitis B	MMR / MMRV	Measles, Mumps, Rubella / with Varicella	Td	Tetanus, Diphtheria	Td		Tetanus, Diphtheria	Tetanus, Diphtheria, acellular Pertussis
DTP	Diphtheria, Tetanus, Pertussis	Hib	Human Papillomavirus	OPV	Oral Poliovirus Vaccine	Tdap	Tetanus immune globulin	Tdap		Tetanus immune globulin	Tetanus immune globulin
Flu (TIV or LAIV)	Influenza	HPV	Inactivated Poliovirus Vaccine	PCV or PCV7 or PCV13	Pneumococcal Conjugate Vaccine	TIG	Tetanus immune globulin	TIG		Tetanus immune globulin	Tetanus immune globulin
HBIG	Hepatitis B Immune Globulin	IPV	Meningococcal Conjugate Vaccine	PPSV or PPV23	Pneumococcal Polysaccharide Vaccine	VAR or VZV	Varicella	VAR or VZV		Varicella	Varicella

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388).

