

The South Whidbey Children's Center

Start Date: _____

Identification and Emergency Information Sheet

End Date: _____

Child's Name: _____ Date of Birth: _____

Address: _____ Home Phone: _____

City and Zip : _____ Mailing address if different: _____

Most of our communication is by email including tuition statements, newsletters, reminders, etc. Please check your email often to insure that you get the information you need. If you do not have email available, please let us know. Is it ok to give out your email and/or phone number:

for birthday invites _____ to room parents _____ for play dates _____

How did you hear about SWCC? _____

Parent/Legal Guardian

Name: _____ Cell Phone: _____ Cell Carrier _____

Address: _____

Social Security Number: _____ - _____ - _____

Employer-Name of Company: _____ Work Phone: _____

Address: _____ Work Schedule: _____

Email: _____

Parent/Legal Guardian

Name: _____ Cell Phone: _____ Cell Carrier _____

Address: _____

Social Security Number: _____ - _____ - _____

Employer-Name of Company: _____ Work Phone: _____

Address: _____ Work Schedule: _____

Email: _____

Child lives with: both parents _____ mother only _____ father only _____

Does the adult that the child lives with have legal custody? yes _____ no _____

Siblings (name and age/s): _____

Others living in the household: _____

Child's ethnicity for US Census and Educational Grants (optional)

_____ Caucasian _____ Asian _____ African American _____ Native American _____ Latin American

_____ Other _____

What is your preferred language for information sharing? _____

Emergency Information

Persons to be called in case of an **emergency** and who are **authorized to pick-up child**.

Your child will only be released to individuals listed. Be sure to include names of both parents if applicable.

Name	Address	Home Phone	Work phone	Relationship to child

Medical Information

Child's physician: _____ Phone: _____

Address: _____

Date of last check up: _____ **(do not leave blank)**

Child's dentist: _____ Phone: _____

Date of last dental check up: _____ **(do not leave blank)**

Emergency Hospital preference (**not closest**): _____

Address: _____

Known medical conditions and daily medications: _____

Known allergies, including food allergies: _____

Dietary restrictions/sensitivities: _____

Special needs or developmental concerns: _____

Does your child have a current IEP or IFSP? yes _____ no _____

Home and Family Life

(please answer in detail so that we can better care for your child)

Information you would like for us to know about your child: _____

Describe any learning programs, schools or playgroups in which your child was involved?

What are your child's favorite toys, games or activities? _____

What foods does your child especially like? _____
dislike? _____

What time are family meals generally served? _____

Does your child have a pet? _____

Does your child take a nap? yes _____ no _____ Please explain how long napping usually lasts and if your child takes a bottle or favorite toy to rest _____

Is your child toilet trained? yes _____ no _____ What words does your child use for toileting?

How does your child express anger and/or frustration? _____

Does your child have any special fears? _____

When your child is upset, what works best to comfort him/her? _____

Does your child have any self-soothing behaviors? _____

How do you discipline your child? _____

Does your family have any special traditions that you would like for us to know about? _____

Is there anything else you would like for us to know about your child or family that might help us in caring for your child? _____

I give permission for SWCC to share my child's information with appropriate teaching staff and regulatory authorities.

Parent Signature: _____ **Date:** _____

Please return this packet and the \$125 registration fee prior to your child's first day of attendance.



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	MM/DD/YY	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>Haemophilus 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: _____ Signature: _____ Date: _____
 If verified by school or child care staff the medical immunization records must be attached to this document.

**South Whidbey Children's Center
Field Trip Release Form**

My child _____ is hereby granted permission to take field trips, organized as part of the program at South Whidbey Children's Center. (Stars do not take Field Trips)

It is my understanding that the staff will take every reasonable precaution for the safety of my child. It is further my understanding that proper and sufficient supervision will be provided by the staff of the Children's Center at all times.

Therefore, the South Whidbey Children's Center and its staff members accompanying the children on the field trips are **released** from any liability in the event any liabilities result from action of my child while on a field trip.

This form establishes consent for one year.

Field Trips include: walking field trips (to the park, or local attractions) and taking the transit bus.

Date: _____

Signature: _____

Special Instructions: _____

NO, I do not wish my child to take part in any field trips:

Date: _____

Signature of Parent/Guardian: _____

The South Whidbey Children's Center policies require that when children are escorted off premises on foot, they **must** hold onto our rope or hold hands.

**South Whidbey Children's Center
Consent For Emergency Treatment**

I hereby give permission for my child _____ to be given emergency treatment by a qualified staff member of the South Whidbey Children's Center.

I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

In the event that I cannot be contacted, I further consent to the medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital, when deemed immediately necessary or advisable by the physician, to safeguard my child's health.

Child's Physician: _____

Address: _____

Phone: _____

Preferred Hospital (not closest): _____

Phone: _____

Address: _____

Name of Insurance: _____

Group #: _____

Subscriber's Name: _____

ID #: _____

Date of Last Tetanus (or DPT) Immunization: _____

Allergies (Drug or Other): _____

Parent or guardian's Name: _____

Phone: _____

Parent or guardian's Name: _____

Phone: _____

Parent/Guardian Signature: _____ Date: _____

South Whidbey Children's Center
Schedule Form

SIGN-UP (starting) FOR THE MONTH OF _____ 20____

Name of parent(s)/guardian(s): _____

Name of child: _____

Please indicate the hours you plan to have your child attend and the hours you plan to pick him/her up:

	Check day attending & Write down drop off time	Pick-up Time
MONDAY	_____	_____
TUESDAY	_____	_____
WEDNESDAY	_____	_____
THURSDAY	_____	_____
FRIDAY	_____	_____

**We are open from 7:00 am until 5:30 pm Monday through Friday.
If your child will be absent or is sick please let us know.**

**We charge late fees when picking up after we close. Late fees of \$1/minute apply
when picking up
after 1:00 for half day or 5:30 for full day.**

Comments:

Photo Release

At the South Whidbey Children's Center we like to use pictures of children for our display boards, website, and sometimes in newspaper articles (i.e. 4th of July Parade.) We would love to be able to use photos with your children and family. Please let us know that we have your permission to share these photos by signing below.

Child's or Children's Name(s):

I certify that I am a custodial parent and have the aforementioned rights to assign.

Signature of
Parent or Guardian:

Print Name of
Parent or Guardian:

Date: _____

I do not want my child's photo and/or other digital reproduction of him/her or other reproduction of his/her physical likeness used for any purpose.

Child's or Children's Name(s):

I certify that I am a custodial parent and have the aforementioned rights to assign.

Signature of
Parent or Guardian:

Print Name of
Parent or Guardian:

Date: _____

SOUTH WHIDBEY CHILDREN'S CENTER



2023/2024 Commitment Form

As a nonprofit center, all parents, staff, and board members are the actual “owners” of the South Whidbey Children’s Center. We continue to run a lean operation and rely on our families and community to help support us in a number of ways. Each year we ask you to help us fundraise so that we can continue to offer tuition assistance to families who need it and help raise teacher pay. Our two biggest fundraisers are selling raffle tickets in the summer and Mukilteo Roasters coffee in the winter (we ask each family to sell 10 of each). But we need your additional help!

Please let us know other ways you can provide your time, talent, or treasure to the South Whidbey Children’s Center so that we can continue to invest in our teachers, be accessible to all families, and provide a high quality learning environment for our children. Please let us know how you can support us this upcoming school year.

Child’s name: _____ Your name: _____

Best contact email(s): _____

Time/Talent:

- Join the SWCC Board! Did you know we are governed by a volunteer Board of Directors, primarily composed of current and alumni parents? We are in need of a few new board members starting this fall. Please let us know if you (or someone you know in the community) might be interested.
- Serve as a room parent (help coordinate teacher/staff appreciation activities 2-3x a year)
- Volunteer for a shift at the winter holiday (December) or Summer Farmer’s markets to help sell raffle tickets
- Help out for 2 hours at our annual clean up day in the fall and/or periodically as yard maintenance arises
- Handy? Help us with small fixes around our building and playground.

Treasure/Network:

- Make an extra donation (via check or through our site <https://swchildrenscenter.com/donate/>). As a 501(c)(3) we rely on donations as part of our operating budget. With rising costs, tuition covers a majority of expenses but not all, so we need donations to help close the gap.
- Reach out to your network (personal and/or local businesses) to share about the SWCC and help us with our fundraising efforts.
- Be a super seller of raffle tickets and/or coffee bags by selling 20+!

Other:

- Something else? Let us know if you have other ideas or skills that you can contribute to support our fundraising or center operations _____

Questions? Reach out to Caitlin Voss (caitlin.voss@swchildrenscenter.com)

Thank you!

The SWCC Staff, Teachers and Board

PLEASE REVIEW HANDBOOK, SIGN AND RETURN South Whidbey Children's Center Service Agreement

Initials:

_____ 1. Fees: Tuition and DSHS Co-Pay is due by the 10th of every month. I understand that if I am unable to pay by this time, I need to make arrangements with the Director. The SWCC accepts cash, checks, and credit cards.

_____ 2. I understand and will pay the \$20 per month materials fee per family.

_____ 3. Signing In/Out: I understand that I must sign in and out each day with my **full signature**. This is how I transfer responsibility for my child to and from the Children's Center.

_____ 4. I have read and understand the Center's challenging behavior policy.

_____ 5. Late Pick Up: I understand that pick up time for the morning session is 1:00 pm, and for afternoon or full day, pick up time is 5:30 pm. I will be charged a late pick up fee of a dollar a minute after 5 minutes. Late pick up from our morning session will be billed at the whole day rate.

_____ 6. Vacations: The preschool operates on a year round basis; therefore I will be billed at the same rate each month regardless of missed time.

_____ 7. Illnesses: I know that my child must be at the very minimum: fever, vomit, and diarrhea free for at least **24 hours** before my child can attend the Children's Center and that if my child is unable to fully participate in the day's activities, he/she will be sent home.

_____ 8. Withdrawal or Schedule Reduction: I understand that if I need to withdraw my child from the Children's Center or reduce the number of days attending per week, I will give two weeks written notice and will be billed for that time.

_____ 9. I have read and understand SWCC's pet policy.

_____ 10. I have read and consent to SWCC's water play policy.

I have read and agree to all of the Children's Center Policies.

Parent or Guardian Signature

Date

Print Name

Parent or Guardian Signature

Date

Print Name

Director Signature

Date



South Whidbey Children's Center 2023-24 Monthly Fee Schedule

We have an annual registration fee of \$125.00 per child. In addition to tuition, we bill \$30.00 a month per family for materials and snacks. Tuition will be increased annually for a cost of living adjustment. ***We have a 2 half day per week minimum at our Center. We require 2 week notice for schedule changes or to discontinue service.** New families, holding a spot for more than 3 weeks will pay a one time 1 month hold fee of 50% of their child's monthly tuition. We can only hold a spot for one month.

Stars- (1-2 ½ years)

Full Days-fee per month

2 days per week	670.00
3 days per week	\$1008.00
4 days per week	\$1293.00
5 days per week	\$1554.00
<i>Additional Day</i>	<i>\$76.00</i>

Half Days-fee per month

2 mornings per week	\$435.00
3 mornings per week	\$653.00
4 mornings per week	\$838.00
5 mornings per week	\$1023.00
<i>Additional morning</i>	<i>\$51.00</i>

Honey Bears (2 ½-4 years)

Full Days-fee per month

2 days per week	\$645.00
3 days per week	\$983.00
4 days per week	\$1248.00
5 days per week	\$1,501.00
<i>Additional Day</i>	<i>\$73.00</i>

Half Days-fee per month

2 mornings per week	\$422.00
3 mornings per week	\$643.00
4 mornings per week	\$815.00
5 mornings per week	\$984.00
<i>Additional morning</i>	<i>\$49.00</i>

Sunflowers (3 ½-5 years)

Full Days-fee per month

2 days per week	\$606.00
3 days per week	\$916.00
4 days per week	\$1168.00
5 days per week	\$1,405.00
<i>Additional Day</i>	<i>\$70.00</i>

Half Days-fee per month

2 mornings per week	\$411.00
3 mornings per week	\$623.00
4 mornings per week	\$795.00
5 mornings per week	\$956.00
<i>Additional morning</i>	<i>\$46.00</i>

***The Center is open from 7:00 am until 5:30 pm Monday through Friday.
Morning hours are anytime between 7:00 and 1:00 pm. If you pick your child up after 1:00 pm it is considered a full day. Children cannot be in care for over 10 hours on any one day.
Late fees will be charged for children picked up after closing.***



Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express® – a payment processing system that allows on-time tuition and fee payments to be made from either your bank account or credit card. Credit card has a 2.5% fee added.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize The South Whidbey Children's Center to initiate credit card charges to the below referenced credit card account (Section A) OR, initiate debit entries to my (our) Checking or Savings Account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit Union Members: Please contact your Credit Union to verify account and routing numbers for auto-matic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City
Account Number	Expiration Date
Cardholder Signature	Date
	State
	Zip

SECTION B (Bank Account)

Your Name	Phone #
Address	City
Bank or Credit Union Name	State
Bank or Credit Union Address	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

For Official Use Only

Date Received
Employee Signature

A service of

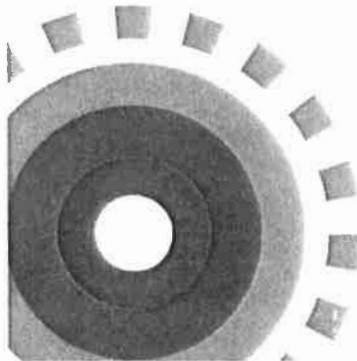




Early Achievers, Washington's Quality Rating and Improvement System

Early Achievers is a comprehensive, statewide, research-based program that provides free supports and resources, such as trainings and coaching, to child care providers so they can make improvements to their programs. Thousands of providers are participating statewide, reaching more than 70,000 young children every day.

Early Achievers also provides an easy-to-understand quality rating system. The rating system helps families find child care programs that are engaged in continuous quality improvement efforts and have had their quality validated by the University of Washington.



Understanding the Early Achievers Ratings

Early Achievers rates the quality of child care and early learning programs on a scale of 1 to 5. A Level 1 simply means a child care program is not enrolled in Early Achievers.

Level **2** programs are participating in quality improvement in partnership with coaching support and incentives.

Levels 3-5 are points-based and earned through on-site evaluations conducted by the University of Washington.

Level **3** programs demonstrate supporting and nurturing interactions with children, developmentally appropriate practice and view parents as partners in their children's learning. These programs may be implementing some best practices in early childhood education (ECE) and working toward implementing others to help prepare children for kindergarten. Some staff may have ECE-specific degrees and credentials.

Level **4** programs have a focus on preparing children for kindergarten, supporting overall development of individual children and include parents in their child's learning and development plan. Teachers in these programs have time to plan for and create rich learning environments and curriculum. Some staff have ECE-specific degrees and credentials.

Level **5** programs demonstrate consistent best practices associated with positive child outcomes for all children and include a deep understanding of how to individualize instruction/support for every child and family based on information gathered by the program. Many teachers in these programs have ECE-specific degrees and credentials.



Early Achievers rates child care programs on quality in four main areas:

- Child Outcomes
- Curriculum, Learning Environment and Interactions
- Professional Development and Training
- Family Engagement and Partnership

Each of these areas cover important components of high-quality child care—things that *really* make a difference for young children. Think of them as best practices in early learning.

Some Early Achievers providers specialize in key areas of child development. These Areas of Specialization are:

- Interactions and Environment
- Curriculum and Staff Supports
- Staff Professionalism
- Family Engagement and Partnerships
- Child Outcomes

