BUILDING BRIDGES
PRESCHOOL

Enrollment Checklist 2020-2021

- ☐ Enrollment Form (including registration and supply fees)
- ☐ Family Financial Responsibility Agreement
- ☐ Building Bridges Preschool Media Consent Form
- ☐ Building Bridges Emergency Information Form
- ☐ Building Bridges Individualized Medical Response Plan
- ☐ Building Bridges Family Information Form
- ☐ Certificate of Immunization Status (CIS)

BUILDING BRIDGES
PRESCHOOL

Building Bridges Preschool Enrollment Form 2020-2021

Child's Name: _____ **Date of Birth:** _____

Address: _____

Parent/Legal Guardian #1 Name: _____ **Phone:** _____

Employer: _____ **Work Phone:** _____

Parent/Legal Guardian #2 Name: _____ **Phone:** _____

Employer: _____ **Work Phone:** _____

Which class are you interested in for your child?

_____ Early Learners (developmental age of 3): M-Th 8:45 - 11:15: $275/month

_____ Experienced Learners (developmental age of 4): M-Th 12:15 - 3:15: $275/month

_____ Kindergarten Readiness (developmental age of 4 ½-5): M-F 12:30 - 3:30: $325/month

My child has a hearing impairment: YES / NO / UNSURE

(You will have an opportunity to provide more detail on the Family Information Form)

My child is toilet trained during the day: YES / NO / OCCASIONAL ACCIDENTS

Do you have any developmental concerns for your child? (speech, motor, emotional,):

_____

_____

_____

_____

My initials next to each item indicates I have read, understand, and consent to our policies outlined below:

_____ I give my consent for my child to participate in Building Bridges Preschool operated by Milestones Pediatric Therapy, PLLC.

_____ I give my consent for my child to participate in developmental screenings.

_____ A $50 registration fee is enclosed with this enrollment form. This fee reserves my child's spot in the program and is **non-refundable**. I understand that my child will not be considered enrolled if the registration fee is not paid.

_____ In order to provide high quality multi-sensory learning experiences for our students, an annual **non-refundable** $100 supply fee is due along with this enrollment form. I understand that my child will not be considered enrolled if the supply fee is not paid.

_____ I am aware that there are video cameras in my child's classroom and indoor and outdoor play area. This is a closed video circuit with high security that can only be accessed by Milestones employees, which includes the Building Bridges preschool team.

_____ I am aware that at times parents and/or individuals from the community may volunteer in our classrooms. All volunteers will be required to complete a volunteer packet, which includes a background check, prior to assisting in our preschool programs.

_____ Drop off will occur on the entrance on Scott Street during the 10 minutes prior to the designated class start time. If we are late, we will need to wait in the Milestones lobby upstairs until someone is available to escort my child to class.

_____ Pick up will occur on the entrance on Scott Street during the 10 minutes following the designated class end time. If I am more than 10 minutes late, my child will be taken back to the classroom area and I will need to check in with the Milestones receptionist in the upstairs lobby area. Late fees are outlined in the Family Responsibility Agreement.

_____ I understand that in order to ensure the safety of our staff and students, main access to Building Bridges Preschool off of Scott Street will be locked during school hours. If I need to access the preschool during school hours, please enter the building through the Milestones entrance and speak with the front desk receptionist.

Parent Name (Printed): _____

Parent Signature: _____ Date: _____

BUILDING BRIDGES
PRESCHOOL

Building Bridges Family Financial Responsibility Agreement

Child's Name:_____

Person Responsible for Payment of Tuition and Fees:

Name: _____ Relationship to Child: _____

Address: _____

Phone: _____ Email: _____

Your initials next to each item indicates you have read, understand, and consent to our policies

A $50 registration fee and a $100 supply fee must be paid to complete the enrollment process. These fees reserve my child's spot in the program and are **non-refundable.** If the class is full, we will refund these fees. To remain on our waitlist, we must retain your registration fee.

_____ I understand that monthly tuition ($275 for Early and Experienced Learner Classes and $325 for Kindergarten Readiness Class) is due by the 1st of each month. If payment is not received by the 5th of the month, a $35 late fee charge will be assessed. A $35 fee will be assessed for returned checks or insufficient funds. I will not receive a monthly bill unless payment has not been received by the 5th of each month, at which time late fees will be assessed.

_____ I understand that my child's enrollment will be withdrawn on the first day of the calendar month following a month where the financial obligation was not met and/or special arrangements for payment were not made with the office manager or preschool director.

_____ If I withdraw my child during any given month after tuition is paid, that month's financial payment is **non-refundable**. I must notify the office manager or preschool director before the 5th of any month in which I plan to withdraw my child or that month's tuition will still be due.

_____ If siblings are enrolled, the first child will be charged our full tuition and a 10% discount will be applied to the tuition of the additional children enrolled. If there are differences in tuition rates, the discount will be applied the lower tuition rate(s).

_____ **Late Pick-Up Fee:** A late fee for students not picked up within 10 minutes of the end of each school day is $10. If a child arrives later than 25 minutes of the end of the school day, an additional fee will accumulate at a rate of $2/minute.

_____ _____

Signature of Financial Guarantor Date

BUILDING BRIDGES
PRESCHOOL

Building Bridges Preschool Media Consent Form

I hereby give Milestones Pediatric Therapy, PLLC, the following selected permissions for my child's photo and/or video to be used in:

YES / NO **Classroom Communications:** Communications between Milestones' employees, families, and parents currently involved in Building Bridges Preschool. Examples: classmate photo book, private Facebook group, newsletters.

YES / NO **Promotional Materials:** Use in print (brochures, flyers), website, and/or social media for the purpose of promoting Building Bridges Preschool. My child's name will be omitted unless permission is obtained from legal guardian.

YES / NO **Internal Educational Purposes:** Use in staff and student training. I understand that my child's face and first name may be revealed.

YES / NO **Community Educational Purposes**: Use for parent and community based trainings. Verbal permission will be obtained if possible prior to the use of these materials.

My signature below is acknowledgement of the following:

1) I have read, understand, and agree to the preceding information.
2) I understand that this consent shall remain in effect unless cancelled by written notice.
3) I have received a copy of the consent form and I hereby give this authorization as a free and voluntary act.

Student Name: _____

Parent/Legal Guardian Name (printed): _____

Parent/Legal Guardian Signature: _____ **Date:** _____

BUILDING BRIDGES
PRESCHOOL

Building Bridges Emergency Information Form

Child's Name: _____ **Date of Birth:**_____

Parent/Legal Guardian #1 Name: _____ Phone: _____

Parent/Legal Guardian #2 Name: _____ Phone: _____

Primary Email Address: _____

Child's Pediatrician: _____ **Phone:** _____

Insurance Company: _____ **Policy #:** _____

Emergency Contact Information (must provide 2 contacts)

Name: _____ Phone: _____

Name: _____ Phone: _____

Authorized Pick-up Individuals: Photo ID must be presented at time of pick-up.

Name:_____ Relationship:_____

Name:_____ Relationship:_____

Name:_____ Relationship:_____

Name:_____ Relationship:_____

Name:_____ Relationship:_____

I give consent for sunscreen application: YES / NO

If yes, parent must provide a bottle of sunscreen with the child's name written on it.

Please list any current medical conditions and any medications your child takes regularly*:

_____

_____

Please list any food allergies*:

_____

_____

***I have completed an Individualized Medical Incident Prevention and Response Plan for my child's medical condition or food allergy:** yes / no / none needed

_____ _____ _____

Parent/Guardian Name (printed) Parent/Guardian Signature Date

****YOUR SIGNATURE BELOW MUST BE WITNESSED BY SOMEONE FROM BUILDING BRIDGES****

LIMITED POWER OF ATTORNEY FOR EMERGENCY MEDICAL CARE

To Whom It May Concern: I, _____ (the parent or legal guardian) hereby give permission that my child, _____, may be given emergency treatment to include first aid and CPR by a qualified employee at Milestones, PLLC or Building Bridges Preschool. I further authorize and consent to medical, surgical, and hospital care, treatment and procedures to be performed for my child by my child's regular physician, or when that physician cannot be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health and I cannot be contacted. I waive my right of informed consent to such treatment. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. This consent covers the school year from September 2020 - June 2021.

Place Signed: Milestones Pediatric Therapy, PLLC/Building Bridges Preschool

Printed Name:_____ Signature:_____

Building Bridges Witness:_____ Date:_____

Date Reviewed by Preschool Director _____ Date Reviewed by Lead Teacher _____

BUILDING BRIDGES
PRESCHOOL

Building Bridges Individualized Medical Prevention and Response Plan

Child's Name: _____ **Date of Birth:** _____

Medical Condition(s) of Concern: _____

Special Preventative Accommodations Requested: _____

_____

_____

Symptom(s): _____

Response Plan: _____

_____

Symptom(s): _____

Response Plan: _____

_____

Symptom(s): _____

Response Plan: _____

_____

_____ _____ _____

Parent/Guardian Name (printed) Parent/Guardian Signature Date

Reviewed and agreed upon by Preschool Director _____ **Date**_____

Reviewed and agreed upon by Lead Teacher _____ **Date**_____

BUILDING BRIDGES
PRESCHOOL

Building Bridges Family Information Form

Child's Name: _____ **Parent Name:** _____

My enrolled child has a hearing impairment: yes / no / unsure

Parent #1 has a hearing impairment: yes / no **Parent #2 has a hearing impairment:** yes / no

In order to help us best meet your family's communication needs, please briefly describe the level of hearing impairment, communication modalities used, and any hearing assistance technology used. As needed, we will meet with families individually to obtain more information on how to best meet your hearing and communication needs in this setting.

_____

_____

_____

_____

Please list the names and relationships of important members of your child's family unit (e.g., step-parents, domestic partners, grandparents, siblings - include ages, caregivers, etc.)**:**

_____

_____

_____

Is this child/family currently being monitored by child protective services (CPS)? YES / NO

Is this child currently in foster care? YES / NO

If yes to either question: **Case Worker's Name:** _____ **Phone:**_____

Do the child's parents live in the same household? YES / NO

If not, please explain custody/visitation schedule: _____

_____

_____

Are there any restraining orders in effect*? YES / NO

If yes, who is listed in the restraining order: _____

Is there a court ordered parenting plan in effect*? YES / NO

***IF "YES" REGARRDING RESTRAINING ORDER OR PARENTING PLAN, COPIES OF THESE DOCUMENTS MUST BE ON FILE WITH BUILDING BRIDGES PRESCHOOL PRIOR TO THE CHILD'S PARTICIPATION IN THE PROGRAM.**

Is there anything else you would like to share about your family in order to help us best meet your child's needs (e.g., new baby arriving, upcoming move, recent death in the family, etc.):

_____

_____

_____

_____

_____

_____

_____

_____ _____ _____

Parent/Guardian Name (printed) Parent/Guardian Signature Date

Date Reviewed by Preschool Director _____ **Date Reviewed by Lead Teacher** _____

Certificate of Immunization Status (CIS)

For Kindergarten-12th Grade / Child Care Entry

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 Washington Immunization Information System.

Child's Last Name:	First Name:	Middle Initial:	Birthdate (MM/DD/YY):	Sex:

I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.

Parent/Guardian Signature Required Date

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

Parent/Guardian Signature Required Date

♦ Required for School and Child Care/Preschool
• Required Only for 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 / DT (Diphtheria, Tetanus, Pertussis)						
♦ Tdap (Tetanus, Diphtheria, Pertussis)						
♦ Td (Tetanus, Diphtheria)						
♦ Hepatitis B ☐ 2-dose schedule used between ages 11-15						
• Hib (*Haemophilus influenzae* type b)						
♦ IPV / OPV (Polio)						
♦ MMR (Measles, Mumps, Rubella)						
• PCV / PPSV (Pneumococcal)						
♦ Varicella (Chickenpox) ☐ 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)						
MenB (Meningococcal)						
Rotavirus						

Documentation of Disease Immunity

Healthcare provider use only

If the child named in this CIS has a history of Varicella (Chickenpox) or can show immunity by blood test (titer) it MUST be verified by a healthcare provider

I certify that the child named on this CIS has:

☐ a verified history of Varicella (Chickenpox).

☐ laboratory evidence of immunity (titer) to disease(s) marked below. **Lab report(s) for titers MUST also be attached.**

☐ Diphtheria	☐ Mumps	☐ Other:
☐ Hepatitis A	☐ Polio	_____
☐ Hepatitis B	☐ Rubella	_____
☐ Hib	☐ Tetanus	
☐ Measles	☐ Varicella	

Licensed healthcare provider signature (MD, DO, ND, PA, ARNP) Date

Printed Name

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

To print with immunization information filled in: Ask if your healthcare provider's office enters immunizations into the WA Immunization Information System (Washington's statewide database). 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: waiisrecords@doh.wa.gov or 1-866-397-0337.**

To fill out the form by hand:

#1 Print your child's name, birthdate, sex, and sign your name where indicated on page one.

#2 Vaccine information: 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 History of Varicella Disease: 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 healthcare 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 Documentation of Disease Immunity: If your child can show positive immunity by blood test (titer) and has not had the vaccine, have your healthcare provider check the boxes for the appropriate disease in the Documentation of Disease Immunity box, and sign and date the form. **You must provide lab reports with this CIS.**

Reference guide for vaccine abbreviations in alphabetical order

For updated list, visit https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.pdf

Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus	Hep A	Hepatitis A	MCV / MCV4	Meningococcal Conjugate Vaccine	OPV	Oral Poliovirus Vaccine	Tdap	Tetanus, Diphtheria, acellular Pertussis
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hep B	Hepatitis B	MenB	Meningococcal B	PCV / PCV7 / PCV13	Pneumococcal Conjugate Vaccine	VAR / VZV	Varicella
DTP	Diphtheria, Tetanus, Pertussis	Hib	*Haemophilus influenzae* type b	MPSV / MPSV4	Meningococcal Polysaccharide Vaccine	PPSV / PPV23	Pneumococcal Polysaccharide Vaccine		
Flu (IIV)	Influenza	HPV (2vHPV / 4vHPV / 9vHPV)	Human Papillomavirus	MMR	Measles, Mumps, Rubella	Rota (RV1 / RV5)	Rotavirus		
HBIG	Hepatitis B Immune Globulin	IPV	Inactivated Poliovirus Vaccine	MMRV	Measles, Mumps, Rubella with Varicella	Td	Tetanus, Diphtheria		

Reference guide for vaccine trade names in alphabetical order

For updated list, visit https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.pdf

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 (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	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).

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