



**New Student Registration Form** Today's Date \_\_\_\_\_

(Please Print)

STUDENT NAME: LEGAL Last Name	LEGAL First Name	LEGAL Middle Name	Also Known As
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Date of Birth (Month/Day/Year)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthplace: City	State
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**Scouts, Path Finders, Trail Blazers, Scholars, Kindergarten, Social Study Hall**

Name of Last School Student Attended	Grade completed	City and State of Last School Attended
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**For Students enrolling in Kindergarten:**

Did your child attend a Pre-School Program?  Yes  No If so, Where?

**Household #1 Primary Household Guardian Information**

Last Name	First Name	Middle Name	Active in:	Primary Phone (include area code)	Relationship
Date of Birth (Mo/Day/Yr):			<input type="checkbox"/> U.S. Armed Forces <input type="checkbox"/> U.S. Reserves <input type="checkbox"/> Wash. Nat. Guard	Cell Phone (include area code)	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Foster Guardian <input type="checkbox"/> Other (specify)
				Cell Phone (include area code)	
				Cell Phone Carrier	
				Work Phone (include area code)	

Last Name	First Name	Middle Name	Active in:	Cell Phone (include area code)	Relationship
Date of Birth (Mo/Day/Yr):			<input type="checkbox"/> U.S. Armed Forces <input type="checkbox"/> U.S. Reserves <input type="checkbox"/> Wash. Nat. Guard	Cell Phone (include area code)	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Foster Guardian <input type="checkbox"/> Other (specify)
				Cell Phone Carrier	
				Work Phone (include area code)	

Household #1 address (Street, Apt#, City, Zip)

Mailing Address (If different from above – Street/PO Box#, City Zip)

Email Address:

**Household #2 Secondary Household if applicable (Parent not residing with student)**

Last Name	First Name	Middle Name	Active in:	Home Phone (include area code)	Relationship
Date of Birth (Mo/Day/Yr):			<input type="checkbox"/> U.S. Armed Forces <input type="checkbox"/> U.S. Reserves <input type="checkbox"/> Wash. Nat. Guard	Cell Phone (include area code)	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other (specify)
				Cell Phone (include area code)	
				Cell Phone Carrier	
				Work Phone (include area code)	

Last Name	First Name	Middle Name	Active in:	Cell Phone (include area code)	Relationship
Date of Birth (Mo/Day/Yr):			<input type="checkbox"/> U.S. Armed Forces <input type="checkbox"/> U.S. Reserves <input type="checkbox"/> Wash. Nat. Guard	Cell Phone (include area code)	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other (specify)
				Cell Phone Carrier	
				Work Phone (include area code)	

Household #2 address (Street/PO Box, Apt#, City, State, Zip)

School Mailings Requested  
 Yes  No

Email Address:

### Parenting Plan/Custody Information

\*Is there a joint-custody or parenting plan in effect?  Yes  No  
 \*Is there a restraining order against anyone pertaining to your student?  Yes  No

**(If yes to either of these questions; a certified copy of most recent plan must be on file with the school for enforcement)**

\*Restraining order is against:  Mother  Father  Other \_\_\_\_\_

#### Initial:

\_\_\_\_\_ I agree and understand that as a participant of Liberty Learning Centers Inc part day preschool, k-prep, social study hall or kindergarten I am required to monitor email, text, and social media page to stay informed of cancellations, changes, or important information.

\_\_\_\_\_ I agree and understand that by enrolling my child into Liberty Learning Centers social study hall, I am my child's teacher, I am responsible for my child's education and providing the curriculum I want them to work on each day.

#### Emergency Contact Information:

<input type="checkbox"/> (other than guardian)	Relationship to Student	Phone Number (include area code)
<input type="checkbox"/> (other than guardian)	Relationship to Student	Phone Number (include area code)
<input type="checkbox"/> (Optional)	Relationship to Student	Phone Number (include area code)
<input type="checkbox"/> (Optional)	Relationship to Student	Phone Number (include area code)

#### Other Siblings

Legal Last Name	Legal First Name	School / Grade	Age

**STUDENT RELEASE AUTHORIZATION:** In the event that the school is unable to contact the parent/guardian. I authorize that my child may be released to the person (s) checked above... *(Please place a check next to either emergency contacts and/or other siblings' names)*

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

#### Childcare:

Would you like Liberty Learning Centers Inc to provide extended care?  Yes  No

#### Photograph consent and waiver:

During the time that my child or ward is a student in Liberty Learning Centers Inc, I understand that he/she may be the subject of photographs for Liberty Learning Centers Inc. to explain and support education via school brochures, television, social media, slides and the web site. I give my consent for these and similar uses of my child's/ward's photographic likeness, waiving any liability for Liberty Learning Centers Inc. or employees.

#### PANDEMIC AND COMMUNICABLE DISEASE RELEASE AND WAIVER OF CLAIMS ADDENDUM ("Release")

The undersigned, in my capacity as parent or legal guardian, hereby acknowledge the health risks and dangers associated with the transmission of a Pandemic virus, and other communicable diseases, and recognize that exposure to a Pandemic virus, or other communicable diseases, could occur while my child is in the care of Liberty Learning Centers Inc. As such, and in consideration for services to be provided by the Liberty Learning Centers Inc., the undersigned, for myself and my minor children enrolled in the Program fully assume all of the risks associated with participation in Liberty Learning Centers Inc, including the possibility of Pandemic or communicable disease community spread. I, AS PARENT AND/OR LEGAL GUARDIAN, HAVE READ AND FULLY UNDERSTAND AND ACKNOWLEDGE THE CONTENTS OF THE RELEASE AND AGREE THAT I AM VOLUNTARILY WAIVING, RELEASING, INDEMNIFYING AND DISCHARGING LIBERTY LEARNING CENTERS INC AND ITS OWNERS, DIRECTORS, EMPLOYEES AND VOLUNTEERS FROM ANY AND ALL LIABILITY, DAMAGES, AND EACH AND EVERY ACTION (COLLECTIVELY, "CLAIMS") BY PARTICIPATION IN AND/OR ASSOCIATED WITH THE PROGRAM INCLUDING, BUT NOT LIMITED TO EXPOSURE OR TRANSMISSION OF THE PANDEMIC. I represent that I have full authority to sign on behalf of my child(ren) and that my signature binds each other person having authority to make decisions on behalf of the child(ren). MY SIGNATURE BELOW IS CONFIRMATION THAT I HAVE READ AND FULLY UNDERSTAND AND ACKNOWLEDGE THE CONTENTS OF THE RELEASE AND AGREE THAT I AM VOLUNTARILY WAIVING, RELEASING, INDEMNIFYING AND DISCHARGING LIBERTY LEARNING CENTERS INC AND ITS OWNERS, DIRECTORS, EMPLOYEES AND VOLUNTEERS FROM THE CLAIMS.

Tuition Policy for Pandemic or communicable disease incidents:

- 1.Liberty Learning Centers Inc. staff will continue to work and be paid during the times when we are closed. We will use the time to do additional cleaning before we reopen. Therefore, although we would prefer to adjust tuition, there will be no reduction in tuition during closures should they occur. We want to be sure our beloved team can be here for you as soon as we reopen.
- 2.Regular tuition is due in full for closures due to a child or parent testing positive for a pandemic, or if a child quarantines because of a positive exposure in the family.
- 3.All other absences or closures are considered paid and part of the monthly tuition just as they have always been.

PARENT/GAURDIAN SIGNATURE	DATE
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# 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	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY
<b>Required Vaccines for School or Child Care Entry</b>						
●▲ 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						
<b>Recommended Vaccines (Not Required for School or Child Care Entry)</b>						
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.

# Liberty Learning Centers Inc.

## Emergency Information

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_ Place of work: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_ Place of work: \_\_\_\_\_

Doctor's name, #, address: \_\_\_\_\_

Hospital of choice: \_\_\_\_\_ Allergies: \_\_\_\_\_

### Emergency / Pick Up List:

1. \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to child: \_\_\_\_\_  Pick Up  Emergency

2. \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to child: \_\_\_\_\_  Pick Up  Emergency

3. \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to child: \_\_\_\_\_  Pick Up  Emergency

### People who MAY NOT pick up your child:

1. \_\_\_\_\_ Reason: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

2. \_\_\_\_\_ Reason: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Date of last physical: \_\_\_\_\_

Health History / Info: If none check box and initial:  \_\_\_\_\_

### Medical Release:

In case of emergency, I understand that Liberty Learning Centers Inc. will try to contact me first if there is time. If there is no time, Liberty Learning Centers Inc. will call 911 (who then sends emergency vehicle, medic, or etc.) Unless otherwise requested the center will transport to Good Samaritan Hospital. I hereby give my consent for my child's doctor (or the hospital's consulting physician if the child's doctor isn't available) to conduct any x-rays, give blood tests, or give any and all treatment that the doctor may deem necessary in the event of an emergency. I also authorize the staff of Liberty Learning Centers Inc. to give minor first aid and CPR.

I understand that any charges due to medical attention are my responsibility to pay.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Emergency Kit

Natural hazards, disasters, and emergencies can happen at any time. Liberty Learning Centers Inc has an emergency plan in place in the case of an emergency occurring during the school day. As we plan for possible scenarios every child is required to have an **Emergency Kit** for your child. Comfort kits would be the first line of resources to be used in any scenario when students are sheltered at the school longer than the school day. The items in the comfort kits will provide them with foods that are familiar and palatable to them and items that would help them stay calm.

Emergency kit items should be sent in a **one-gallon, Ziploc bag** and clearly marked with your child's name. We are asking for a **2 day supply** with approximately **2400 calories** in each bag.

We ask that all students bring a "comfort kit" to school as part of their supplies for the school year. Please bring in your kits no later than **the 1<sup>st</sup> day of attendance**.



**Non-perishable food item ideas:**

- \*Granola bars
- \*Jerky
- \*Hard candies
- \*Cookies
- \*Canned fruit with flip top
- \*Fruit roll-ups
- \*Tuna fish packets
- \*Dried fruits,
- \*Raisins
- \*Crackers
- \*Canned juice

**Also in the bag**

- \*Bottle of water
- \*Space blanket or large plastic trash bag,
- \*Non-toxic chemical emergency light stick

**Infant**

- \*Bottle
- \*Formula
- \*Bottle of water
- \*Diapers
- \*Wipes



These are "suggested" items. Please tailor your child's comfort kit to their likes, dislikes and any specific needs.

## Sample Comfort Letters – Write on the back of the form



Dear \_\_\_\_\_

*Since you are reading this letter, there must have been an emergency while you were at school. Emergencies can be scary. The good thing is that they usually don't last very long. Things will get better. Please try to be brave, and even helpful if you can. We are trying to get to you as soon as we can. Please be patient and remember that we love you and are thinking of you.*

Love, \_\_\_\_\_

Dear \_\_\_\_\_

*We love you very much and want you to know that this is a time to be brave and helpful. Please don't worry about your family. We know that you will be safe at school. We will all be making the safest choices wherever we are, and someone will be there to pick you up as soon as possible. In the meantime, stay calm and follow the directions you are given.*

Love, \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Birthdate: \_\_\_\_\_

Allergies: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Other contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Anything Else? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

