

Liberty Learning Centers Inc.

Re-Enrollment for school year: _____

Child's Information			
CHILD'S FIRST and MIDDLE NAME		CHILD'S LAST NAME	
DATE OF BIRTH	AGE	LAST MEDICAL EXAM / PHYSICAL (Child required to have exam within the last 12 months)	GENDER
CHILD'S FIRST and MIDDLE NAME		CHILD'S LAST NAME	
DATE OF BIRTH	AGE	LAST MEDICAL EXAM / PHYSICAL (Child required to have exam within the last 12 months)	GENDER
PARENT / GUARDIAN FULL NAME FILLING OUT THIS FORM			
My child(ren)s medical history and information is correct and up to date. I have turned in an updated copy of my child's <i>Immunizations</i> with this re-enrollment pack.			<i>Initial</i>
I turned in a current <i>Pre-Participation Physical Evaluation Form</i> completed by a licensed health care provider for the new school year			<i>Initial</i>
There are no updates needed to my child(ren)'s <i>Enrollment Forms</i> on file.			<i>Initial</i>
There are no updates needed to my child(ren)'s <i>Emergency Information</i> form on file.			<i>Initial</i>
There are no updates needed to my child(ren)'s <i>Child Health Plan For Food Allergy / Intolerance</i>			<i>Initial</i>
I agree to the policies and procedures outlined in this form and in the Parent/Guardian Handbook. Including but not limited to: inclement weather policies, termination of care due to any reason, items listed in the original <i>Enrollment Forms</i> , parent handbook, behavior, and tuition and refund policies.			<i>Initial</i>
I understand that I am fully responsible for the terms of this agreement and the <i>Enrollment Forms</i> I previously filled out as stipulated. I understand that Liberty Learning Centers Inc. reserves the right to change any policy and procedures including the rates, with no less than 10 business days' notice to our clients.			<i>Initial</i>
I turned in my child(ren)'s current school year <i>Emergency Kit</i> with the re-enrollment paperwork.			<i>Initial</i>
I turned in my child(ren)'s current school year <i>School Supplies</i> with the re-enrollment paperwork.			<i>Initial</i>
It is your responsibility to update all information on enrollment forms as needed. Childcare contracts auto-renew every school year with the annual registration fee. By having your student attend Liberty Learning Centers Inc., you agree to the program's policies and procedure, handbooks, rules and regulations. 30 days minimum notice is required for withdrawal from care and any schedule changes. Liberty Learning Centers Inc. is open to all, regardless of gender, race, age background, income, or physical or mental ability.			
PARENT/GAURDIAN SIGNATURE			DATE



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		X _____ Parent/Guardian Signature Required if Starting in Conditional Status	
Date		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
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)						
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: _____ Date: _____ If verified by school or child care staff the medical immunization records must be attached to this document.
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Emergency Comfort Kits

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 Comfort Kits** 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.

Comfort 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 1st day of attendance**.



<u>Non-perishable food item ideas:</u>	<u>Also in the bag</u>	<u>Infant</u>
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- *Granola bars
- *Jerky
- *Hard candies
- *Cookies
- *Canned fruit with flip top
- *Fruit roll-ups
- *Tuna fish packets
- *Dried fruits,
- *Raisins
- *Crackers
- *Canned juice

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

- *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? _____



2024-2025 SCHOOL SUPPLY LISTS

Your child's school supplies are due before their first day of school

Infants

- Tissue x1
- Roll paper towels x2
- 2 black permanent markers
- 2 dry erase markers
- Gallon zip lock bags
- 1 Roll of painters tape
- Emergency kit**
- Gallon of water

Preschool / K-Prep

- Tissue x1
- Roll paper towels x2
- 2 Black permanent markers
- 4 Dry erase markers
- 24 Box of Crayola crayons
- 4 Glue sticks
- 1 Liquid glue
- 1 Pack of multi-colored construction paper
- Quart zip lock bags
- Lysol spray
- Disinfectant wipes
- Child scissors
- #2 Pencils (12ct)
- Gallon of water
- Pencil box
- 10ct washable markers
- Emergency kit**

Toddlers

- Tissue x1
- Roll paper towels x2
- Watercolor paints
- Fat Crayola crayons
- 2 glue sticks
- 1 pack of multi-colored construction paper
- Gallon zip lock bags
- Lysol spray
- Disinfectant wipes
- Emergency kit**
- Gallon of water

School Age

- Tissue x1
- #2 Pencils (12ct)
- Pack of lined paper
- Pack of copy paper
- 10ct washable markers
- Disinfectant wipes
- Lysol spray
- Gallon of water
- Emergency Kit**
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Pre-Participation Physical Evaluation Form

Please have the top portion completed by a Licensed Health Care Provider

Dear Health Care Provider,

Your Patient _____ is enrolled at Liberty Learning Centers Inc. which requires a Pre-participation Physical Evaluation. Please complete the following. **Health Care Provider Information:**

Office: _____ Physician: _____

Address: _____

Phone #: _____ Fax #: _____

Child's Information:

Child's Name: _____ D.O.B. _____ Gender _____

Cleared without restrictions.

Cleared with recommendations: _____

Not Cleared, reason: _____

Allergies: _____

Treatment / Preventative Plan: _____

Immunizations: Up to date Not to date: Specify: _____

Recreational Activities: The child may participate in recreational activities. YES NO

Recreational Activity Restrictions: NONE Some Restrictions

(Description of Restrictions) _____

Physician Signature _____ **Date** _____

Parent(s) Legal Guardian(s) Please Complete the Following

Name:	Name:
Relationship to Child:	Relationship to Child:
Address:	Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Signature:	Signature: