



Dear Natural Start Preschool Families,

Please complete the following forms and **SUBMIT THEM DIRECTLY TO A NATURAL START PRESCHOOL TEACHER on your child's first day of preschool attendance.** Since these forms are designed to provide us with important contact and medical information about your child, **all paperwork must be completed and submitted to us before leaving your child in our care.** Returning families should submit a complete set of updated forms annually.

Please take a moment to add your initials next to each item to indicate that you have completed it:

- _____ Child Immunization Record (page 2)
- _____ Student Information Form (pages 3-5)
- _____ Registration Agreement (page 6)
- _____ Health History and Emergency Care Plan (pages 7-8)
- _____ Child Release Form (page 9)
- _____ Photograph Release Form (page 10)
- _____ Behavior Management Policy (pages 11-12)
- _____ Materials Fee*: \$185 (2-Day Program)
 \$220 (3-Day Program)
 \$250 (5-Day Program)

*The one-time, nonrefundable annual Materials Fee is to be paid directly to Natural Start Preschool on your child's first day of preschool attendance. Payment may be given directly to your child's teacher or to our director in the form of check or cash. Please make checks out to *Natural Start Preschool*. Materials Fees may be prorated in the case of mid-year enrollment.

Additional forms may be required if your child has allergies or needs to have medication administered while at preschool. The "*Emergency Plan for Allergic Reactions*" and the "*Medication Authorization*" forms are available under the "Forms" section of our website (www.naturalstartpreschool.com).

Thank you for your assistance, and we look forward to having your child in preschool with us!

Sincerely,
Stephanie Hoener
Director, Natural Start Preschool



Please submit one of the following on your child's first day of preschool attendance:

1) Printout of immunization records from your child's pediatrician;

OR

2) Certificate of Immunization Status, available for download at:

https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs//348-013_CertificateImmunizationStatusForm20-21.pdf

OR

3) Certificate of Exemption, available for download at:

https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs//348-106_CertificateofExemption.pdf



STUDENT INFORMATION FORM

Natural Start Preschool at the South Bellevue Community Center

Child's Full Name: _____ Preferred First Name: _____

Child's Age on September 1st: _____ Date of Birth: _____ Gender: ☐ M ☐ F

Please Select Program and Section:

<p><input type="checkbox"/> JUNIOR EXPLORERS</p> <p><i>For children ages 3 & 4 who will turn 3 by December 31st of the school year for which they enroll</i></p>	<p><input type="checkbox"/> EXPLORERS</p> <p><i>For children ages 4 & 5 who will turn 4 by August 31st of the school year for which they enroll (Pre-Kindergarten)</i></p>
<p><input type="checkbox"/> 2-Day (Tuesday/Thursday)</p> <p><input type="checkbox"/> 3-Day (Monday/Wednesday/Friday)</p> <p><input type="checkbox"/> 5-Day (Monday-Friday)</p>	<p><input type="checkbox"/> 2-Day (Tuesday/Thursday)</p> <p><input type="checkbox"/> 3-Day (Monday/Wednesday/Friday)</p> <p><input type="checkbox"/> 5-Day (Monday-Friday)</p>

Parent or Guardian 1

Name: _____

Address: _____

City/Zip: _____

Email: _____

Cell/Home Phone: _____

Work Phone: _____

Occupation: _____

Parent or Guardian 2

Name: _____

Address: _____

City/Zip: _____

Email: _____

Cell/Home Phone: _____

Work Phone: _____

Occupation: _____

Child resides with: ☐ Both Parents ☐ Mother ☐ Father ☐ Other _____

CHILD INFORMATION

School/Group Care

1. Has your child attended preschool or been in group care before? (Please include names and dates of other preschools or childcare centers attended.)
2. How does your child interact with others in a group setting?
3. Has your child had any testing or other evaluation (i.e. developmental, behavioral, speech)? Please explain.

Social/Emotional

1. Please describe your child's temperament and personal strengths.
2. Does your child have any significant fears or apprehensions? Please describe.

Child Preferences

1. What experience/interest does your child have with nature and outdoor activities?
2. What does your child love to do? (favorite activities, interests, types of play)
3. How does your child learn best?

Family

1. Who usually cares for your child at home?
2. Names and ages of siblings, including description of child's relationship with siblings.

3. Please describe any significant family events (i.e. recent move, change in family structure).
4. What discipline methods are used at home? How does your child respond to discipline?
5. What is the primary language spoken in your home?

Self Care

1. What can your child do for him/herself (i.e. dressing, eating, washing hands)?
2. What will your child need help with at preschool?

PARENT/GUARDIAN QUESTIONNAIRE

1. Do you have any concerns about your child's preschool experience?
2. What are you hoping this preschool program will give your child?
3. Is there anything else you would like us to know about your child?

***Thank you for taking the time to complete this application to help acquaint us with your child.
Please be sure to keep us informed of any changes in your child's life!***

Name of Parent/Guardian (please print): _____

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



REGISTRATION AGREEMENT

Natural Start Preschool at the South Bellevue Community Center

Please review the following information carefully. This signed agreement must be submitted on your child's first day of preschool attendance. A copy will be provided for your records upon request.

1. I certify that I have read, understood, initialed, and signed the **Tuition and Fees Agreement** at the time of registration and submitted the relevant copy to Natural Start Preschool.
2. I certify that I have read and understood Natural Start Preschool's **Parent Handbook** (viewable online at www.naturalstartpreschool.com).
3. I certify that I have read, understood, and signed Natural Start Preschool's **Behavior Management Policy** on pages 11 and 12 of this *Registration Packet*.
4. I agree to all of Natural Start Preschool's operating policies and procedures as described in the **Parent Handbook** and **Behavior Management Policy**. I agree to comply with all rules and regulations concerning admittance, attendance, health guidelines, sick child and emergency policies, arrivals and departures, drop-off and pick-up times, late pick-up policies, absences, finances, behavior management, and all other items specified.
5. I am aware that my child must be signed in upon arrival and signed out upon departure by an authorized adult over the age of eighteen (18), and that the signature must be a full signature.
6. I agree to inform Natural Start Preschool if for any reason my child will not be attending on a regularly scheduled day.
7. I am aware of the hours of operation and agree to pick up my child promptly. I understand that due to staff scheduling requirements, a late pick-up fee of \$5.00 will be incurred for every 10 minutes that a child is picked up past program closing time.
8. I understand that it is my responsibility to notify preschool staff of any family/medical information pertinent to my child's health, safety, and well-being.
9. I agree to keep all family and emergency contact phone numbers up to date.
10. If there are any custody issues, I will provide a court order indicating who is the custodial parent/guardian, and the names of persons to whom preschool staff may not release my child. I understand that Natural Start Preschool must follow legal guidelines in custody issues.
11. I give my child permission to participate fully in this program and in all preschool activities.

Child's Name (please print): _____

Name of Parent/Guardian (please print): _____

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



Natural Start Preschool at the South Bellevue Community Center

Child's Name: _____ Date of Birth: _____

*****In case we need to contact you during preschool hours, who should we call first/second/third/fourth?*****

- | | |
|--|--|
| 1. _____
<i>Name & Phone Number</i> | 2. _____
<i>Name & Phone Number</i> |
| 3. _____
<i>Name & Phone Number</i> | 4. _____
<i>Name & Phone Number</i> |

Parent or Guardian 1 *(Please fill out completely)*

Name: _____

Address: _____

City/Zip: _____

Email: _____

Cell/Home Phone: _____

Work Phone: _____

Parent or Guardian 2 *(Please fill out completely)*

Name: _____

Address: _____

City/Zip: _____

Email: _____

Cell/Home Phone: _____

Work Phone: _____

Emergency Contacts *(Persons who can be notified during program hours when you are unavailable and who live/work within 20 miles of the program)*

Name: _____

Relationship to Child: _____

Cell/Home Phone: _____

Work Phone: _____

Name: _____

Relationship to Child: _____

Cell/Home Phone: _____

Work Phone: _____

Name of Child's Physician: _____ Phone: _____

Address: _____ City/Zip: _____

Health History: (Check any special medical conditions that your child may have)

- ☐ No specific medical condition ☐ Asthma ☐ Diabetes ☐ Epilepsy / Seizure Disorder ☐ ADD / ADHD
☐ Gastrointestinal or feeding concerns (please specify): _____
☐ Other condition(s) requiring special care (please specify): _____

Allergies

Does your child have any allergies to ☐ food, ☐ medication, or ☐ environmental allergies? (***Check all that apply***)

- ☐ No
☐ Yes – ***Please list and explain:***

Do your child's allergy conditions require preschool staff to monitor your child for symptoms, take action if a reaction occurs, or give emergency medication to your child?

- ☐ No
☐ Yes – ***Please complete an "Emergency Plan for Allergic Reactions" form (available under the "Forms" tab on our website: www.naturalstartpreschool.com)***

Medications, Food Supplements, and Dietary Restrictions

Does your child have a medical condition that requires them to take medication, food supplements, or medical foods (such as electrolyte solution)?

- ☐ No
☐ Yes – ***Please list and explain:***

If yes, does this medication, food supplement, or medical food need to be administered to the child at preschool?

- ☐ No
☐ Yes – ***If yes, please complete a "Medication Authorization Form" (available under the "Forms" tab on our website: www.naturalstartpreschool.com) for EACH medication or food supplement***

Does your child have any dietary restrictions, including those for medical, religious, or cultural reasons?

- ☐ No
☐ Yes – ***Please list and explain:***

Emergency Transportation Authorization

GIVE PERMISSION to Transport		DO NOT GIVE PERMISSION to Transport
Natural Start Preschool <u>HAS permission</u> to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.	<u>OR</u> <i>(do not sign both)</i>	Natural Start Preschool <u>DOES NOT HAVE permission</u> to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:
Parent/Guardian Signature _____ Date _____		Parent/Guardian Signature _____ Date _____

Name of Parent/Guardian (please print): _____

Signature of Parent/Guardian: _____ Date: _____



CHILD RELEASE FORM

Natural Start Preschool at the South Bellevue Community Center

Child's Name: _____ Date of Birth: _____

IN ADDITION TO THE CHILD'S PARENTS/GUARDIANS LISTED ABOVE, I authorize the following people to pick up my child from preschool: **(Check this box if NONE):** ☐

Name #1:	Relationship to Child:
Cell/Home Phone:	Work Phone:

Name #2:	Relationship to Child:
Cell/Home Phone:	Work Phone:

Name #3:	Relationship to Child:
Cell/Home Phone:	Work Phone:

Name #4:	Relationship to Child:
Cell/Home Phone:	Work Phone:

Name #5:	Relationship to Child:
Cell/Home Phone:	Work Phone:

Parent/Guardian Consent

I hereby give my consent to Natural Start Preschool to release my child into the custody of the individual(s) named above.

Name of Parent/Guardian (please print): _____

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

The following people MAY NOT pick up my child: 1. _____
2. _____

Name of Parent/Guardian (please print): _____

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



Natural Start Preschool at the South Bellevue Community Center

Child's Name: _____ Date of Birth: _____

Parents and Guardians: During the school year, we often take photographs of our daily preschool activities, fun learning experiences, special events, and student work. Some of these photos may capture your child's participation, either directly or indirectly. These photos may be used for crafts, posted on our social media pages, published through our website, or used for promotional or advertising purposes.

As such, please select from the choices below to indicate whether you give us permission to use photos which may include images of your child. Students' names will NOT be used in association with any of these photos.

I, _____, hereby grant my permission for Natural Start Preschool to use <i>Parent/Guardian Name (please print)</i>		
photographs of my child, without listing my child's name, for the following purpose(s):		
<i>Please indicate Yes or No by initialing next to each statement:</i>	YES	NO
I hereby grant permission for my child's images to be used on Natural Start Preschool's PRIVATE Facebook page for the purpose of sharing photos with our students' parents/guardians (NOTE that ONLY the parents/guardians of our currently enrolled students will be invited to access this account).	<i>Initials</i>	<i>Initials</i>
➤ IF NOT , may we use a group photo that includes your child but does NOT show their facial features (i.e. a photo only showing the back/top of their head or a photo with their face blurred out)?	<i>Initials</i>	<i>Initials</i>
I hereby grant permission for my child's images to be used on Natural Start Preschool's PUBLIC social media pages.	<i>Initials</i>	<i>Initials</i>
➤ IF NOT , may we use a group photo that includes your child but does NOT show their facial features (i.e. a photo only showing the back/top of their head or a photo with their face blurred out)?	<i>Initials</i>	<i>Initials</i>
I hereby grant permission for my child's images to be used for promotional and advertising purposes related to Natural Start Preschool, including our website, brochures, and other marketing materials.	<i>Initials</i>	<i>Initials</i>
➤ IF NOT , may we use a group photo that includes your child but does NOT show their facial features (i.e. a photo only showing the back/top of their head or a photo with their face blurred out)?	<i>Initials</i>	<i>Initials</i>

Signature of Parent/Guardian: _____ Date: _____



Natural Start Preschool at the South Bellevue Community Center

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

1. General Approach to Preschool Behavior Management

A very important part of the preschool experience is helping children learn how to get along in the world, enjoy being with other children, become successful members of a classroom community, and follow the direction of an adult other than their parent. Natural Start Preschool takes a caring and positive approach to behavior management and discipline, keeping in mind that the ultimate goal of discipline is to help children develop self-control and to teach them that each person is responsible for his or her own actions. Our teachers focus on the positive behaviors of the children and reinforce those behaviors as often as possible. We find that we can prevent many behavioral problems in preschool by providing direct supervision and guidance, age-appropriate activities, a daily routine with clear boundaries, and caring interactions between teachers and students.

The primary goal of Natural Start Preschool's behavior management policy is to help our students learn to be considerate and respectful toward others and toward their classroom/outdoor environment. Clear and consistent age-appropriate limits are set, and within these limits each child can learn what appropriate behavior is. Under the guidance of our teachers, children are encouraged to solve as many of their own problems as possible by using words to handle their differences. When a teacher must intervene, age-appropriate and constructive methods of discipline are used. Physical or emotional danger will be grounds for a teacher to intervene immediately. The parents are included in this discipline process so children can see that both parents and teachers reinforce limit setting.

2. Inappropriate and Disruptive Behaviors

Natural Start Preschool must ensure that the play and learning environments for all children is safe, respectful, and provides a positive model of behavior to all of the children within our care. We must also ensure that inappropriate and disruptive behavior is addressed in a timely, consistent, and fair manner for the well-being of each individual child, as well as the group as a whole. Inappropriate and disruptive behavior jeopardizes the safety and well-being of our students and detracts from the full benefit of our preschool program. Examples include:

- Infliction of physical or emotional harm on other children, adults, or self.
- Disrespect toward people and materials provided in the program.
- Consistent disobedience of the rules of the classroom/outdoor areas.
- Consistent refusal to comply with a teacher's instruction or request.
- Verbal or physical threats toward other students and/or staff.
- Verbal or physical activity that diverts attention away from the group of children.
- Behavior requiring constant attention from the staff.
- Use of profane or abusive language.

3. Procedures for Addressing Inappropriate and Disruptive Behavior

We understand that many preschoolers may use misguided behavior because they have not yet learned what is acceptable in a preschool setting. However, at times a child's behavior may become problematic for others or be disruptive of our classroom environment. We want to assure parents that we will address such behavior immediately by following these guidelines:

1. Teachers will use age-appropriate and constructive methods of discipline, starting with a verbal intervention (which may include modeling of appropriate words and/or actions), possible redirection to a more constructive activity, and/or removing a child from the situation, if necessary. If the child's behavior is violent, dangerous, or abusive toward others, the parent/caregiver will be called and asked to pick up their child immediately.
2. Behavioral issues and concerns are communicated to parents by way of a brief meeting at dismissal time, or via email if parents are not present for pick-up, on the day the behavior occurred. Touching base in this manner will allow the child to be a part of the discussion and solution. Parents are asked to further address the issue with their child at home.
3. If the disruptive behavior persists, or if there seems to be a consistent problem area that needs to be addressed, the classroom Lead Teacher will keep a Behavior Log for two weeks in order to try and identify any particular situations or settings that may be triggering the child's behaviors.
4. Parents will be asked to meet with the child's Lead Teacher and/or Preschool Director within one week after the Behavior Log has been completed. The purpose of this meeting will be to discuss and implement a plan of action for resolving the problematic behavior.
5. This plan of action *may* include a referral for outside professional services and/or assessments (e.g. pediatrician or behavioral specialist). If so, parents must confirm with preschool staff, within one week of the parent-teacher conference, that an appointment with the professional has been made.
6. If the behavioral issues are significant enough, parents may be asked – during the timeframe in which we are awaiting the appointment or assessment with an outside professional – to either: a) not send their child to preschool, or b) have an adult caregiver or aide stay with their child during preschool hours in order to assist the child with behavior regulation.
7. Every effort will be made to work with the child and their family in resolving problematic behaviors. However, in the rare instances that these problematic behaviors continue even after all possible corrective measures have been implemented, it may be determined that Natural Start Preschool is not a good fit for that child. For the best interests of the child, the preschool program, and the other students, parents may be asked to remove their child from the program.

4. Termination of Enrollment

Termination of a child's enrollment may become necessary if any of the following conditions exist:

- The program cannot meet the child's needs and/or is not a good fit for the child.
- Frequently disruptive behavior by the child requires the teachers' attention for a disproportionate amount of time, thereby jeopardizing the care of other students in the program.
- The child's behavior is adversely affecting the classroom setting and routines.
- The child's behavior endangers the well-being of other students, preschool staff, and/or the child engaging in the behavior.
- Parents/guardians do not cooperate with the program's efforts to resolve differences and/or to meet the child's needs through parent-teacher meetings or conferences.
- Parents/guardians are not able or willing to follow through on the corrective action agreed upon at any meeting or conference, within the timeframe provided by the preschool staff.

Natural Start Preschool reserves the right to terminate a child's enrollment at any time if any of the above factors are present. Termination of enrollment is determined by the preschool Director and Lead Teacher and can be made effective immediately.

BEHAVIOR MANAGEMENT POLICY AGREEMENT

I have read, understood, and agree to comply with the above-stated policies and procedures of Natural Start Preschool's Behavior Management Policy.

Name of Parent/Guardian (please print): _____

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