



www.highlandspreschool.com  
701 Monroe Ave. NE  
Renton, WA 98056  
425-255-9422

Highlands Preschool

Since 1953



## 2012-2013 Registration Packet

Welcome to Highlands Preschool! *Registration is as easy as 1-2-3!*

### STEP 1: Reserve a Class Spot

First, you need to call (425-255-9422), [email \(kshort@highlandspreschool.com\)](mailto:kshort@highlandspreschool.com) or attend scheduled in-person registration dates to find availability and reserve a class spot for your child. Once you have confirmation that your child has a spot, you may continue with the next step.

### STEP 2: Submit Paperwork

Submit this registration packet at in-person registration dates, fax it to us at 206-984-4038, or drop it in our large black locking mailbox in the northwest corner of our parking lot (by the two trees) 24 hours/day. Alternatively, you can register and pay online at [www.hpregistration2012.eventbrite.com](http://www.hpregistration2012.eventbrite.com).

There are three forms in this packet for you to complete. Please be sure all information is complete and accurate.

1. **Registration Form.** This two-page form contains important contact and health alert information.
2. **Getting to Know Your Child Form.** Helps our teachers understand your child and welcome them.
3. **Certificate of Immunization Status (CIS) Form** and/or **Certificate of Exemption (COE) Form.** A **completed and signed** CIS form is required by the State of Washington to be on file before a student may attend. It does **NOT** require a doctor's signature, only yours. If your child is exempt from immunizations for medical, personal or religious reasons, please complete the COE form instead; the COE form **DOES** require a doctor's signature. **Submitting a copy of your child's immunization records is not necessary and not sufficient.**

### STEP 3: Submit Payment

Please attach a check to your registration packet. (Alternatively, you can register and pay online at [www.hpregistration2012.eventbrite.com](http://www.hpregistration2012.eventbrite.com)—there is a small convenience fee.) Amount due at registration includes a **\$75 nonrefundable registration fee**, along with the **first month's tuition**. Monthly Tuition rates for 2012-2013 are: Preschool 3 class - \$135, 2 days/week (all other ages) - \$125, 3 days/week - \$150, 5 days/week - \$200.

#### *Total Due with Registration Packet (Registration Fee and Tuition):*

Preschool 3 (Early Threes) class:	\$210
2 Days/week (all other ages):	\$200
3 Days/week:	\$225
5 Days/week:	\$275

### DUE DATES

- If you register **before** the start of school in September, paperwork and payment are due within **TWO WEEKS** of registration; if fees and forms are not received in a timely manner, the student may be dropped from the roster in order to make space for others. However, **PLEASE NOTIFY US IF YOU INTEND TO DROP YOUR CHILD OR NEED SOME ADDITIONAL TIME.**
- If you register **after** the start of school in September, paperwork and payment are due **PRIOR TO** your child's first day. We must have time ensure all paperwork is complete and in order before your child starts.

*For more information on registration, tuition and all Highlands Preschool policies, please visit our website at [www.highlandspreschool.com](http://www.highlandspreschool.com), and click on "Policies," or email [kshort@highlandspreschool.com](mailto:kshort@highlandspreschool.com).*





# Highlands Preschool Registration Form

*CONFIDENTIAL—All information is considered confidential. We value your privacy.*

## CONTACT AND CUSTODIAL INFORMATION

Child's Name:		Nickname/Goes By:	
Gender (M/F):	Date of Birth:	Home Phone: (      )	
Street Address:		City:	Zip:
Email Addresses:			
Child Lives with (check one): <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:			
Name of Mother or Guardian 1:		Name of Father or Guardian 2:	
Cell Phone: (      )		Cell Phone: (      )	
Employer:		Employer:	
Work Phone: (      )		Work Phone: (      )	
Name of Emergency Contact (other than parents/guardians listed above):		Emergency Contact's Phone (list all—home, cell, etc.):	

## PICK-UP AUTHORIZATION

*Please list the names of persons other than parents/guardians authorized to pick up your child:*

## SECURITY ALERT

*Please describe any living arrangements, custody issues or court orders we should be aware of or that you feel would be helpful to your child's teacher:*

## HEALTH INFORMATION

Name of Physician:	Physician's Phone: (      )
Name of Medical Insurance:	Insurance Policy Number:
Name of Dentist:	Dentist's Phone: (      )

*Please fully describe any **ALLERGIES** or other **HEALTH ISSUES** that your child's teacher needs to be aware of (please use the back of this sheet if you need additional room):*

*Any medications taken currently or regularly:*

*Does the child need medication, an inhaler, an EpiPen or other medical attention administered or kept at pre-school?*

*I hereby give my consent to any emergency medical, surgical, or dental treatment for my child deemed necessary by a doctor or physician. It is understood that the school will make a conscientious effort to locate parents prior to such treatment when possible.*

**X** Signature of Parent/Guardian:

Date:

# Highlands Preschool Registration Form—Page 2

## NAME

Child's Name (please print again in case these two sheets get separated):

## RACIAL DIVERSITY AND NONDISCRIMINATION INFORMATION

*As a registered 501c3 nonprofit corporation, Highlands Preschool admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship program and other school-administered programs.*

In accordance with IRS Ruling 7.25.3.7.2 (02-23-1999), Racially Nondiscriminatory Requirement for Schools, please fill in child's racial/ethnic background information for our confidential Racial Diversity Records:

Caucasian       African American       Asian       Latino       Multiracial       Other

What language is spoken most in the child's home?

Does someone in the child's home read English?       Yes       No

Does child speak English?       Yes       No

Does child *understand* English?       Yes       No

## PRIVACY PREFERENCES AND RELEASES

We sometimes use preschool **PHOTOS** including children in our printed brochure and/or on our web site. We never use a child's picture without parental permission. We will also never list a child's name on the web site, even if we have your permission to use your child's picture. Do you give us permission to use a photo in which your child appears?

- Yes, I hereby **GIVE CONSENT** to Highlands Preschool to use and reproduce photographs of my child.  
 No, I do not give consent

Each fall, we distribute individual class lists with student names, addresses, phone numbers and email addresses for parents to use in setting up play dates, distributing invitations, etc. Do you give us permission to include your child?

- Yes, I hereby **GIVE CONSENT** to Highlands Preschool to include my child in the distributed class list.  
 No, I do not give consent to Highlands Preschool to include my child in the distributed class list.

## SURVEY AND SIGNATURE

Please help us in our advertising efforts by telling us how you heard about Highlands Preschool. Please mark all that apply. ***If this is not your child's first year with us or if you have had previous children enrolled, please tell us how you first heard about Highlands Preschool.***

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Family or Friend Referral        | <input type="checkbox"/> Telephone Book    | <input type="checkbox"/> Renton River Days Parade |
| <input type="checkbox"/> Website/Search Engine/Craigslist | <input type="checkbox"/> Drive by/saw sign | <input type="checkbox"/> Renton Resident Guide    |
| <input type="checkbox"/> Information Night/Open House     | <input type="checkbox"/> Flyer at Library  | <input type="checkbox"/> Renton Reporter          |
| <input type="checkbox"/> Other (please specify):          |  |   |

***The information provided on this form is complete and accurate to the best of my knowledge.***

***I understand and agree that I am responsible for paying tuition every month, regardless of my child's attendance, until I notify the preschool of my child's withdrawal or until the normal end of the school year.***

**X**

Signature of Parent/Guardian:

Date:

## FOR OFFICE USE ONLY:

Teacher: \_\_\_\_\_ Days: \_\_\_\_\_ Time (circle):      AM      PM  
 Reg. Date: \_\_\_\_\_ Check #: \_\_\_\_\_ Total Paid: \_\_\_\_\_



# Getting to Know Your Preschool Child

Dear Parents and Guardians:

Here are a few questions to help your child's teacher get to know your child and his/her needs. It also gives us a few things to talk about with your child should he/she feel anxious. If you have any specific questions or concerns, please feel free to contact us. We look forward to getting to know you and your child this school year!

Child's Name:

1. Is your child potty trained?  YES  NO

If yes, when your child has to go potty will he/she ask to go, or does he/she need to be reminded?

2. Please tell us a bit about your child's personality. Are they outgoing, shy or slow to warm up?

3. What would you like your child's teacher to know about your child?

4. Any concerns for this preschool year?

5. Does your child have any siblings? If so, please list names and ages:

6. Does your child have any pets? If so please, list name type and type (dog, cat, etc.):





# Certificate of Immunization Status (CIS)

DOH 348-013 January 2010

<b>Office Use Only:</b>	
Reviewed by: _____	Date: _____
Signed Cert. of Exemption on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please print. See back for instructions on how to fill out this form or get it printed from the Immunization Registry.

<b>Child's Last Name:</b> _____	<b>First Name:</b> _____	<b>Middle Initial:</b> _____	<b>Birthdate (mm/dd/yyyy):</b> _____	<b>Sex:</b> _____	<b>I certify that the information provided on this form is correct and verifiable.</b>
Symbols below: ◆ Required for School and Child Care/Preschool ● Required for Child Care/Preschool Only				<b>Parent/Guardian Name (please print):</b> _____	

Vaccine	Dose	Date		
		Month	Day	Year
<b>◆ Hepatitis B (Hep B)</b>				
	1			
	2			
	3			
or Hep B - 2 dose alternate schedule for teens				
	1			
	2			
<b>Rotavirus (RV1, RV5)</b>				
	1			
	2			
	3			
<b>◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)</b>				
	1			
	2			
	3			
	4			
	5			
<b>◆ Tetanus, Diphtheria, Pertussis (Tdap, Td)</b>				
	1			
	2			
<b>● Haemophilus influenzae type b (Hib)</b>				
	1			
	2			
	3			
	4			
<b>● Pneumococcal (PCV, PPSV)</b>				
	1			
	2			
	3			
	4			

Vaccine	Dose	Date		
		Month	Day	Year
<b>◆ Polio (IPV, OPV)</b>				
	1			
	2			
	3			
	4			
<b>Influenza (flu, most recent)</b>				
<b>◆ Measles, Mumps, Rubella (MMR)</b>				
	1			
	2			
<b>◆ Varicella (chickenpox) or verify disease 1-4 ▶</b>				
	1			
	2			
<b>Hepatitis A (Hep A)</b>				
	1			
	2			
<b>Meningococcal (MCV, MPSV)</b>				
	1			
<b>Human Papillomavirus (HPV)</b>				
	1			
	2			
	3			
<b>Office Use Only: Immunization information updated and verified with parent/guardian permission:</b>				
Printed Staff Name	Date	Printed Staff Name	Date	
Printed Staff Name	Date	Printed Staff Name	Date	

If the child named on this CIS had chickenpox disease (and not the vaccine), disease history must be verified. **Mark option 1, 2, 3, OR 4 below – see, back #5.**

**1)  Chickenpox disease verified by printout from CHILD Profile Immunization Registry**  
Must be marked by printout (not by hand) to be valid.

**2)  Chickenpox disease verified by Health Care Provider (HCP)**  
If you choose this box, mark 2A OR 2B below.  
 2A)  Signed note from HCP attached OR  
 2B)  HCP signed here and print name below:  
 \_\_\_\_\_  
 Licensed health care provider (HCP) Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (MD, DO, ND, PA, ARNP)  
 HCP Printed Name: \_\_\_\_\_

**3)  Chickenpox disease verified by school staff from CHILD Profile Immunization Registry**  
If you choose this box, staff must initial that parent or guardian approves: \_\_\_\_\_ (initial) \_\_\_\_\_ (date)

**4)  Chickenpox disease verified by parent\***  
If you choose this box, fill in the date or child's age when he or she had the disease:  
 Age/Date of disease: \_\_\_\_\_  
 \*Can ONLY verify for some grades, see back #5 (4).

**If the child can show immunity by blood test (titer) and hasn't had the vaccine, ask your HCP to fill in this box.**  
**Documentation of Disease Immunity**

I certify that the child named on this CIS has laboratory evidence of immunity (titer) to the diseases marked. **Signed lab report(s) MUST also be attached.**

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Mumps	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Polio	
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Rubella	
<input type="checkbox"/> Hib	<input type="checkbox"/> Tetanus	
<input type="checkbox"/> Measles	<input type="checkbox"/> Varicella	

Licensed health care provider (HCP) Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (MD, DO, ND, PA, ARNP)  
 HCP Printed Name: \_\_\_\_\_

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

**#1 To print with info filled in:** First, ask if your health care provider's office puts vaccination history into the CHILD Profile Immunization Registry (Washington's statewide database). If they do, ask them to print the CIS from CHILD Profile and your child's information will fill in automatically. **Be sure** to review all the information, **sign and date the CIS** in the upper right hand box, and return it to school or child care. If your provider's office does not use CHILD Profile, ask for a copy of your child's vaccine record so you can fill it in by hand using steps #2-7 (below):

**EXAMPLE**

**#2 To fill in by hand:** Print your child's name, birthdate, sex, and your own name in the top box.

**#3** Write each vaccine your child received under the correct disease. Write the vaccine type under the "Vaccine" column and the date each dose was received in the "Month," "Day," and "Year" columns (as mm/dd/yyyy). For example, if DTaP was received Jan 12, March 20, June 1, '11, fill in as shown here ▶

Vaccine	Dose	Date		
		Month	Day	Year
<b>◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)</b>				
DTaP	<b>1</b>	01	12	2011
DTaP	<b>2</b>	03	20	2011
DTaP	<b>3</b>	06	01	2011

**#4** If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guide 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**.

**#5** If your child has had chickenpox (varicella) disease and not the vaccine, **use only one** of these four options to record this on the CIS:

- 1)  If your child's CIS is printed directly from the CHILD Profile Immunization Registry (by your health care provider or school system), and disease verification is found, box 1 is automatically marked. To be valid, this box must be marked by the Immunization Registry printout (not by hand).
- 2)  If your health care provider (HCP) can verify that your child has had chickenpox, mark box 2. Then mark either 2A to attach a signed note from your HCP, or 2B if your HCP signs and dates in the space provided. Be sure your HCP's full name is also printed.
- 3)  If school staff access the CHILD Profile Immunization Registry and see verification that your child has had chickenpox, they will mark box 3. Then, they must initial and date that they got parent or guardian approval to mark this box (i.e. make this change) to the CIS.
- 4)  If your child started kindergarten in the 2008-2009 school year or later, you **CANNOT** use this box. If your child started kindergarten before the 08-09 school year, mark this box if you know he or she has had chickenpox. If you mark box 4, you must also write the approximate age or date your child had chickenpox. To find out which grades require chickenpox vaccine (or history), visit: <http://www.doh.wa.gov/cfh/immunize/schools/vaccine.htm>

**#6** Documentation of Disease Immunity: If your child can show immunity by blood test (titer) and has not had the vaccine, have your health care provider (HCP) fill in this box. Ask your HCP to mark the disease(s), sign, date, print his or her name in the space provided, and **attach signed lab reports**.

**#7** Be sure to **sign and date the CIS** in the upper right hand box, and return to school or child care.

**#8** If a school or child care makes a change to your CIS, staff will print their name in the middle bottom box and date to show that you gave approval.

Vaccine Trade Names in alphabetical order									
ActHIB	Hib	Engerix-B	Hep B	Ipol	IPV	Pentavalente	DTaP + Hep B + Hib	TriHIBit	DTaP + Hib
Adacel	Tdap	Fluarix	Flu (TIV)	Infanrix	DTaP	Pneumovax	PPSV or PPV23	Tripedia	DTaP
Afluria	Flu (TIV)	FluLaval	Flu (TIV)	Kinrix (Knrx)	DTaP + IPV	Prevnar	PCV or PCV7 or PCV13	Twinrix (Twnrx)	Hep A + Hep B
Boostrix	Tdap	FluMist	Flu (LAIV)	Menaetra	MCV or MCV4	ProQuad (PrQd)	MMR + Varicella	Vaqa	Hep A
Cervarix	HPV2	Fluvirin	Flu (TIV)	Menomune	MPSV or MPSV4	Quadracel (Qdrel)	DTaP + IPV	Varivax	Varicella
Comvax (Cmvx)	Hep B + Hib	Fluzone	Flu (TIV)	Pediarix (Pdrx)	DTaP + Hep B + IPV	Recombivax HB	Hep B		
Daptacel	DTaP	Gardasil	HPV4	PedvaxHIB	Hib	Rotarix	Rotavirus (RV1)		
Decavac	Td	Havrix	Hep A	Pentacel (Pntcl)	DTaP + Hib + IPV	RotaTeq	Rotavirus (RV5)		

Vaccine Abbreviations in alphabetical order							
DT	Diphtheria, Tetanus	Hep A (HAV)	Hepatitis A	MPSV or MPSV4	Meningococcal Polysaccharide Vaccine	Rota (RV1 or RV5)	Rotavirus
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hep B (HBV)	Hepatitis B	MMR / MMRV	Measles, Mumps, Rubella / with Varicella	Td	Tetanus, Diphtheria
DTP	Diphtheria, Tetanus, Pertussis	Hib	<i>Haemophilus influenzae</i> type b	OPV	Oral Poliovirus Vaccine	Tdap	Tetanus, Diphtheria, acellular Pertussis
Flu (TIV or LAIV)	Influenza	HPV	Human Papillomavirus	PCV or PCV7 or PCV13	Pneumococcal Conjugate Vaccine	TIG	Tetanus immune globulin
HBIG	Hepatitis B Immune Globulin	IPV	Inactivated Poliovirus Vaccine	PPSV or PPV23	Pneumococcal Polysaccharide Vaccine	VAR or VZV	Varicella

2010-05-10

# Certificate of Exemption

## For School, Child Care and Preschool Immunization Requirements<sup>1</sup>



**DIRECTIONS:** All exemptions must have a licensed health care provider sign & date Box 1 ('Provider Statement').<sup>2</sup> Exception: Box 1 is not required for religious exemptions when Box 2 ('Demonstration of Religious Membership') is completed. All exemptions must also have a parent/guardian sign & date Box 3 ('Parent/Guardian Statement').

<b>Child's Last Name:</b>	<b>First Name:</b>	<b>Middle Initial:</b>	<b>Birthdate (mm/dd/yyyy):</b>	<b>Sex:</b>	<b>Parent/Guardian Name (please print):</b>
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**Parent/Guardian, please choose the exemption(s) that apply to your child below.**

<input type="checkbox"/> <b>Temporary Medical Exemption</b> <input type="checkbox"/> <b>Permanent Medical Exemption</b> <hr/> Vaccine(s) _____ Until _____ Date (or Permanent) <hr/> Print Name of Licensed Health Care Provider (MD, DO, ND, PA, ARNP) <hr/> X _____ X _____ Signature of Licensed Health Care Provider Date	<input type="checkbox"/> <b>Personal/Philosophical Exemption (see Box 1)</b> <input type="checkbox"/> <b>Religious Exemption (see Box 1)</b> <input type="checkbox"/> <b>Religious Membership Exemption (see Box 2)</b> I do not want my child to get the following vaccine(s): <input type="checkbox"/> Diphtheria <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hib <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Pertussis (whooping cough) <input type="checkbox"/> Pneumococcal <input type="checkbox"/> Polio <input type="checkbox"/> Rubella <input type="checkbox"/> Tetanus <input type="checkbox"/> Varicella (chickenpox) <input type="checkbox"/> Other (indicate): _____
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Box 1
<p><b>Provider Statement<sup>2</sup>:</b> "I, _____, am a qualified provider (MD, DO, ND, PA, ARNP) licensed under Title 18 RCW. I confirm that the parent or guardian signing in Box 3 (Parent/Guardian Statement) has received information on the benefits and risks of immunization to their child as a condition for exempting their child for medical, religious, personal, or philosophical reasons."                  X _____                  Signature of Licensed Health Care Provider (MD, DO, ND, PA, ARNP)                  X _____                  Date</p>

Box 2
<p><b>Parent/Guardian Demonstration of Religious Membership:</b> "I am a member of a church or religious body whose beliefs or teachings do not allow for medical treatment from a health care practitioner. By supplying the information requested below, no further proof or signed provider statement in Box 1 is required for this religious exemption."                  X _____                  Name of Church or Religious Body                  X _____ X _____                  Signature of Parent or Guardian Date</p>

Box 3
<p><b>Parent/Guardian Statement:</b> "I certify that all the information provided on this certificate is correct and verifiable. I understand that if there is an outbreak of a vaccine-preventable disease my child has not been fully immunized against (as indicated above, for medical, personal/philosophical or religious reasons), my child may be at risk for disease and can be <b>excluded</b> from school, child care, or preschool until the outbreak is over."                  X _____ X _____                  Signature of Parent or Guardian Date</p>

If you have a disability and need this document in a different format, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388).

<sup>1</sup> RCW 28A.210.080-090 states that before or on the first day of every child's attendance at any public and private school or licensed child care center in Washington State, the parent or guardian must present proof of either: (1) full immunization, (2) the initiation of and compliance with a schedule of immunization, as required by rules of the State Board of Health, or (3) a certificate of exemption, signed by a parent or guardian and a licensed health care provider.

<sup>2</sup> A letter may substitute for a signed 'Provider Statement' on this certificate. To be accepted, the letter must reference the child's name on this certificate, confirm that the child's parent or guardian got information on the risks and benefits of immunization to their child, and be signed by a licensed health care provider.