



Highlands Preschool

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

Since 1953



2017-2018 Registration Packet

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

STEP 1: Reserve a Class Spot

Attend our in-person registration event in February 2017 to reserve a spot for your child. After this event, [email \(kbeckman@highlandspreschool.com\)](mailto:kbeckman@highlandspreschool.com) or call (425-255-9422) 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

Register and pay online at www.hpregistration.eventbrite.com. Alternatively, you can submit this registration packet in person, fax it to 206-984-4038, or drop it in our large black locking mailbox in the northwest corner of our parking lot (by the tree) 24 hours/day. There are four forms in this packet for you to complete:

1. **Registration Form** - Please be sure you have completed and signed BOTH pages of this form.
2. **"Getting to Know Your Child" Form** - Helps our teachers understand your child and welcome them.
3. **Certificate of Immunization Status (CIS) Form** - A *completed and signed* CIS form is required by the State of Washington to be on file before a student may attend. Submitting a copy of your child's immunization records is not sufficient. If you are unsure of how to fill out the CIS form, please fill it out to the best of your ability, SIGN it, and attach your child's records for us to check—do not just submit the records. If your child's doctor provides you with a printed CIS form, please be sure to sign it before submitting. If your child is exempt from immunizations for medical, personal, or religious reasons, please complete a Certificate of Exemption (COE) form. Download the COE form at: www.doh.wa.gov/YouandYourFamily/Immunization/FormsandPublications/Forms.aspx.
4. **Financial Agreement.** Please read carefully, complete the bottom, and **keep the "Parent" copy (last sheet).**

STEP 3: Submit Payment

If you register online, payment is included in the registration process. If you are submitting this paper registration packet, you can either attach a check or pay online at www.highlandspreschool.com/registration.html.

Amount due at registration includes a **\$75 nonrefundable registration fee**, along with the **last month's (May 2018) tuition**. If you register after school has begun, the first month's tuition will also be due. **Total Due at Registration (Registration Fee and Last Month's Tuition):**

All PS3 ("Early Threes") Classes:	\$240	• 3-Day (M/T/W) Classes, Extended Day:	\$345
All PS1 ("Fours") and PS2 ("Threes") Classes:		• 5-Day (M-F) Classes, AM or PM:	\$380
• 2-Day (Th/F) Classes, AM or PM:	\$230	• 5-Day (M-F) Classes, Extended Day:	\$535
• 2-Day (Th/F) Classes, Extended Day:	\$310	• 3-Day, Extended Day+2-Day, AM or PM:	\$475
• 3-Day (M/T/W) Classes, AM or PM:	\$255	• 3-Day, AM or PM+2-Day Extended Day:	\$460

DUE DATES

- If you register **before** the start of school in September, paperwork and payment are due within **TWO WEEKS** of registration. **PLEASE NOTIFY US IF YOU CHANGE YOUR MIND ABOUT REGISTERING YOUR CHILD OR NEED SOME ADDITIONAL TIME.**
- If you register **after** the start of school in September, paperwork and payment are due two working days **PRIOR TO** your child's first day. We must have time to process all paperwork before your child starts.

For more information on registration, tuition and all Highlands Preschool policies, please visit our website at www.highlandspreschool.com, and click on "Policies," or email kbeckman@highlandspreschool.com.



Highlands Preschool Registration Form

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

CONTACT AND CUSTODIAL INFORMATION

Child's First and Last Name (use name you want us to call them and post):

Gender (M/F):

Date of Birth:

Home Phone: ()

Street Address:

City:

Zip:

Email Addresses:

Child Lives with (check one): ☐ Both Parents ☐ Mother ☐ Father ☐ 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:

TURN OVER FOR PAGE 2! →

Highlands Preschool Registration Form—Page 2

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.

Child's Name:

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.

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.

We communicate with parents electronically. It is imperative that parents/guardians receive important preschool information. Do you give us permission to send to your email address and/or text to your cell phone?

☐ Yes, I hereby **GIVE CONSENT** to Highlands Preschool to communicate to the **email address(es)** provided with monthly e-newsletters and important announcements.

☐ Yes, I hereby **GIVE CONSENT** to Highlands Preschool to communicate to the **cell phone number(s)** provided via text (SMS) with due date reminders and important announcements.

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.**

☐ Family or friend referral

☐ Facebook

☐ Renton River Days parade

☐ Website/search engine

☐ Craigslist

☐ Renton Resident Guide

☐ Preschool Info. Night/Open House

☐ Drive by/saw sign

☐ Renton Reporter Ad

☐ Brochure at library

☐ Telephone book

☐ Other (please specify):

The information provided on this form is compete 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:

☐ M/T/W ☐ AM ☐ PM ☐ Full T:

Grade: ☐ PS1 ☐ PS2 ☐ PS3 Reg. Date:

☐ Th/F ☐ AM ☐ PM ☐ Full T:

Payment: ☐ Online ☐ 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. Do you expect your child to have separation anxiety? If so, how severe?

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

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

5. Are there any personal/family situations that the teacher should be sensitive of (recent separations, deaths, etc.)?

6. Any concerns for this preschool year?

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

8. Are you a returning Highlands Preschool family?



Certificate of Immunization Status (CIS)

For Kindergarten-12th Grade / Child Care/Preschool 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, SIGN and DATE.

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.

➔ not applicable

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: waisrecords@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 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**.

#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	<i>Haemophilus influenzae</i> 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		



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Since 1953



Financial Agreement 2017-2018

Yearly Tuition

I understand that tuition is charged on an annual basis and pro-rated for children enrolling mid-year. I accept yearly tuition rates as listed below, with a discount of \$45 per year, per child for families with two or more students.

All Early Threes classes	\$1,485
2-Day (Th/F) classes, AM or PM	\$1,395
3-Day (M/T/W) classes, AM or PM	\$1,620
5-Day (M-F) classes, AM or PM	\$2,745
2-Day (Th/F) classes, Extended Day	\$2,115
3-Day (M/T/W) classes, Extended Day	\$2,430
5-Day (M-F) classes, Extended Day	\$4,140
3-Day Extended Day + 2-Day AM or PM	\$3,600
3-Day AM or PM + 2-Day Extended Day	\$3,465

Monthly Installments

I understand that as a courtesy, I may pay yearly tuition in nine equal monthly installments and that these equal payments have nothing to do with the number of days class is in session that month or how many days my child is absent. I accept yearly monthly installments as listed below, with a discount of \$5 per month, per child for families with two or more students.

All Early Threes classes	\$165
2-Day (Th/F) classes, AM or PM	\$155
3-Day (M/T/W) classes, AM or PM	\$180
5-Day (M-F) classes, AM or PM	\$305
2-Day (Th/F) classes, Extended Day	\$235
3-Day (M/T/W) classes, Extended Day	\$270
5-Day (M-F) classes, Extended Day	\$460
3-Day Extended Day + 2-Day AM or PM	\$400
3-Day AM or PM + 2-Day Extended Day	\$385

Registration Fee Payment

I understand that the yearly registration fee is \$75 per child. I agree to pay this fee within two weeks of my child's registration and prior to my child's first day. I understand that the registration fee is not refundable and may not be waived.

Last Month's Tuition Installment Payment

I agree to pay yearly tuition in full or the May 2018 tuition installment within two weeks of my child's registration, unless other arrangements have been made.

First Month's Tuition Installment Payment

I agree to pay the first month's tuition installment prior to my child's first day. If my child enrolls after the school

year has begun and begins on or after the 15th of a month, I understand that I will pay half that month's installment.

Additional Tuition Installment Payments

I agree to pay each additional monthly installment by the 1st of each month, by check or online. I understand that I may also sign up for monthly automatic recurring payments. I understand that I will be charged a \$10 late fee if payment is not received by the 10th of each month, and a \$30 fee for any check returned for non-sufficient funds. I understand that if any payment is outstanding at the end of the month, my child may not attend unless I have made arrangements with the bookkeeper.

Extended Absences

If my child is going to miss an entire calendar month, I understand that I may pay half of that month's installment to hold my child's spot if I notify the Administrator at least two weeks prior to the 1st of that month.

Withdrawal

I understand that I must submit a Withdrawal Form at least two weeks prior to my child's last day. If I do not, I understand and agree that a half month's installment will be payable in addition to any outstanding tuition. I understand that if my child misses two weeks in succession and tuition has not been paid, my child's spot will not be held unless I have made arrangements with the bookkeeper.

I understand that if my child's last day is before the 15th of the month and I have submitted a Withdrawal Form two weeks in advance, I am only responsible for half that month's tuition installment, and any overpayment will be refunded to me. I understand that the prepaid May 2018 tuition installment is refundable only until January 1, 2018, and only with a Withdrawal Form. I understand that refunds may take up to three weeks.

Communication and Assistance

I understand that it is my responsibility to communicate with the staff if I have any tuition questions, if I am having difficulty paying, if my child will be absent for an extended period, or if I need to withdraw my child. I understand that I may contact either of the following:

- Erin Kleiber, Bookkeeper, 425-271-3917, ekleiber@highlandspreschool.com
- Karen Beckman, Administrator, 425-572-0167, kbeckman@highlandspreschool.com



Signature of Parent/Guardian: _____ Date: _____

Child's Name: _____

PRESCHOOL COPY - SUBMIT THIS PAGE WITH YOUR REGISTRATION PACKET!



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