

ENROLLMENT PACKET

2021 - 2022



CHURCH ON THE ROCK
500 SW EATON BLVD
BATTLE GROUND, WA 98604

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ABOUT US!

Here at Kids on the Rock Preschool and Kindergarten, we understand that it takes a village to raise a child. That's why we are partnering with parents and families in our community to help prepare children for life. Through a Biblical foundation, we will guide children to love learning, respect each other, and succeed academically.

Our children are a heritage from the Lord and we believe it is our duty to nurture the physical, intellectual, emotional, social and spiritual development of the child. Through purposeful play we will encourage children to be kind, creative, and curious. Teacher-directed activities will help children develop into independent thinkers and life-long learners.

2021/22 PRESCHOOL AND KINDERGARTEN CLASS OFFERINGS

3/4 Year Old Preschool Class: Mon, Wed, & Fri | 9am - 11:30am - \$260.00 monthly.

* For children who are three years of age on August 31, 2021.

* Must be potty trained by August 2021

***3/4 Optional Class Extention Program: Mon/Wed/Fri | 11:30am-1pm** - \$8.00 per day

4/5 Year Old Pre-Kindergarten Class: Mon, Wed, & Fri | 9am - 1pm - \$360.00 monthly.

* For children who are four years of age on August 31, 2021.

Kindergarten Class: Mon - Fri | 9am - 1pm - \$425.00 monthly.

* For children who are five years of age on August 31, 2021.

First Grade Class: Mon, Tues, Thurs, Fri | 9am - 3pm - \$525.00 monthly.

* For children who are six years of age on August 31, 2021 or have completed kindergarten.

CURRICULUM:

Abeka curriculum will primarily be used, along with weekly preschool Spanish lessons.

Class time will include: Daily Bible Lesson - Weekly Chapel - Weekly Spanish Class - Fine and Gross Motor Skills Development - Vocabulary - Language - Reading and Math Readiness - Music - Art - Physical Education - Home Lunch.

HOW TO ENROLL?

Space is limited and classes can fill up quickly. We will need the first two items in the checklist from you in order to hold your child's place. *Remaining forms should be turned in no later than August 1st.

ENROLLMENT PROCESS CHECKLIST

- Your Non-Refundable Registration Fee of \$200.00.
- Completed Enrollment Application Form
- Medical Information/Release Form
- Certificate of Immunization Status Form
- Certificate of Exemption - Personal/Religious or Medical (if applicable)
- Child Release and Emergency Contact Form
- Tuition Agreement Form

You will receive an invitation either by mail or e-mail for you and your child to attend an Orientation/ Open House to be held in late August.

2021/22 CLASS OFFERINGS			
3/4 YEAR OLD CLASS	Mon, Wed, Fri	9am-11:30am	\$260/Mo.
3/4 YEAR CLASS EXT.	Mon, Wed, Fri	11:30am-1pm	\$8/Day
4/5 PRE-K CLASS	Mon, Wed, Fri	9am-1pm	\$360/Mo.
KINDERGARTEN	Mon - Fri	9am-1pm	\$425/Mo.
FIRST GRADE	Mon, Tues, Thurs, Fri	9am-3pm	\$525/Mo.



ENROLLMENT APPLICATION

KIDS ON THE ROCK PRESCHOOL & KINDERGARTEN

CHILD INFORMATION			
Child's Name: (First/Middle/Last)		Desired Class:	
Date of Birth: (mm/dd/yy)	Age: (as of 09/01/21)	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address:			
City:	State:	Zipcode:	
Any Known Allergies?		Epi Pen: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any Medications Being Taken: (Please List)			
<p>Media Release. I recognize that Kids On The Rock Preschool & Kindergarten uses photographs and images of their events in publicity materials such as the school website, newsletters, etc. I hereby grant permission for photo/video images of my child to be taken and used for such purposes. Please Circle: YES / NO</p>			
Parent/Guardian Signature: _____		Date _____	
PARENT/GUARDIAN INFORMATION			
Parent One Name:		Email:	
Address: (If different from student)		Phone:	
City:	State:	Zipcode:	
Occupation:	Employer:	Work Phone:	
Parent Two Name:		Email:	
Address: (If different from student)		Phone:	
City:	State:	Zipcode:	
Occupation:	Employer:	Work Phone:	
Others Living In The Household: (Names/Ages/Relationship to Child)			
FOR OFFICE USE ONLY			
Date Received:	Registration Fee Amount Paid	Check #	
Medical Release: <input type="checkbox"/>	Immunization Form: <input type="checkbox"/>	Tuition Agreement: <input type="checkbox"/>	SCH <input type="checkbox"/>

MEDICAL INFORMATION/RELEASE

KIDS ON THE ROCK PRESCHOOL & KINDERGARTEN

CHILD MEDICAL INFORMATION	
Child's Name: (First/Middle/Last)	
Child's Physician:	Phone:
Address:	
Hospital of Choice:	Phone:
Address:	
Primary Medical Insurance Carrier:	
Insurance Company Phone:	
Policy ID or Group #:	
Policy Holder's Name:	Policy Holder's Employer:
Policy Holder's Address:	
Please completely describe any food allergies or eating instructions for your child:	
Please completely describe any known non-food allergies:	
Please completely describe any other medical needs/instructions for your child:	
CHILD MEDICAL RELEASE	
<p>I/We hereby grant KIDS ON THE ROCK PRESCHOOL & KINDERGARTEN permission to take whatever action in its judgment that may be necessary in supplying emergency medical services to my child (stated above). In the event the school is unable to contact the parent or guardian, physician, or other person(s), I/We hereby grant permission to the KIDS ON THE ROCK PRESCHOOL & KINDERGARTEN staff to contact and comply with the advice of an available physician, emergency services personnel, or emergency room personnel. I/ We hereby agree that I/We will be solely responsible for and will promptly pay any expenses which may be incurred by the school in making emergency medical treatment available to the above named child. In an extreme emergency I authorize staff members at KIDS ON THE ROCK PRESCHOOL & KINDERGARTEN to accompany my child to the nearest emergency facility.</p>	

Parent/Guardian Name (Print): _____

Parent/Guardian 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.			
X	X		X
Parent/Guardian Signature		Parent/Guardian Signature Required if Starting in Conditional Status	
_____		_____	
Date		Date	
_____		_____	

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.

<input type="checkbox"/> Required for School <input type="checkbox"/> 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						
<input type="checkbox"/> DTaP (Diphtheria, Tetanus, Pertussis)						
<input type="checkbox"/> Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)						
<input type="checkbox"/> DT or Td (Tetanus, Diphtheria)						
<input type="checkbox"/> Hepatitis B						
<input type="checkbox"/> Hib (<i>Haemophilus influenzae type b</i>)						
<input type="checkbox"/> IPV (Polio) (any combination of IPV/OPV)						
<input type="checkbox"/> OPV (Polio)						
<input type="checkbox"/> MMR (Measles, Mumps, Rubella)						
<input type="checkbox"/> PCV/PPSV (Pneumococcal)						
<input type="checkbox"/> 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"/> Hib	<input type="checkbox"/> Measles
<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus
<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: _____ If verified by school or child care staff the medical immunization records must be attached to this document.
Date: _____	

Instructions for completing the Certificate of Immunization Status (CIS): Print the form from the Immunization Information System (IIS) or fill it in by hand.

To print with the immunization information filled in:

Ask if your health care provider's office enters immunizations into the WA Immunization Information System (Washington's statewide registry). 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 and birthdate, and sign your name where indicated on page one.
2. Write the date of each vaccine dose received in the date columns (as MM/DD/YYYY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guides 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. 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 health care 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. If your child can show positive immunity by blood test (titer), have your health care provider check the boxes for the appropriate disease in the Documentation of Disease Immunity section, and sign and date the form. You must provide lab reports with this CIS.
5. Provide proof of medically verified records, following the guidelines below.

Acceptable Medical Records

All vaccination records must be medically verified. Examples include:

- A Certificate of Immunization Status (CIS) form printed with the vaccination dates from the Washington State Immunization Information System (IIS), MyIR, or another state's IIS.
- A completed hard-copy CIS with a health care provider validation signature.
- A completed hard-copy CIS with attached vaccination records printed from a health care provider's electronic health record with a health care provider signature or stamp. The school administrator, nurse, or designee must verify the dates on the CIS have been accurately transcribed and provide a signature on the form.

Conditional Status

Children can enter and stay in school or child care in conditional status if they are catching up on required vaccines for school or child care entry. (Vaccine series doses are spread out among minimum intervals, so some children may have to wait a period of time before finishing their vaccinations. This means they may enter school while waiting for their next required vaccine dose). To enter school or child care in conditional status, a child must have all the vaccine doses they are eligible to receive before starting school or child care.

Students in conditional status may remain in school while waiting for the minimum valid date of the next vaccine dose plus another 30 days time to turn in documentation of vaccination. If a student is catching up on multiple vaccines, conditional status continues in a similar manner until all of the required vaccines are complete.

If the 30-day conditional period expires and documentation has not been given to the school or child care, then the student must be excluded from further attendance, per RCW 28A.210.120. Valid documentation includes evidence of immunity to the disease in question, medical records showing vaccination, or a completed certificate of exemption (COE) form.

Reference guide for vaccine trade names in alphabetical order For updated list, visit <https://www.cdc.gov/vaccines/terms/usvaccines.html>

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 (PV5)
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		

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711).



Certificate of Exemption—Personal/Religious

For School, Child Care, and Preschool Immunization Requirements

Child's Last Name: _____ **First Name:** _____ **Middle Initial:** _____ **Birthdate (MM/DD/YYYY):** _____

NOTICE: A parent or guardian may exempt their child from the vaccinations listed below by submitting this completed form to the child's school and/or child care. A person who has been exempted from a vaccination is considered at risk for the disease or diseases for which the vaccination offers protection. An exempted child/student may be excluded from school or child care settings and activities during an outbreak of the disease that they have not been fully vaccinated against. Vaccine-preventable diseases still exist, and can spread quickly in school and child care settings. Immunization is one of the best ways to protect people from getting and spreading diseases that may result in serious illness, disability, or death.

Personal/Philosophical or Religious Exemption

I am exempting my child from the requirement my child be vaccinated against the following disease(s) to attend school or child care. (Select an exemption type and the vaccinations you wish to exempt your child from):

PERSONAL/PHILOSOPHICAL EXEMPTION*

- | | | | |
|-------------------------------------|---|----------------------------------|---|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Hib | <input type="checkbox"/> Pneumococcal |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Pertussis (whooping cough) | <input type="checkbox"/> Tetanus | <input type="checkbox"/> Varicella (chickenpox) |

**Measles, mumps, or rubella may not be exempted for personal/philosophical reasons per state law*

RELIGIOUS EXEMPTION

- | | | | |
|-------------------------------------|---|----------------------------------|---|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Hib | <input type="checkbox"/> Pneumococcal |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Pertussis (whooping cough) | <input type="checkbox"/> Tetanus | <input type="checkbox"/> Varicella (chickenpox) |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Mumps | <input type="checkbox"/> Rubella | |

Parent/Guardian Declaration

One or more of the required vaccines are in conflict with my personal, philosophical, or religious beliefs. I have discussed the benefits and risks of immunizations with the health care practitioner (signed below). I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

X

Parent/Guardian Name (print)

Parent/Guardian Signature

Date

Health Care Practitioner Declaration

I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child. I certify I am a qualified MD, ND, DO, ARNP, or PA licensed in Washington State.

X

Licensed Health Care Practitioner Name (print)

Licensed Health Care Practitioner Signature

Date

MD ND DO ARNP PA

Washington License # _____

RELIGIOUS MEMBERSHIP EXEMPTION

Complete this section ONLY if you belong to a church or religion that objects to the use of medical treatment. Use the section above if you have a religious objection to vaccinations but the beliefs or teachings of your church or religion allow for your child to be treated by medical professionals such as doctors and nurses.

Parent/Guardian Declaration

I am the parent or legal guardian of the above-named child. I affirm I am a member of a church or religion whose teaching does not allow health care practitioners to give medical treatment to my child. I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

X

Parent/Guardian Name (print)

Parent/Guardian Signature

Date

Certificate of Exemption—Medical

For School, Child Care, and Preschool Immunization Requirements

Child's Last Name: _____ **First Name:** _____ **Middle Initial:** _____ **Birthdate (MM/DD/YYYY):** _____

NOTICE: This form may be used to exempt a child from the requirement of vaccination when a health care practitioner has determined specific vaccination is not advisable for the child for medical reasons. This form must be completed by a health care practitioner and signed by the parent/guardian. An exempted child/student may be excluded from school or child care during an outbreak of the disease they have not been fully vaccinated against. Vaccine preventable diseases still exist, and can spread quickly in school and child care settings.

Medical Exemption

A health care practitioner may grant a medical exemption to a vaccine required by rule of the Washington State Board of Health only if in their judgment, the vaccine is not advisable for the child. When it is determined that this particular vaccine is no longer contraindicated, the child will be required to have the vaccine (RCW 28A.210.090). Providers can find guidance on medical exemptions by reviewing Advisory Committee on Immunization Practices (ACIP) recommendations via the Centers for Disease Control and Prevention publication, "Guide to Vaccine Contraindications and Precautions," or the manufacturer's package insert. The ACIP guide can be found at: www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html.

Please indicate which vaccination the **medical** exemption is referring to by disease. If the patient is not exempt from certain vaccinations, mark "not exempt.":

Disease	Not Exempt	Permanent Exempt	Temporary Exempt	Expiration Date for Temporary Medical
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hib	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Measles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pertussis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pneumococcal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Polio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rubella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Varicella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Health Care Practitioner Declaration

I declare that vaccination for the disease(s) checked above is/are not advisable for this child. I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child. I certify I am a qualified MD, ND, DO, ARNP or PA licensed in Washington State, and the information provided on this form is complete and correct.

X _____
 Licensed Health Care Practitioner Name (print) Licensed Health Care Practitioner Signature Date
 MD ND DO ARNP PA Washington License # _____

Parent/Guardian Declaration

I have discussed the benefits and risks of immunizations with the health care practitioner granting this medical exemption. I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

X _____
 Parent/Guardian Name (print) Parent/Guardian Signature Date

CHILD RELEASE AND EMERGENCY CONTACTS

KIDS ON THE ROCK PRESCHOOL & KINDERGARTEN

Under no circumstance will the school release a child to anyone other than the Parent/Guardian or anyone not identified below without specific written authorization from the Parent/Guardian. These persons will also be contacted if the parent/guardian cannot be reached during the school day if the child needs to be picked up for any reason. Any additions or changes should be made immediately in writing. Any such authorized person will be required to show valid identification.

List at least 2 additional people authorized to pick up child from school:

Child's Name: (First/Middle/Last)		
Emergency Contact / Authorized Pick-Up #1		
Name:		Phone:
Address:		
City:	State:	Zipcode:
Relationship To Child:		
Emergency Contact / Authorized Pick-Up #2		
Name:		Phone:
Address:		
City:	State:	Zipcode:
Relationship To Child:		
Emergency Contact / Authorized Pick-Up #3		
Name:		Phone:
Address:		
City:	State:	Zipcode:
Relationship To Child:		
Emergency Contact / Authorized Pick-Up #4		
Name:		Phone:
Address:		
City:	State:	Zipcode:
Relationship To Child:		

TUITION AGREEMENT FORM

KIDS ON THE ROCK PRESCHOOL & KINDERGARTEN

1. Registration Fee. A non-refundable registration fee of 200.00 will be paid to the school at the time of registration. Registration fee for second child is \$100. This fee will ensure your child's spot in class. If you do not enroll after payment is made, this fee is NOT refunded.

2. Tuition. Tuition is based on a nine-month school year (Sep-May). Parents will pay the monthly tuition agreed upon by the parent and school for the child to attend two, three, or five days each week 4 hours a day, regardless of the number of school days, holidays, or absences that month. The first tuition payment is due no later than the first day of school (Sep. 8th). Subsequent tuition payments are due on the first calendar day of each month. There is a 10% discount for tuition of second child.

3. Late Payments. If the school has not received payment for monthly tuition before the 5th calendar day of the month, a \$15.00 late fee will be applied to the family account for each week the payment is not received by the school. A \$30.00 fee will be charged for returned checks.

4. Absence and Holidays. Tuition is based on days in the total school year. Tuition is the same each month regardless of whether the child is absent for any reason, including, but not limited to illness, vacation, and holidays. Please notify your child's teacher if your child will be absent.

5. Refunds. If your child cannot remain in school for the full year, please give the school a two-week prior written notice by completing the withdrawal from school form, and we will schedule an exit interview with you and the director. Prepaid months may be refunded. The current month will not be refunded. Registration fee will not be refunded.

6. Late Pick Up Fee. Please be on time to pick up your child. If there are unforeseen circumstances that cause you to be late, notify the Director. A 5.00 fee will be charged for every 10 minutes you are late after your first late pick up. The first late pick up will not be charged.

7. Terms. This agreement shall be in effect for the 2021-2022 school year or until the child is withdrawn from the school by the parent/guardian, unless terminated sooner in accordance with this agreement.

8. Waiver of Compliance. No right under this agreement shall be waived (lost) merely by delaying or failing to exercise it.

The signature below indicates that the Parent/Gaurdian has read the Admissions Agreement Form, and enters into this agreement voluntarily. Please sign and return this form with all other paperwork.

Name of Child (Print): _____ Tuition Amount: _____ / Per Month

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ Date _____

School Director Signature: _____ Date _____

