

# ENROLLMENT PACKET

## 2020 - 2021



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

(360) 726-7218  
[www.kidsontherockwa.com](http://www.kidsontherockwa.com)  
[info@kidsontherockwa.com](mailto:info@kidsontherockwa.com)





## 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.

### 2020/21 PRESCHOOL AND KINDERGARTEN CLASS OFFERINGS

#### **3 Year Old Preschool Class: Mon & Wed 9:30am - 1:30pm**

\* For children who are three years of age on August 31, 2020. - \$260.00 monthly.

#### **4 Year Old Preschool Class: Mon, Wed, & Fri 9:30am - 1:30pm**

\* For children who are four years of age on August 31, 2020. - \$360.00 monthly.

#### **Kindergarten Class: Mon - Fri 9:30am - 1:30pm**

\* For children who are five years of age on August 31, 2020. - \$425.00 monthly.

### 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.

2020/21 PRESCHOOL AND KINDERGARTEN CLASS OFFERINGS			
3 YEAR OLD CLASS	Mon, Wed	9:30am-1:30pm	\$260/Mo.
PRE-K CLASS	Mon, Wed, Fri	9:30am-1:30pm	\$360/Mo.
KINDERGARTEN	Mon - Fri	9:30am-1:30pm	\$425/Mo.





# ENROLLMENT APPLICATION

## KIDS ON THE ROCK PRESCHOOL & KINDERGARTEN

CHILD INFORMATION			
Child's Name: (First/Middle/Last)			
Date of Birth: (mm/dd/yy)	Age: (as of 09/01/20)	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><b>Media Release.</b> I recognize that Kids On The Rock Preschool &amp; 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.</p> <p><b>Please Circle: YES / NO</b></p> <p>Parent/Guardian Signature: _____ Date _____</p>			
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 &amp; 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 &amp; 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 &amp; KINDERGARTEN to accompany my child to the nearest emergency facility.</p>	

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_





# Certificate of Immunization Status (CIS)

For Kindergarten-12<sup>th</sup> Grade / Child Care 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.

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.

I certify that the information provided on this form is correct and verifiable.

Parent/Guardian Signature Required \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature Required \_\_\_\_\_ Date \_\_\_\_\_

◆ Required for School and Child Care/Preschool		Required Vaccines for School or Child Care Entry			
● Required Only for Child Care/Preschool					
◆ DTaP / DT (Diphtheria, Tetanus, Pertussis)					
◆ Tdap (Tetanus, Diphtheria, Pertussis)					
◆ Td (Tetanus, Diphtheria)					
◆ Hepatitis B <input type="checkbox"/> 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) <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)					
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  
☐ Hepatitis A  
Hepatitis B  
Hib  
Measles

☐ Mumps  
☐ Polio  
Rubella  
Tetanus  
Varicella

Other: \_\_\_\_\_

Licensed healthcare provider signature \_\_\_\_\_ Date \_\_\_\_\_  
(MD, DO, ND, PA, ARNP)

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](mailto: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 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 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**

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
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hep B	Hepatitis B	MenB	Meningococcal B	PCV / PCV7 / PCV13	Pneumococcal Conjugate Vaccine
DTP	Diphtheria, Tetanus, Pertussis	Hib	<i>Haemophilus influenzae</i> type b	MPSV / MPSV4	Meningococcal Polysaccharide Vaccine	PPSV / PPV23	Pneumococcal Polysaccharide Vaccine
Flu (IV)	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**

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB®	Hib	Fluarix®	Flu	Havrix®	Hep A	Menveo®	Meningococcal
Adacel®	Tdap	Flucelvax®	Flu	Hiberix®	Hib	Pediarix®	DTaP + Hep B + IPV
Afluria®	Flu	FluLaval®	Flu	HibTITER®	Hib	PedvaxHIB®	Hib
Bexsero®	MenB	FluMist®	Flu	Ipol®	IPV	Pentacel®	DTaP + Hib + IPV
Boostrix®	Tdap	Fluvirin®	Flu	Infanrix®	DTaP	Pneumovax®	PPSV
Cervarix®	2vHPV	Fluzone®	Flu	Kinrix®	DTaP + IPV	Pprevnar®	PCV
Daptacel®	DTaP	Gardasil®	4vHPV	Menactra®	MCV or MCV4	ProQuad®	MMR + Varicella
Engerix-B®	Hep B	Gardasil® 9	9vHPV	Menomune®	MPSV4	Recombivax HB®	Hep B

**Reference guide for vaccine trade names in alphabetical order** <https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/us-vaccines.pdf>

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](http://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:

<b>Child's Name:</b> (First/Middle/Last)		
<b>Emergency Contact / Authorized Pick-Up #1</b>		
Name:		Phone:
Address:		
City:	State:	Zipcode:
Relationship To Child:		
<b>Emergency Contact / Authorized Pick-Up #2</b>		
Name:		Phone:
Address:		
City:	State:	Zipcode:
Relationship To Child:		
<b>Emergency Contact / Authorized Pick-Up #3</b>		
Name:		Phone:
Address:		
City:	State:	Zipcode:
Relationship To Child:		
<b>Emergency Contact / Authorized Pick-Up #4</b>		
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. 2nd). 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 the Director or 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 2020-2021 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 \_\_\_\_\_

