

Martha & Mary Children's Services
M&M Kids' Club
REGISTRATION FORM

Child's Name: _____ School: _____

Start Date: _____ Birth Date: _____

Gender: _____ Age: _____ Phone: _____

Address: _____ City/Zip: _____

Mailing Address: _____ City/Zip: _____

Father: _____ Mother: _____

Address: _____ Address: _____

City/ST/Zip: _____ City/ST/Zip: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

In case of emergency (if parents cannot be reached), please contact the following who have my permission to remove my child from the center:

Name: _____ Name: _____

Address: _____ Address: _____

City/ST/Zip: _____ City/ST/Zip: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Name: _____ Name: _____

Address: _____ Address: _____

City/ST/Zip: _____ City/ST/Zip: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

HEALTH INFORMATION RECORDS

In the event my child is injured or becomes seriously ill, and no parent or responsible party listed can be reached, my child's physician is:

Name: _____ Phone: _____

Date of last physical (**REQUIRED**): _____

Does your child have any allergies? (Circle) YES NO

If yes, please list (be sure to fill out the Allergy Information Form):

1. _____
2. _____

Does your child take any medications? (Circle) YES NO

If yes, please list (be sure to fill out the Consent to Administer Medication Form):

1. _____
2. _____

Does your child have any special health or developmental needs of which we should be aware?

PARENT AUTHORIZATION

I give permission to Martha and Mary Children's Services to transport my child to and from the site on field trips and other activities. I give the Martha and Mary staff authorization to administer first aid to my child as necessary.

In the event I cannot be reached, I give the Martha and Mary staff permission to obtain medical care for my child. I expect that a conscientious effort will be made to locate my designees or myself. I will accept any expenses incurred.

I give permission for my child to be photographed on field trips and in the classroom, and understand that Martha & Mary Children's Services will attempt to receive my consent for any photos used for publicity purposes.

I acknowledge that I have received and read the parent information packet for the M&M Kids' Club and agree to abide by the policies stated therein.

Parent signature: _____ Date: _____

Martha & Mary Children's Services
CONSENT FOR EMERGENCY TREATMENT

I hereby give my permission that my child, _____ may be given emergency treatment by a qualified staff member of Martha & Mary Children's Services.

I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child be a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health and I cannot be contacted. I waive my right of informed consent to such treatment.

Child's Physician: _____ Phone: _____

Physician's Address: _____

Dentist: _____ Dentist's Phone: _____

Dentist's Address: _____

Hospital: _____ Medical Insurance: _____

Insurance #: _____ Chronic Illnesses: _____

Regular Medications: _____

Date Of Last Tetanus (DPT) Immunization: _____

Allergies (Drugs Or Other): _____

Other Pertinent Data: _____

Child's Address: _____

City/State/Zip: _____ Home Phone: _____

Mother: _____ Daytime Phone: _____

Father: _____ Daytime Phone: _____

Emergency Contacts: _____ Phone: _____

_____ Phone: _____

Signature Of Parent

Date

Martha & Mary Children's Services
FINANCIAL AGREEMENT
PRIVATE PAY

1. The undersigned agrees that in consideration of admission to Martha & Mary Children's Services and the rendering of services to the child, the family is obligated to pay all charges incurred in accordance with the payment regulations and current rate schedules of Martha & Mary Children's Services. The rate includes the cost of daily care and all meals for children over the age of one year, except when severe allergies preclude the Center meeting the child's food needs. Certain other charges (including, but not limited to diapers, mats, late payments, ten hour fees and space hold fees) shall be billed on the facility statement. The current rate schedule is attached.

2. Upon application, an advance payment of 50% of one month's tuition is required. This payment is applied to the first month's charges, and is non-refundable if the child does not attend. Payments are due upon receipt of statement each month for monthly services. Credit is not extended unless specifically arranged for in advance and approved by the Director. A late charge is added to accounts not paid in full by the 25th of the month. Accounts not made current by the last day of the month are in default. At that time, the child's enrollment will be terminated until full payment is made. A new initial registration fee will be required before enrollment may continue. Past due accounts bear interest in the amount of 12% per annum. Should the account be referred to an attorney for collection, the undersigned agrees to pay reasonable attorney's fees and all collection expenses. In the event a family voluntarily terminates enrollment, two weeks advance notice must be given.

3. SPACE HOLD. I have been fully informed of and understand the Center's policy on space hold. In the event that the child is removed for one week or more of consecutively scheduled days, the family incurs a daily charge to guarantee the availability of a slot until the Center has been notified otherwise. In the event the space hold fee is not paid, the slot may not be available when the child may require readmission.

The undersigned has read the foregoing and agrees to all of the conditions stated and accepts its terms. A copy will be issued upon request.

Signature of Parent

Signature of Director

Date

Martha & Mary Children's Services
FINANCIAL AGREEMENT
SUBSIDIZED PAY

1. Where other parties such as state or federal agencies (DSHS) pay a portion or all of the childcare charges, the family hereby agrees to pay their participation of the charges, or all charges for any period the child is determined to be ineligible for the program, and all charges incurred which are properly charged toward the child under such programs.
2. In order to maintain enrollment, all co-payments and any other applicable fees must be paid in full no later than the last business day of the month. Payments made after the 25th of the month will include a \$15.00 late payment charge. Payments not paid by the end of the month will result in termination of enrollment. DSHS will be notified of such an occurrence.
3. Attendance must be consistent with DSHS authorization. Absences exceeding five per month may result in termination of enrollment. DSHS will be notified of such an occurrence.
4. Reauthorization of eligibility must be received from DSHS before the current end date of authorization. If reauthorization of eligibility is not received by the current end date of authorization, enrollment will be terminated. Reenrollment will not be guaranteed, and will not be considered until such time as proof of eligibility is provided.
5. It is the sole responsibility of the parent/guardian to ensure that coverage with DSHS is kept current and up to date. Where activity fees are charged, it is the responsibility of the parent/guardian to notify DSHS. Any activity fees or extracurricular activities not covered by DSHS shall be the responsibility of the parent/guardian.
6. In the event that the family switches from subsidized pay to private pay, the family is obligated to pay all charges incurred in accordance with the payment regulations and current rate schedules of Martha & Mary Children's Services. Payments are due upon receipt of statement each month for monthly services. Credit is not extended unless specifically arranged for in advance and approved by the Director. A late charge is added to accounts not paid in full by the 25th of the month. Accounts not made current by the last day of the month are in default. At that time, the child's enrollment will be terminated until full payment is made. A new initial registration fee will be required before enrollment may continue. Past due accounts bear interest in the amount of 12% per annum. Should the account be referred to an attorney for collection, the undersigned agrees to pay reasonable attorney's fees and all collection expenses. In the event a family voluntarily terminates enrollment, two weeks advance notice must be given.

The undersigned has read the foregoing and agrees to all of the conditions stated and accepts its terms. A copy will be issued upon request.

Signature of Parent/Guardian

Signature of Director

Date

Martha & Mary Children's Services
MEDICATION POLICIES/CONSENT TO ADMINISTER

Our policy is: All medications will be given only with prior written consent of the child's parent/legal guardian. Other criteria will be required as defined below.

Prescription medications must be in the original container from the pharmacy and labeled with:

1. child's name (first and last, middle initial if necessary)
2. medication name
3. dosage amount
4. frequency
5. length of time (e.g. days)
6. prescribing physician

Non-prescription medications (over-the-counter drugs) such as:

1. antihistamines
2. non-aspirin fever reducers/pain relievers
3. non-narcotic cough suppressants
4. decongestants
5. anti-itching ointments
6. diaper ointments
7. sunscreen
8. vitamins

We will give a child nonprescription medications when:

1. the medication is in its original container, and
2. if the dose and frequency is stated on the label, and
3. the medication is dose appropriate for the age of the child as prescribed on the label of the original container

All deviations from the label instructions must be accompanied with written consent from a parent and written instructions from a legally authorized health care provider.

Physician's instructions will include:

1. child's name (first, last and middle initial if necessary)
2. the dose and frequency
3. length of time (e.g. days)

****NO MEDICATION MAY BE GIVEN IN FOOD OR BOTTLES****

CONSENT TO ADMINISTER MEDICATION

NAME OF CHILD: _____

MEDICAL PROBLEM: _____

NAME OF MEDICATION: _____

START DATE: _____ STOP DATE: _____

AMOUNT TO BE GIVEN: _____ TIMES OF DAY: _____

SPECIFIC INSTRUCTIONS: _____

ANTICIPATED SIDE EFFECTS: _____

CHILD ALLOWED TO SELF ADMINISTER MEDICINE UNDER STAFF SUPERVISION?: _____

PARENT SIGNATURE: _____ DATE: _____

Martha & Mary Children's Services
ALLERGY INFORMATION FORM

Child Name: _____

Allergy: _____

Reaction: _____

Symptoms: _____

What to do if symptoms show or allergic reaction is suspected: _____

Other important information: _____

Allergy: _____

Reaction: _____

Symptoms: _____

What to do if symptoms show or allergic reaction is suspected: _____

Other important information: _____

Reviewed for compliance by: _____

Staff Signature

Date: _____ Exemption: YES NO
(see back)



CERTIFICATE OF IMMUNIZATION STATUS

Washington State Law (RCW 28A.210.160) requires that all children have a completed Certificate of Immunization Status on file at the school, preschool or a child care facility that they attend.

Child's Last Name	First Name	Middle Name	Sex	Birthdate
Parent/Guardian Name			Daytime Phone	

Immunization	Type of Vaccine	Dose	Date Given		
			Month	Day	Year
HEP B (HBV) Hepatitis B		1			
		2			
		3			
		4			
DTaP/DTP/DT Diphtheria, Tetanus, Pertussis		1			
		2			
		3			
		4			
		5			
		6			
Td/Tdap		1			
		2			
		3			
HIB Haemophilus Influenzae B		1			
		2			
		3			
		4			
POLIO OPV (by mouth) IPV (by injection)		1			
		2			
		3			
		4			
		5			

Immunization	Type of Vaccine	Dose	Date Given		
			Month	Day	Year
MMR Measles (Rubeola), Mumps & Rubella	MMR	1			
	MMR	2			
	MMR				
	MEASLES				
	MUMPS				
	RUBELLA				
VARICELLA (Chickenpox)	VACCINE	1			
		2			
	DISEASE	YES		NO	
	Approximate date or age at time of disease				
OTHER VACCINES					

➔ I certify that the information provided here is correct and verifiable ➜

X _____ Date: _____
Signature of Parent or Guardian

Statement of Exemption to Immunization Law

NOTICE:

Your Child can be exempted (excused) from immunization for medical, personal or religious reasons. However, if there is an outbreak of a vaccine-preventable disease that your child has not been immunized against, she or he can be excluded from school, preschool or child care until the outbreak is over.

Medical Exemption

I certify that the child named on this form is medically exempted from the requirement for the following vaccine(s):

Vaccine(s)	Until _____ Date

Type or Print Name of Licensed Health Care Provider (MD, DO, ND, PA, ARNP)	

Licensed Health Care Provider Signature	Date

Personal Exemption Religious Exemption

I am opposed to immunization. I understand that my child can be excluded from attendance during an outbreak.

I do not want my child to receive the following vaccine(s):

Vaccine(s)	

Signature of Parent or Guardian	Date

Documentation of Immunity

I certify that the child named on this form has laboratory evidence of immunity to measles/mumps/rubella/varicella.
(please circle)

Attach TITER results

TYPE or PRINT Name of Licensed Health Care Provider (MD, DO, ND, PA, ARNP)	

Licensed Health Care Provider's Signature or Stamp	Date

For More Information

<http://www.cdc.gov/nip/recs/child-schedule.htm#Printable>

<http://www.doh.wa.gov/cfh/Immunize/schools.htm>