

July 15, 2016

Dear Families,

We'd like to welcome you to M&M Kids Before & After School Program. We're excited to have your child(ren) as a part of our program this year, and look forward to working with your family.

We are a licensed program with a staff to child ratio of 1:15, though we have two staff on site at all times. We are open Monday through Friday from 6am until the start of school, and after school until 6pm. During this time we offer stimulating activities including cooking, science, reading, STEM and community outreach, as well as an opportunity for free time and positive interaction with their peers. We also have a time where children can focus on doing their homework and our staff is available for help, as needed.

On non-school days and during breaks (winter, spring, and summer) we are open for full day care at Poulsbo Elementary (NKSD) and Cougar Valley Elementary (CKSD).

If you have further questions regarding our program, please feel free to call us at our main office at (360) 394-4089. We'd be more than happy to discuss our program in greater detail and answer any questions you might have. We look forward to having you as a part of the Martha & Mary family.

Respectfully,

*Terry McCutcheon*

Program Director  
(360) 394-4089

*Jen Brauer*

Operations Coordinator  
(360) 394-4073

Martha & Mary Children's Services

**Martha & Mary Kids' Club**

Before & After School Program

2016-2017 School Year

**New Child Registration Fee:** \$50.00 first child; \$40.00 each additional child (non-refundable)

**Continued Enrollment Fee:** \$20.00 per child (if enrolled by August 15<sup>th</sup>)  
\$30.00 per child (if enrolled August 16<sup>th</sup> or after)

<u>Sessions on School Days</u>	<u>Amount Per Session</u>
Before School Care ONLY	\$14.50
After School Care ONLY	\$16.50
Before AND After School Care	\$22.00
Drop-in Care Fee	\$25.00
<u>Sessions on Non-School Days</u>	<u>Amount Per Session</u>
Full Day Charge	\$31.00
Drop-in Care Full Day Fee	\$50.00 per day

**Discounts Offered (one per family)**

- Sibling Discount (10%)
- Active Duty Military (10%)
- North & Central Kitsap School Employees (10%)

(Discount applied to one child per family - oldest child's tuition. Discount applied to scheduled days only.)

**Attendance Policies**

- ***A minimum of two sessions per child, per month is required. If care is not needed for at least two sessions during the month, an additional space hold fee of \$25.00 per child will be automatically assessed.***
- If your child is absent, you are still charged.
- Once the month begins, two weeks' notice is required to make changes to child's schedule at the non-drop-in rate.
- Monthly Calendars are due no later than the 15<sup>th</sup> of the previous month.
- Late Pick-Up Fee (per child): \$2.00 per minute (\$10.00 minimum) due at pick-up.

**Payment Schedule**

- Payments are due by the 20<sup>th</sup> of each month.
- Late payment fee of \$30.00 is assessed on the 25<sup>th</sup> of the month on all unpaid balances.
- Delinquent accounts not made current by the last day of the month will result in termination of enrollment. Upon re-enrollment, a registration fee will be charged.
- Two weeks written notice is required if you wish to terminate your child's enrollment with Martha & Mary Kids' Club.

**Hours of Operation:** 6:00 a.m. to 6:00 p.m., Monday through Friday

**Office Phone:** (360) 394-4089

**E-mail:** [kids@mmhc.org](mailto:kids@mmhc.org)

**Website:** [marthaandmary.org](http://marthaandmary.org)



## 2016-2017 School Year Registration Form

*For Office Use Only*

Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_

School: CV G PE PO S V W

### CHILD/FAMILY INFORMATION

Child's First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

School: \_\_\_\_\_

Age: \_\_\_\_\_

Child Resides With: \_\_\_\_\_

Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian 1: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Addresses (used for monthly invoice delivery and parent communication):

Parent/Guardian 1: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_

### MEDICAL INFORMATION

*If no physician or dentist information is available, a separate written plan for medical or dental emergency must be provided.*

Physician Name : \_\_\_\_\_

Date of Last Physical Exam: \_\_\_\_\_

Physician Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Dentist's Name : \_\_\_\_\_

Date of Last Dental Exam: \_\_\_\_\_

Dentist's Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Does your child have limitations, medical concerns, or behavioral concerns of which we should be aware?

If any of the following apply, contact Main Office for specifications:

☐ Allergies: \_\_\_\_\_

☐ Medications: \_\_\_\_\_ (if administering on-site, additional forms required)

☐ My child has no known medical allergies and is not on any medications. **Parent Initials** \_\_\_\_\_



## 2016-2017 School Year Registration Form

- ☐ New Registration
  - ☐ Continued Enrollment
  - ☐ Registration Fee Paid
  - ☐ Complete Immunization Form Submitted
  - ☐ Complete Immunization Form On File
- Office Use Only*

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

### AUTHORIZATIONS

*(must be at least 18 years old; ADDRESS REQUIRED)*

Emergency Contacts *(parents will always be contacted first)*

Name	Full Address	Phone
_____	_____	(____) _____
_____	_____	(____) _____
_____	_____	(____) _____
_____	_____	(____) _____

Additional persons authorized to pick up child *(notice from parent of alternate pickup day-of is requested)*

Name	Full Address	Phone
_____	_____	(____) _____
_____	_____	(____) _____

Persons RESTRICTED from picking up OR visiting *(legal documentation required to restrict biological parents)*

\_\_\_\_\_

### CONSENT

**Participation Release:**

I give permission for my child to leave the center by foot for outdoor exercise and educational purposes with the understanding that my child will be accompanied by center staff and under proper supervision at all times. I also give permission to Martha & Mary to transport my child to and from the site on field trips and other activities (additional permission form to be signed day-of) by bus or company vehicle.

**First Aid:**

I give Martha & Mary staff authorization to administer first aid and emergency treatment by a qualified staff member of Martha & Mary as necessary.

**Medical Treatment:**

In the event I cannot be reached, I give Martha & Mary staff permission to obtain medical care for my child. I further authorize consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed 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. I expect that a conscientious effort will be made to locate my designees or myself. I will accept any expenses incurred.

**Photography:**

I give permission for my child to be photographed and videotaped while in care during program functions and field trips. I understand that photographs/videos may be taken by center staff or by parents/guardians and may be shared via email to family members. I will be asked to sign a separate permission form before any photos/videos are used for public relations purposes and understand that I have the right to refuse permission for such use.

**Policy:**

I acknowledge that I have received and understand the parent information packet and agree to abide by the policies stated therein. I fully understand the rights, responsibilities and relevant facility policies and procedures. I acknowledge that I understand and agree to abide by the policies of Martha & Mary.

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

Processed By: \_\_\_\_\_ *For office use only* Date: \_\_\_\_\_



## Enrollment Agreement Financial Information

Child's Name:

Site:

### SITE HOURS OF OPERATION

The School Sites are open from 6:00 a.m. to 6:00 p.m., Monday through Friday. Sites will be closed in observance of the following holidays: New Year's Day, Presidents Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving, the day after Thanksgiving, and Christmas Day. In addition, sites will close at 4pm on Christmas Eve.

I understand that, in accordance with school age licensing regulations, my child may be released to the custody of Child Protective Services or other local authorities, if I (*or other authorized persons*) fail to pick up my child and/or contact the site and I (*or other authorized persons*) cannot be reached within 30 minutes after close-of-business.

The sites will be open whenever possible on regularly scheduled day, during normal business hours. The procedure for notifying families of delays and closures due to inclement weather and/or emergencies will be posted at each site. If it becomes necessary to close early, it will be my responsibility to arrange for my child's prompt pick-up.

### FEE SCHEDULE AND FINANCIAL TERMS

1. I agree that, in consideration of admission to Martha & Mary Kids and the rendering of services to my child(ren), I am obligated to pay all charges incurred in accordance with the payment regulations and current rate schedules of Martha & Mary Kids. The current rate schedule is attached.
2. Payments are due by the 20th of each month for monthly services. A late charge of \$30.00 is assessed on accounts not paid in full by midnight on the 24th 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 the account has been paid in full. I understand that a new registration fee may be required in order for my child(ren) to return. 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.
3. Martha & Mary will not be responsible for unbalanced ledgers due to parent/guardian disputes. If a bill is paid by more than one party, the division of fees is strictly the responsibility of the parties involved.
4. Tuition fees are not subject to pro-ration for absences, illnesses, or emergency closure of the center. If my child's attendance pattern (*days/times*) need to change in any way, I will notify site management immediately. I understand that, once the month begins, scheduled days may not be switched, but days can be added if space is available. Two weeks' notice is required to add days at regular rates; otherwise, drop-in rates apply.
5. I understand a minimum of two sessions per child per month is required. If care is not needed for at least two sessions during the month, an additional space hold fee of \$25.00 per child will be automatically assessed.
6. I agree that I will pay the full tuition fee, even if my child(ren) is absent for one or more scheduled days.
7. A late pick up fee of \$10.00 for the first 5 minutes and \$2.00 per minute thereafter will be assessed (*per child*) when a child attends past close-of-business. I understand that late pick up fees are due on the day of service, and must be paid before my child(ren) returns to care the following day. The late pick up fee does not constitute as agreement to provide after-hours services.

Child's Name: \_\_\_\_\_ Site: \_\_\_\_\_

8. I understand that there is a fee of \$35.00 for returned checks. Payments from customers with prior outstanding redeemed returned checks must be in the form of a money order or cashier's check. Returned check activity may be subject to immediate termination of services.
9. Two weeks' written notice is required prior to the last day of attendance. If I do not give proper notice, I agree to pay any fees or full tuition that may be due for the final two weeks, regardless of my child(ren)'s attendance. I also understand any prepaid funds of \$20.00 or less which remains at the time of my child's disenrollment will not be remitted to me unless requested in writing within 90 days.
10. Where other parties such as state or federal agencies (DSHS) pay a portion or all of the childcare charges, I hereby agree to pay my participation of the charges, or all charges for any period the child is determined to be ineligible for the program, as well as all charges incurred which are properly charged toward the child under such programs. I understand it is my responsibility to ensure that coverage with outside agencies is kept current and up to date.
11. When seeking to obtain financial assistance through DSHS, I understand that DSHS coverage will be effective as of the date of receipt and that "back-dating" is not accepted, even if authorized by DSHS.
12. I understand that reauthorization of eligibility must be received from DSHS before the current end date of authorization or enrollment will be terminated. Re-enrollment will not be guaranteed, and will not be considered until such time as proof of eligibility is provided.

#### DISCOUNTS AND PAYMENT

Only one discount can be applied per family. Discounts do not apply to families receiving DSHS subsidies. For families with multiple children in our care, the discount is applied to the oldest child's tuition. Discounts are applied to scheduled days only.

##### Payment Type (select one):

- ☐ Private Pay
- ☐ Employee\*
- ☐ DSHS\*

##### Discounts (one per family):

- ☐ Sibling Discount
- ☐ Military Discount\*
- ☐ CKSD or NKSD Employee Discount

*\*additional forms required*

#### ACKNOWLEDGMENT

I certify that I have read, understand and accept all of the terms and conditions in this Agreement. This Agreement will be effective as of \_\_\_\_\_.

Primary Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Center Director Signature \_\_\_\_\_ Date \_\_\_\_\_

##### \*Staff Use Only\*

Date received: \_\_\_\_\_ By: \_\_\_\_\_  
Date orientation held: \_\_\_\_\_ By: \_\_\_\_\_

##### Additional forms obtained:

- ☐ DSHS Award Letter
- ☐ Employee Payroll Deduction Authorization
- ☐ DSHS Policies Agreement
- ☐ Military Discount Form



# 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.



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](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 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		



## Photography Consent Form

Dear Parent/Guardian

As the parent of a child/children at Martha & Mary I agree to the following:

I understand that my child(ren) whose name(s) are listed below may be photographed at Martha & Mary during normal child care hours, field trips, or activities. I understand that these photographs may be used in promoting child care services, either in print or on the Internet.

Parent/Guardian Name:	Relationship to Child:
Child 1 Name:	
Child 2 Name:	
Child 3 Name:	
Address:	
I give permission for my child(ren) to be photographed, or their images recorded for print or electronic use in promoting our child care services. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation.	
Parent Signature:	Date: