

August 2020

Dear Families,



It is Martha & Mary's mission to continuously look at the needs of the community and how we must evolve to meet those current needs. As North Kitsap and Central Kitsap school districts have recently announced that the school year will begin with a remote learning model, Martha & Mary KIDS has been working diligently to partner with school districts to determine the best way we can continue to serve our community and support the needs of the families we serve. We are excited to announce the following options for our families beginning September 2nd:

Kindergarten Full-Day Care:

- **Central Kitsap** – Provided at the Early Learning Center (ELC) on NW Anderson Hill Road in Silverdale. Hours of Operation at the ELC: 5:30am-6:00pm, Monday through Friday. Please contact the ELC at 360-626-2131 for enrollment.
- **North Kitsap** – Provided at the Children's Learning Center (CLC) on Front Street in Poulsbo. Hours of Operation at the CLC: 6:30am-5:30pm, Monday through Friday. Please contact the CLC at 360-394-4085 for enrollment.

1st through 5th Grade Full-Day Care:

- **Central Kitsap** - Provided at Cougar Valley Elementary. Hours of Operation: 6:30am-5:30pm, Monday through Friday.
- **North Kitsap** - Provided at Poulsbo Elementary. Hours of Operation: 6:30am-5:30pm, Monday through Friday.

We will continue to operate on this model for the duration of remote learning. If, at any point, the in-person portion of the hybrid model is opened up, we will do our best to make adjustments to the care we are providing in order to best serve our community.

***Please note:**

- **We will have limited space available for full-day care at all of the above locations** due to social distancing guidelines, licensed capacity, and staffing. We know that the need will be greater than what we can accommodate, and therefore will maintain an ongoing waitlist for those whom we are unable to provide immediate space.
- **A submitted application does not guarantee space with our program.** Please fill out and return by August 15th as this will allow us the opportunity to process applications and notify families if they have received a space.
- **Remote learning needs** - There will be times set aside for children to work on their school assignments, if they choose. Martha & Mary KIDS staff will be available for assistance, but will not be responsible for intensive tutoring or instruction. Please keep in mind we will have children with varying schedules & expectations. Our program will support your child's online learning and will continue to provide our own age-appropriate, fun, hands-on educational opportunities throughout the day.
- **Live online meetings and/or instruction** – Martha & Mary KIDS will partner with families and the school district to allow children to participate in online instruction to the best of our ability. Please keep in mind we will have children of multiple ages/needs, from multiple schools with varying schedules & expectations, and will still be providing full day child care during these times. Martha & Mary KIDS staff will be available for assistance, but will not be responsible for intensive tutoring or instruction. Ultimately, it will be the responsibility of parents/ guardians to ensure that lessons are completed. Additionally, we are not liable for the care or security of any child's personal or school-issued learning equipment (*Chromebooks, laptops, etc.*). It will be the responsibility of children and families to ensure that devices are charged and ready for use. Families will be required to provide headphones for use with these devices while in care.

If you have further questions, please feel free to contact the center's main office.

Respectfully,

Tamara Palodichuk
Administrator

Renée Eicher
ELC Program Director
(360) 626-2131
reicher@mmhc.org

Jessica Peters
CLC Program Director
(360) 394-4085
jpeters@mmhc.org



Fee Schedule
 September 2020

Registration Fees:

- New Child Registration: \$50.00 first child; \$40.00 each additional child (non-refundable)
- Continued Enrollment: \$20.00 per child

	5 days per week	4 days per week	3 days per week (Minimum)	Additional/ Drop-In Days
Kindergarten Child Care	\$257.50/week	\$220.00/week	\$178.50/week	\$59.50

Additional Fees	
Late Payment Fee	\$30.00
Late Pickup Fee (per child)	\$2.00 per minute (\$10 minimum)
Check Return Fee	\$35.00
Ten Hour Fee (per child)	\$5.00 per day

Discounts Offered (one per family)

- Sibling Discount (10%)
- Active Duty Military (10%)
- NKSD and CKSD Employees

Discount applied to oldest child's tuition. Discount applied to scheduled days only.

Attendance Policies

- If your child is absent, you are still charged.
- Each family is allowed up to 10 vacation days per calendar year at 50% of the regular rate. Amount of vacation days allotted is based on FT or PT schedule.
- Tuition is based on contracted schedule, not on attendance. If additional days are needed you are welcome to add days at the drop in rate, if space is available.

Payment Schedule

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



For Staff/Office Use Only

Date Received: _____ Received by: _____

Site/Program: CLC (NK Kinder) Poulsbo (NK 1st-5th)
 ELC (CK Kinder) CV (CK 1st-5th)

2020-2021 KINDERGARTEN & SCHOOL-AGE PROGRAM APPLICATION

Child's First Name: _____ School: _____ Age: _____ Child Resides With: _____ Parent/Guardian 1: _____ Address: _____ Address 2: _____ City St Zip: _____ Parent/Guardian 2: _____ Address: _____ Address 2: _____ City St Zip: _____	Last Name: _____ Grade: _____ Gender: M F Birth Date: _____ Home Phone: () _____ Cell Phone: () _____ Employer: _____ Work Phone: () _____ Home Phone: () _____ Cell Phone: () _____ Employer: _____ Work Phone: () _____
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Email Addresses - Used for monthly invoice delivery and parent communication

Parent / Guardian 1: _____

Parent / Guardian 2: _____

AUTHORIZATIONS (must be 18 years old; address required)
 Emergency Contacts - *Parents will always be contacted first*

Name: _____	Relationship: _____
Address: _____	Phone: () _____
City St Zip: _____	Phone: () _____
Name: _____	Relationship: _____
Address: _____	Phone: () _____
City St Zip: _____	Phone: () _____

Additional Persons Authorized to Pick Up Child

*(Parent Authorization Required for ALL Alternate Pick Ups. **If any restrictions, please contact main office and include court documents.**)*

Name: _____	Relationship: _____
Address: _____	Phone: _____
City St Zip: _____	Phone: _____



Child's Name _____

School _____

RESTRICTED PERSONS

(Please contact main office and include court documents.)

Name: _____ Relationship: _____

Name: _____ Relationship: _____

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: _____

City | St | Zip: _____

Dentist's Name: _____ Date of Last Dental Exam: _____

Dentist's Address: _____ Phone: _____

City | St | Zip: _____

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

Please provide details.

Allergies: *(list, if checked; additional forms required)*

Medications: *(if administering on-site, additional forms required)*

Behavioral/developmental information *(additional forms required)*

My child has no known medical allergies and is not on any medications.

Parent Initials: _____

Learning Model Selected for 2020-20201 School Year

Our family is signed up for the Hybrid learning program through the school district and will return to in-person instruction if/when that begins.

Our family is signed up for the Online learning program through the school district.

For Office Use Only

- Allergy/Asthma Form Complete & On File
- Medication Consent Form Complete & On File

- Individual Care Plan Form Complete & On File
- Other Forms Needed: _____

For Office Use Only

- New Registration
- Continued Enrollment
- Full Registration Fee Paid

- Complete Immunization Form On File
- Complete Immunization Form Submitted



Child's Name _____

School _____

PARTICIPATION & CONSENT

Participation Release: I give permission for my child to leave the center/site 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. **Parent Initials** _____

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. **Parent Initials** _____

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. **Parent Initials** _____

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. **Parent Initials** _____

Online/Hybrid Learning 2020-2021 School Year: I acknowledge that Martha & Mary KIDS will partner with families and the school district to allow children to participate in online instruction to the best of their ability. I understand that Martha & Mary KIDS staff will be available for assistance, but will not be responsible for intensive tutoring, instruction, or completion of online or hybrid learning lessons. I understand that time allotted while my child is in care will be optional, and that ultimately it is the responsibility of the parent/guardian to ensure that weekly lessons are completed. I understand that Martha & Mary KIDS will not be liable for the care and security of personal learning devices (Chromebooks, laptops, etc.) while my child is in care. **Parent Initials** _____

COVID-19 Acknowledgement: I have read and signed the attached COVID-19 Informed Consent & Acknowledgement policy. I understand the risks associated with having my child attend Martha & Mary KIDS programs and authorize my child's participation. **Parent Initials** _____

Mask Usage: I understand that Martha & Mary KIDS is following the guidance provided by DCYF and the CDC in response to COVID-19. I understand that children ages 5 & up will be expected to wear a mask while in care. **Parent Initials** _____

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. **Parent Initials** _____

Signature of Parent/Guardian: _____ **Date:** _____

For office use only

Processed By: _____ Date: _____



Child's Name:
Site:

Enrollment Agreement Financial Information

SITE HOURS OF OPERATION

The School Sites are open from 6:30 a.m. to 5:30 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 days, 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 contracted and are not subject to pro-ration for absences, illnesses, vacations, or emergency closure of the program. I understand that, due to the limited capacity of programs during the COVID-19 pandemic, scheduled days may not be changed unless prior approval is received and a new financial agreement is completed.
5. I agree that I will pay the full tuition fee, even if my child(ren) is absent for one or more scheduled days.
6. 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.
7. I understand that there is a fee of \$35.00 for returned checks. Payments from customers with prior outstanding returned checks must be redeemed in the form of a money order or cashier's check. Returned check activity may be subject to immediate termination of services.
8. 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.
9. Weekly Rate: Weekly tuition rates are determined based on whether or not your child is signed up for 3, 4, or 5 days per week of care. No daily rates or fluctuating schedules are available. Weekly fees are not adjusted for inclement weather days (i.e. snow days, late starts), or other unforeseen changes to the school year schedule.

Child's Name: _____ Site: _____

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 (please select one below)
- Employee*
- DSHS*

*additional forms required

Discounts (one per family):

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

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 _____.

Parent/Guardian Signature (1)	Date
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Parent/Guardian Signature (2)	Date
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Child's Name: _____ Site: _____

SCHEDULED ATTENDANCE – KINDERGARTEN CARE

Attendance/Rate Options for Full Day Care:

Tuition fees are based on the following scheduled attendance. I understand I will be charged additional tuition fees if my child's attendance extends beyond the schedule submitted below. I understand I may add sessions/days (if space is available) at the drop in rate.

	Contracted Schedule	
	AM Arrival	PM Pickup
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

I understand there is an additional fee for each day that my child is either scheduled for more than 10 hours or is in attendance for more than 10 hours.

I will need care for my child over 10 hours per day due to _____.

AUTHORIZATION

The schedule listed above will be effective as of _____ (child's start date OR change effective date).

Primary Parent/Guardian Signature	Date
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Center Director Signature	Date
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Staff Use Only		
Date Received/Orientation Date: _____	By: _____	
Center Director Signature: _____	Date: _____	
Additional forms obtained:		
<input type="checkbox"/> DSHS Award Letter	<input type="checkbox"/> Employee Payroll Deduction Authorization	<input type="checkbox"/> Military Discount Form
<input type="checkbox"/> DSHS Policies Agreement	<input type="checkbox"/> NKSD Discount Form	<input type="checkbox"/> CKSD Discount Form



Informed Consent and Acknowledgment - COVID-19

A child care center is a community. During this public health emergency EACH member of our community needs to help keep COVID-19 out of our child care centers. Exposures in your center can lead to the closure of the entire center and impact all the families we are serving. We appreciate your partnership and commitment in this collective effort.

1. Partnership - I understand that I play a crucial role in keeping everyone in our child care community safe and reducing the risk of exposure by following the policies and practices outlined in this Informed Consent and Acknowledgment. I understand that all staff and families attending Martha & Mary KIDS are responsible for exercising proper hand washing and mask-usage precautions, along with social distancing with every activity for which you partake (grocery shopping, getting gas, going to the post office, social gatherings, vacations, etc.). I acknowledge that my family may be denied access to the Center or disenrolled from the Center for my failure or refusal to act in accordance with these provisions at all times, in a respectful and appropriate way.

2. COVID-19 Exclusion Policy and Health Check and Illness Policy - I have reviewed, and am familiar with, Martha & Mary KIDS COVID-19 Health Check and Illness Standards presented in parent communication format and outlined below. I agree to comply with these policies, as they may be updated or amended from time to time. I understand that if my child exhibits any symptoms of COVID-19 that they will not be accepted into care and will be required to be symptom free, without the use of medications, for a minimum of 72 hours (potentially up to 14 days) prior to return to the program.

3. Exposure to COVID-19 - I understand that to enter the center my ENTIRE household must be free from any known or suspected exposure to COVID-19. If my household has any known or suspected exposure to COVID-19, I understand all members of my household will be required to remain out of the center for at least 14 days, until all criteria to return are successfully met. I acknowledge that known/suspected exposures include (but are not limited to):

- A member of my household having a confirmed case of COVID-19
- A member of my household traveling to a restricted area
- A member of my household being directed to quarantine or self-isolate
- A member of my household having "close contact" with persons with known or suspected exposure to COVID-19

4. COVID-19 Symptoms - I understand to enter the center my ENTIRE household must be free from the COVID-19 symptoms listed below. If COVID-19 symptoms are present in my household, I understand all members of my household will be required to remain out of the center a minimum of 72 hours (potentially up to 14 days) until fever free and/or there is a marked improvement in symptoms without the use of medications. Symptoms may include:

- Cough
- Sore throat
- Fever of 100.4° or higher
- Muscle aches
- Difficulty breathing
- New loss of taste or smell

I understand that the above list of COVID-19 symptoms may be updated at any time per the Department of Health and CDC guidelines.



5. Medical Clearance for Symptoms - If my household has been excluded from the center due to the presence of COVID-19 symptoms, I understand, under limited circumstances, I may be able to return to the center if I can provide acceptable medical clearance from a medical provider (M.D., O.D., N.P., and P.A.). To be acceptable, the medical clearance must demonstrate that (i) the presenting symptoms have been determined to be associated with a known non-COVID illness or condition, and (ii) the presenting symptoms are unrelated to COVID-19. Any return to the center would remain subject to the requirements of the center's standard illness policy and compliance with the daily health screen requirements.

6. Daily Health Screen - I understand health screens will be conducted daily upon arrival. I will answer all questions truthfully for myself, my child, and for every other person in my household. I understand that a temperature check may be performed for each person dropping off.

7. Drop-off and Pick-up - For the safety of all those present in the center, and to limit risk of exposure, I understand that I may not be permitted to enter the center beyond the designated drop-off and pick-up area. I understand that all adults are required to wear a face covering while at the center and are expected to respect social distancing requirements.

8. Acknowledgment - I understand that my child will be in contact with children, families, and staff who may also be at risk for community exposure. I understand that no restrictions, guidelines or practices will remove all risk of exposure to COVID-19 as the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection. I agree to use my judgment about what is best for my family and household, including undertaking additional precautions to protect the health of those in my household that may be at increased risk for severe illness from COVID-19.

I HAVE READ, UNDERSTOOD, AND AGREE ON BEHALF OF ALL MEMBERS OF MY HOUSEHOLD AND ALL INDIVIDUALS AUTHORIZED TO PICK-UP MY CHILD TO THE CONDITIONS NOTED ABOVE.

Child(ren)'s Name(s) (Printed)

Parent's Name (Printed)

Parent's Signature

Date