

April 2023



Dear Martha & Mary Kids' Club Families,

We are pleased to announce that enrollment for the **2023 Martha & Mary Kids Club Summer Program** is now open. To promote a sense of purpose and empowerment, our M&M Kids Club youth assisted in the creation of our summer program offerings and this summer is going to be so much fun! Each week we will focus on a themed adventure utilizing STEAM principles to explore exciting topics. We will learn leadership and teambuilding skills along the way. Any child who has completed Kindergarten through 12 years of age is eligible to participate in our summer program.

North Kitsap – Poulsbo Elementary (18531 Noll Road NE, Poulsbo, WA 98370)

- NKSD's last day of school is Wednesday, 6/21 (a half day). M&M Kids will be CLOSED for the PM session on 6/21 through Friday, 6/24 to prepare for the summer program.
- **Camp will run from Mon., 6/26 (CLOSED 7/4) through Fri., 8/25.** M&M Kids will be CLOSED Monday, 8/28 for setup. The first day of school for all grades (including Kindergarten) will be **Tuesday, 8/29.**

Central Kitsap – Cougar Valley Elementary (13200 Olympic View Road NW, Silverdale, WA 98383)

- CKSD's last day of school is Friday, 6/23. M&M Kids will be CLOSED for the PM session on 6/23 through Monday, 6/26 to prepare for the summer program.
- **Camp will run from Tuesday, 6/27 (CLOSED 7/3 & 7/4) through Friday, 9/1.** M&M Kids will be CLOSED Monday, 9/4 for the holiday, and Tuesday, 9/5 for setup. The first day of school for grades 1-5 will be **Wednesday, 9/6.**

We are pleased to offer your family:

- Age-Appropriate Curriculum
- Two Convenient Campuses in Poulsbo and Silverdale (Hours of Operation: 6am-6pm, Mon.-Fri.)
- Flexible Scheduling – Full or part-time attendance
- AM & PM Snacks – *Nutritious sack lunch to be provided by families.*

To enroll your child in our summer program, we require the following:

- **Online Registration** – visit www.marthaandmary.org/kids and click on Summer Program for the registration link, or log into your MyProcure account. *Registrations are processed on a first-come, first-served basis and enrollment is not guaranteed.* **New Enrollments:** Select Summer 2023 CK/NK NEW-REG; **Re-registrations:** Select Summer 2023 CK/NK RE-REG; Families utilizing DSHS Subsidy & Employees: Select Summer 2023 DSHS/EMP.
- **Additional Forms Packet** – Required forms to complete enrollment: Financial Agreement and Parent Authorizations Form. Email to office (or mmkids@mmhc.org) upon completion of online registration.
- **Registration Fee** – Due at time of registration. (If a wait list is established, we will require payment at time a space is offered.)
- **New Enrollments Only:** Payment for half of the first month's tuition due upon enrollment. A parent orientation will be required at least 48 hours prior to child's first day.
- **Sunscreen Permission Form & Sunscreen Labeled with Your Child's Name** – Please bring your child's sunscreen on the first day of the program.
- **Hand Sanitizer Permission Form** – To be used when soap/running water isn't available.

Your child will need to bring the following items each day:

- **Closed-toe shoes** - No sandals or flip-flops per licensing regulations.
- **Sack lunch labeled with your child's name** - Please no soda. Water, milk, or juice only.

Our program's Policies & Procedures are presented in hard copy and digital format for your convenience. Should you require more information about this year's summer program, please speak with the Site Coordinator at your child's school or call our Main Office at 360-394-4089. We look forward to seeing you this summer!

Sincerely,

Terry McCutcheon

Director, 360-394-4089

tmccutcheon@mmhc.org



Martha & Mary Kids' Club
Summer Program 2023



New Child Registration Fee: \$50.00 first child; \$40.00 each additional child
Continued Enrollment Fee: \$20.00 per child (early enrollment through May 15th)
\$30.00 per child (enrolled after May 15th)

<u>Days Scheduled Per Week</u>	<u>Amount Per Day</u>
5 Days	\$45.00
3-4 Days	\$50.00
1-2 Days	\$53.00
Drop-in Care**	\$58.00
Ten Hour Fee	\$5.00 per day
Additional fees may apply for field trips (TBD).	

If drop-in care is needed, you **must call before and ensure there is space for your child. **Drop-ins will not be accepted if there is no space.** If a field trip is scheduled, reservations must be made 24 hours in advance and field trip space cannot be guaranteed.

Discounts Offered (one per family):

- Sibling Discount (10%)
- Active-Duty Military Discount (10%)
- CKSD & NKSD Employee Discounts

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

Attendance Policies:

- Once the month begins, no changes can be made to your child's schedule, unless a new financial agreement is submitted and approved with two weeks' notice. You are welcome to add days at the drop-in rate if space is available.
- If your child is absent, you are still charged.
- Tuition is based on contracted schedule, not on attendance.
- Late Pick-Up Fee (per child): \$2.00 per minute (\$10.00 minimum) due at pick-up.
- Ten-hour fee applies for children scheduled for or attending care for more than 10 hours.

Payment Schedule

- Payments are due by the 20th of each month.
- Late payment fee of \$30.00 is assessed on the 25th 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 may be charged.
- Two weeks' written notice is required if you wish to terminate your child's enrollment with Martha & Mary Kids.
- Check return fee of \$35.00 is assessed on all returned checks.

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

Office Phone: (360) 394-4089

E-mail: mmkids@mmhc.org

Website: marthaandmary.org



Child's Name _____

**PARENT AUTHORIZATION
SUMMER PROGRAM PARTICIPATION & CONSENT**

Parent Initials _____ **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 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 that 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 _____ **Mask Usage – COVID-19:** I understand that Martha & Mary KIDS has been following the guidance provided by DCYF and the CDC in response to the COVID-19 pandemic. I understand that if guidance changes, and M&M Kids experiences a cluster or outbreak, children ages 5 & up may be expected to wear a mask while in care. Please speak with the program director if you have questions regarding current guidance.

Parent Initials _____ **Policy:** I acknowledge that I have received and understand the parent information packet and handbook 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:** _____

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



January 2023

Payment Options



Dear Family,

Welcome to Martha & Mary KIDS! We are pleased to offer several payment methods to best fit your family. Tuition is billed at the start of the month for that month of care. Tuition payments are due on the 20th of each month with late payment fees assessed to unpaid balances on the 25th. All balances must be paid in full by the last day of the month, or you may experience an interruption in services until your account has been brought current for the previous month.

You are welcome to make payment on your monthly tuition via any of the listed methods below:

- **Debit/Credit Card Transactions:** Families may submit payment via credit card at any time **through MyProcare.com**. Additionally, if you are interested in **automated charges to your credit/debit card on the 20th of each month**, you can request a secure link from your center/program director to set up automated charges. *All credit/debit payments (whether submitted through MyProcare, or automated) are subject to a 4% convenience fee.*
- **ACH Transactions:** If you are interested in **automated withdrawal directly from your checking account (ACH transaction) on the 20th of each month**, you can request a secure link from your center/program director to set up automated withdrawal. *ACH transactions are subject to a \$1.00 processing fee.*
- **Cash/Check/Money Order:** Payments are always accepted at your child's center/site via cash, check, or money order. If paying by cash, please see the staff to ensure you receive a receipt for your payment.

If you have any questions, please feel free to speak with your center director.

Thank you,

Martha & Mary KIDS





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 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 for inclement weather or pandemic closures. I understand that scheduled days may not be changed unless prior approval is received, and a new financial agreement is submitted and approved with two weeks' notice.
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 an agreement to provide after-hours services.
7. In the event that field trips are scheduled, I understand that entry fees may not be included with tuition, and I will be notified in advance of associated fees. I understand that my account will be charged with these fees if I choose for my child to attend.
8. 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.
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.

Child's Name: _____ Site: _____

10. Tuition rates are contracted based on the schedule provided below and are for care each week. No daily rates or fluctuating schedules are available. Fees are not adjusted for other unforeseen changes to the program schedule.
11. 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.
12. 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.
13. 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*

SCHEDULED ATTENDANCE – SCHOOL-AGE SUMMER CARE

	Arrival Time	Departure Time
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 _____.

ACKNOWLEDGMENT & AUTHORIZATION

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 _____

Parent/Guardian Signature (2) _____ Date _____

Date Received/Orientation Date: _____ By: _____

Center Director Signature: _____ Date: _____

Staff Use Only

Additional forms obtained:

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



Sunscreen Authorization Form

(Sunscreen Brought from Home – **LOTIONS ONLY**)

Child's Name:	Type of Sunscreen:
Start Date: 06/27/2023 (CK) 06/26/2023 (NK)	Stop Date: (up to 6 mo. after 'start date') 09/01/2023 (CK) 08/25/2023 (NK)
Times to be Applied:	Possible Side Effects:
Special Instructions: (Include previous sunscreen reactions)	

Reason for medication: Protection from sun

Amount to be given: Cover exposed areas of skin

Route: Topical

Storage: Room temperature

Parent/Guardian Signature

Date

Daytime Phone Number

Per WAC 110-301-0220

(iv) **Nonmedical items.** A parent or guardian must annually authorize a school-age provider to administer the following nonmedical items:

(A) Sunscreen (**aerosol sunscreen is prohibited**);



Hand Sanitizer Authorization Form

Child's Name:	Date of Birth/Age:
Name of Medication: Hand Sanitizer	Reason for Medication: No Running Water Immediately Available
Start Date: 06/27/2023 (CK) 06/26/2023 (NK)	Stop Date: 09/01/2023 (CK) 08/25/2023 (NK)
Times to be given: As Needed on Field Trips	Amount to be given:
Possible Side Effects:	<input checked="" type="checkbox"/> Topical <input type="checkbox"/> Other
Special Instructions:	

Parent/Guardian Signature

Date

Daytime Phone Number



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

▲ Required for School	● Required Child Care/Preschool	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
Required Vaccines for School or Child Care Entry							
●▲ DTaP (Diphtheria, Tetanus, Pertussis)							
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)							
●▲ DT or Td (Tetanus, Diphtheria)							
●▲ Hepatitis B							
● Hib (<i>Haemophilus influenzae type b</i>)							
●▲ IPV (Polio) (any combination of IPV/OPV)							
●▲ 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)							
COVID-19							
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:
☐ A verified history of varicella (chickenpox) disease.
☐ Laboratory evidence of immunity (titer) to disease(s) marked below.

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Hib	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps
<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella
<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: _____ Date: _____
 If verified by school or child care staff the medical immunization records must be attached to this document.

Instructions for completing the Certificate of Immunization Status (CIS): Print the 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: waiisrecords@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/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. 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 hardcopy CIS with a health care provider validation signature.
- A completed hardcopy 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).

DOH 348-013 June 2021