



ENROLLMENT PACKET

WITH AGE SUPPLEMENTAL DOCUMENTS



ENROLLMENT PACKET OVERVIEW

Thank you for considering Boys & Girls Clubs of Whatcom County Early Learning Care for your preschool and child care needs. This packet contains various forms which are required to enroll in one of our Great Futures/Kids' World locations. A copy of these forms can be provided at no cost to you from any of our center locations, as well as any site-specific forms.

Please visit the Great Futures/Kids' World location you are interested in to start the conversation about enrollment, to tour the facility and to receive any or all of the following forms in-person. Individual locations can also share specific details regarding scheduling and availability. All completed forms must be submitted before enrollment.

Please note that additional paperwork may be needed for specific considerations. If your child has an allergy, Medical Condition, food aversion or IEP please let us know so that we can supply additional paperwork to ensure we are best meeting your child's needs.

CONTENTS AND REQUIREMENTS

Below is a list of documents required at all our locations plus any additional forms required by age group.

All Children:

- Enrollment Application
- Child Information Record
- WaKIDS Introducing Me!
- Daily Child Schedule
- MyProcure Form
- Certificate of Immunization Status Form
- Licensed Care Policy Agreement

Additional Forms by Age:

Infants (children < 1 year old):

- Infant Supplemental Information
- CACFP Infant Meal Form

School-Age

- Daily Child Schedule - School-Age Program

CHILD CARE SUBSIDY

If you are applying for subsidy support with Washington, you will need to contact the Child Care Subsidy Contact Center at 1-844-626-8687 or online at <https://www.washingtonconnection.org>. Our centers' provider numbers are below for your subsidy application. Please contact your desired Great Futures/Kids' World location directly if you have any questions about the application process.

- Kids' World Ferndale – Provider #314827
- Kids' World Frontiers – Provider #314837
- Kids' World Northwest – *Infant-Preschool* – Provider #315790
- Kids' World Northwest – *School-Age* – Provider #316201
- Kids' World Sunset – Provider #314871



ENROLLMENT APPLICATION



Kids' World Location: Ferndale Frontiers Northwest Sunset

How did you learn about us?

Parent/Guardian #1 Information

Note: this is the primary person on accounts for payment and more.

Status: Married Living Together Separated Divorced Single

FOR OFFICE USE ONLY		DO NOT USE
Start Date:	<input type="text"/>	
Term. Date:	<input type="text"/>	
<input type="checkbox"/> PPay <input type="checkbox"/> DSHS/DCYF		

Last Name:		First Name:	
Street Address:			
City:	Zip Code:	Home Phone:	Other Phone:
Work Location(s) & Phone Number(s)		Email Address:	

Parent/Guardian #2 Information (if applicable)

Status: Married Living Together Separated Divorced Single

Last Name:		First Name:	
Street Address:			
City:	Zip Code:	Home Phone:	
Work Location(s) & Phone Number(s)		Email Address:	

Child #1 Information: Boy Girl

Last Name:		First Name:		Registration Fee:
Date of Birth:	Classroom:	School (if applicable):		

Child #2 Information: Boy Girl

Last Name:		First Name:		Registration Fee:
Date of Birth:	Classroom:	School (if applicable):		

Child #3 Information: Boy Girl

Last Name:	First Name:	Registration Fee:
Date of Birth:	Classroom:	School (if applicable):

Child #4 Information: Boy Girl

Last Name:	First Name:	Registration Fee:
Date of Birth:	Classroom:	School (if applicable):

General Family Information:

Family Doctor <i>(all information required by licensing)</i>	Family Dentist <i>(all information required by licensing)</i>
Name: _____	Name: _____
Phone Number: _____	Phone Number: _____
Address: _____	Address: _____
Family Hospital:	Health Insurance Policy Name & Number:
Local Emergency Contact #1:	Local Emergency Contact #2:
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Phone: _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone: _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Authorized pickup? <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorized pickup? <input type="checkbox"/> Yes <input type="checkbox"/> No
Local Emergency Contact #3:	Local Emergency Contact #4:
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Phone: _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Phone: _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Authorized pickup? <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorized pickup? <input type="checkbox"/> Yes <input type="checkbox"/> No

Picture ID is required; we cannot release children to persons less than 18 years of age, or to anyone with prior consent. Please list at least one authorized pickup that is NOT one of the child's parents/guardians in case they are unavailable.

Name of child: _____ Date: _____

HEALTH HISTORY

Allergies? _____

Date of last physical exam? _____ Date of last dental exam: _____

Has your child *ever* had an IEP (Individualized Education Plan)? Yes No

Does your child have a *current* IEP? Yes No If yes, when was it last updated? _____

Do you suspect your child may benefit from an IEP? Yes No

Special Needs? _____

Physical or medical concerns? _____

Any medication prescribed for long-term use? _____

Known sight or hearing difficulties? _____

Does your child have any of the following (please check any which apply):

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Frequent colds | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Frequent sore throats | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Stomach upsets | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Urinary problems |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Frequent Diarrhea | <input type="checkbox"/> Skin Rash | <input type="checkbox"/> Constipation |

Has your child had any of the diseases listed below? (Please check any which apply and list estimated date)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Bronchitis _____
(Date) | <input type="checkbox"/> Measles _____
(Date) | <input type="checkbox"/> Chicken Pox _____
(Date) | <input type="checkbox"/> German Measles _____
(Date) |
| <input type="checkbox"/> Mumps _____
(Date) | <input type="checkbox"/> Hepatitis _____
(Date) | <input type="checkbox"/> Whooping Cough _____
(Date) | <input type="checkbox"/> Scarlet Fever _____
(Date) |

Has your child ever been hospitalized? Yes No If yes, please explain:

Has your child had injuries with fractures or loss of consciousness? Yes No If yes, please explain:

GETTING TO KNOW YOUR CHILD

Nickname: _____ School Attends (if applicable): _____

Previous childcare experience: _____

Toilet trained? Yes No Need help using the toilet? Yes No Need help dressing? Yes No

Special words used when needing to use the toilet? _____

Does your child nap? Yes No If yes, when do they usually nap? From: _____ to _____

Special fears? _____

What skills do you think your child needs to strengthen: _____

Positive discipline techniques used at home: _____

Parent/Guardian Signature: _____ Date: _____

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Here are some ideas to help support my child when she is frustrated, angry, or sad.
Estas son algunas ideas para apoyar a mi niño cuando esté frustrado, enfadado o triste.

Here are some ideas how to keep my child healthy and safe at school. (For example, are there certain foods and/or activities that your child should avoid because of allergies or other physical concerns?)

Estas son algunas ideas sobre cómo mantener a mi niño saludable y seguro en la escuela. (Por ejemplo, ¿hay ciertos alimentos y/o actividades que su niño debe evitar debido a alergias u otros problemas físicos?)

Teacher's Corner:

Comentarios/Notas del maestro(a):

Adapted from:

1. *Washington State Early Learning and Development Guidelines: Birth through Third Grade*, Department of Early Learning, 2012.
2. *Getting to Know My Child: A Guide for My Child's Kindergarten Teacher*, National Center for Learning Disabilities.
3. *Introducing Me!* adapted by University of Washington, Center for Quality Early Learning (CQEL) and Office of Superintendent of Public Instruction (OSPI). Last revised May 2013.

Adaptación de:

1. *Washington State Early Learning and Development Guidelines: Birth through Third Grade, Departamento de Aprendizaje Temprano, 2012 (Department of Early Learning, 2012).*
2. *Getting to Know My Child: A Guide for My Child's Kindergarten Teacher, Centro Nacional de Discapacidades del Aprendizaje (National Center for Learning Disabilities).*
3. *Introducing Me! adaptada por el Centro de Aprendizaje Temprano (University of Washington, Center for Quality Early Learning - CQEL) de la Universidad de Washington y la Oficina del Superintendente de Instrucción Pública (Office of Superintendent of Public Instruction - OSPI). Última revisión, mayo de 2013.*

For more information about WaKIDS, contact: WaKIDS@k12.wa.us | (360) 725-6161

Para más información acerca de WaKIDS, póngase en contacto con: WaKIDS@k12.wa.us | (360) 725-6161



WaKIDS

Introducing Me! ¡Presentándome!

Washington
Kindergarten Inventory
of Developing Skills

Write Child's Name

Anote el nombre del niño

Please attach a photo or ask your child to draw a picture of him or herself with the family.
Por favor, adjunte una fotografía o pida que su niño haga un dibujo de sí mismo con la familia.

The best way to reach my family is / La mejor manera de contactar a mi familia es

The best time to reach my family is / La mejor hora para contactar a mi familia es

___ morning / de la mañana ___ afternoon / de la tarde

___ evening / de la noche ___ weekend / fin de semana

This is the best phone/email to reach us

Este es el número telefónico/correo electrónico más adecuado para encontrarnos

The name my child likes to be called is

El nombre con el que a mi niño le gusta que se le llame es



What activities does your child really enjoy?

¿Qué actividades disfruta realmente su niño?

Who are the family members or friends your child most enjoys spending time with? What are some of the things they do with your child?

¿Quiénes son los miembros de la familia o amigos con los que a su niño le gusta más pasar tiempo? ¿Cuáles son algunas de las cosas que hacen con su niño?

What helps your child feel more comfortable in new social situations?

¿Qué es lo que ayuda a que su niño se sienta más cómodo en situaciones sociales nuevas?

How does your child respond to new situations or challenges?

¿Cómo responde su niño a situaciones o desafíos nuevos?

Give a recent example of a time when your child learned something new and how they learned it.

Dé un ejemplo reciente de un momento en el que su niño aprendió algo nuevo y cómo lo aprendió.

My child lives with these adults

Mi niño vive con estos adultos

My child lives with _____ other children. Their names and ages are

Mi niño vive con _____ otros niños. Sus nombres y edades son

My child is close to

Mi niño es muy unido a

___ **Mom** / *Mamá*

___ **Aunt** / *Tía*

___ **Step mom** / *Madrastra*

___ **Dad** / *Papá*

___ **Uncle** / *Tío*

___ **Step dad** / *Padrastro*

___ **Grandfather** / *Abuelo*

___ **Grandmother** / *Abuela*

___ **Others** / *Otros*

We speak the following languages in our family

Hablamos los siguientes idiomas en nuestra familia





DAILY CHILD SCHEDULE & MYPROCARE



Name(s) of Child(ren): _____

Kids' World Location: Ferndale Frontiers Northwest Sunset

Effective Date: _____

Please Note: Per our Family Handbook, schedule changes must be made two weeks in advance, and are subject to approval by the Center Director and Billing Specialist. Some schedule changes incur a \$25 administrative fee.

Please refer to our Family Handbook for further details at <https://whatcomclubs.org/kids-world/>

	Start time	Pickup time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Comments: _____

Parent/Guardian Signature: _____ Date: _____



Boys & Girls Clubs of Whatcom County Licensed Care is pleased to offer MyProcare, a free online portal for you to access account information and easily pay tuition. MyProcare is safe, secure and created with convenience in mind.

LOGIN INSTRUCTIONS

1. Go to [MyProcare.com](https://myprocare.com)
2. Enter your email address you've shared with us in your child's application and choose **Secure Login**
3. Enter the confirmation code sent to your email, choose a password and press **Submit**
4. Once logged in, you can view your child's account, and can select **Pay** to make a payment with your card.

Need help? Contact our billing department at 360-738-3808 x314 or email billing@whatcomclubs.org.

INSTRUCTION ACKNOWLEDGEMENT

Please sign and date below acknowledging your receipt of the MyProcare payment instructions.

Parent/Guardian Signature: _____ Date: _____

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LICENSED CARE POLICY AGREEMENT



Name(s) of Child(ren): _____

Kids' World Location: Ferndale Frontiers Northwest Sunset

TUITION PAYMENTS

A. Weekly tuition is due by Friday of each week before care is provided. Copays are due by the final day of each month for the following month. The first payment is due on the first day you attend. Tuition rates are subject to change. Weekly Tuition:

_____ Monthly Copay: _____

B. Tuition payments must be kept current. If you have not made payment, your child(ren) will not be allowed to be dropped off at the center. Payments two weeks in arrears will result in withdrawal from the program.

C. Other weekly charges for additional days of care, late pick-ups, long days, and other applicable fees will be billed and due upon receipt.

D. A 2% surcharge will be added to Credit and Debit card payments. EFT payments do not incur any additional charges.

E. A \$50.00 registration fee is collected at the time of enrollment or re-enrollment, and each year thereafter. Registration fees are non-refundable.

TUITION CREDITS

A. Our program, philosophy and license law require us to engage staff based on numbers of children enrolled. We cannot give tuition credits for days your child is absent. Additionally, we do not prorate for vacation days or absences in any case.

HOLIDAYS AND STAFF DEVELOPMENT DAYS

A. Full tuition is charged for the weeks that contain a holiday and/or a staff development day.

OTHER CHARGES

A. School-age children will be charged the full-time rate during school vacations, breaks, teacher work days, etc.

B. A monthly activity fee of \$20.00 is charged for all children aged 4 and over, to participate in off site excursions as well as materials for special projects.

C. NSF credit/checking/savings charge is \$25.00.

D. **Our Northwest, Ferndale, and Sunset sites open at 6:00 am and close at 6:00pm.** Our Frontiers site opens at 6:45 am and closes at 5:30 pm. Late pick-up charge will be \$25.00 per 15 minutes or fractions thereof when a child is left beyond the center's operating hours.

E. A late fee of \$25 per day will be charged if payment is not received by the due date stated above. Payments are credited first to late fees, then to tuition and co-pays. Tuition left unpaid is subject to interest at 18% per annum, 1.5% per month and all costs of collection including all legal fees incurred in order to collect unpaid tuition and fees.

F. If tuition is paid by a third party, the parent is responsible for any unpaid tuition or co-pay.

G. The rate for children who come over 10 hours a day is \$30/day.

H. The rate for infants who come over 10 hours a day is \$45/day.

I. Children who utilize our transportation service to or from their school will be charged a \$40/ monthly transportation fee. Transportation fees will not be prorated based on the number of rides or attendance.

J. A \$10/per child fee will be charged for children scheduled to be picked up from school who do not show and/or notification was given less than an hour prior to scheduled pick up.

WITHDRAWAL

A. A two week notice of withdrawal from the program is required. Withdrawing without two weeks' notice will cause you to be liable for the two weeks of tuition.

I have read and understand the following and agree to all terms and conditions.

****Please initial next to each item that you have reviewed***

_____ Kids' World Family Handbook

_____ I understand our Health Plan is available upon request for review

_____ I understand our Crisis & Disaster Response Handbook is available upon request for review

Permission Statements

Medical Treatment:

I give permission to Boys & Girls Clubs of Whatcom County staff to administer first aid, call for emergency medical help and/or to transport my child to a medical facility. I give permission for nursing staff and physicians to treat my child, and secure emergency medical and/or emergency surgical treatment for my child while in care. I expect that a conscientious effort will be made to locate me and or those I have designated, and I will be responsible for any expenses that are incurred.

_____ Yes _____ No

Field Trips/Transportation:

I give my permission to Boys & Girls Clubs of Whatcom County for my child to be transported in a Boys & Girls Clubs of Whatcom County owned vehicle to & from the center and their school and/or to participate in activities and field trips. Public transportation may be used for field trips only. Field trips will not exceed two hours for children not of school age. Staff will have each child's health history, medication (if needed), emergency information, and emergency medical authorization for each child on hand. Staff will also have a phone, complete first aid kit, and attendance sheets. Staff will follow WAC 110-300- 0480 before departing in a vehicle to inspect the vehicle for safety. Children will not be left unattended at any time, including in a van. I will be notified of all field trips, including the specific event, date, mode of transportation, and anticipated travel time at least 24 hours in advance and reserve the right to not allow my child to attend.

_____ Yes _____ No

Photo Release:

Boys & Girls Clubs of Whatcom promotes its programs through social media, electronic and newsletters and print brochures and reports. I give permission to Boys & Girls Clubs of Whatcom County staff to capture my child's image on equipment owned by the organization and to use these images in public relations materials.

_____ Yes _____ No

Surveillance:

I understand that Boys & Girls Clubs of Whatcom County has surveillance equipment used for safety purposes located inside and outside of its facilities. I also understand that it is the policy of Boys & Girls Clubs of Whatcom County never to release images from this equipment to any member of the public unless mandated by a court of law.

Please return this page to the Center Director and keep the manual for your reference.

Parent/Guardian Signature _____ Date _____

Center Director's Signature _____ Date _____



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 Date		X _____ Parent/Guardian Signature Required if Starting in Conditional Status 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:		
<input type="checkbox"/> A verified history of varicella (chickenpox) disease.		
<input type="checkbox"/> 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: waisrecords@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		



WELCOME TO OUR INFANT ROOM



We are so excited to have your infant join our community of learners and friends. We want to express our heartfelt gratitude for entrusting us with the care and education of your precious little one. Our infant room is a nurturing and stimulating environment where your child will thrive and grow. Our teachers create strong bonds with your baby through activities such as talking, rocking, singing, reading stories, simple movements, and playing. Our goal is to help babies get comfortable in our care and to establish routines as quickly as we are able to. We believe that every child is unique, and we strive to provide individualized care that meets their specific needs.

We encourage you to communicate with us regularly about your infant's care and any questions or concerns you may have. We value your input and believe that open communication is essential for a successful partnership.

Parents are asked to bring supplies for their infant daily. Please keep in mind we do not allow blankets, diaper bags or carseats to be stored in our classroom. Upon enrollment, your infant will be assigned a specific color of label. Your infant's cubby and any supplies brought in will be labeled with this color. We encourage parents to transport supplies in a small grocery store bag.

Remember, if you have any questions at all, just ask! Also, we may call you at times when we have questions or comments regarding your little one - so if you get a call from us, don't panic! We may just be curious about something or have something interesting to tell you about your child! We have an open door policy here. The more communication between us, the better!

GENERAL SUPPLIES

- Bottles
- Formula/Breast Milk (if not using center's formula)
- Diapers (children are changed at minimum every 2 hours)
- Wipes
- Additional Clothing (pants, shirt, socks, shoes)
- Sleep sack (if used - no blankets are allowed in the room)

BOTTLES

All bottles must have caps attached. We do not wash bottles onsite, so please provide enough for the timeframe your infant is in care.

FORMULA OR BREAST MILK

We do not accept premade bottles. We supply Similac Infant Formula (Advance, Sensitive & Soy). Parents may provide their own formula (unopened can) or breast milk (frozen bag with date dispensed).

IRON FORTIFIED CEREAL AND/OR BABY FOOD

We supply Gerber Rice Cereal for Babies and Gerber Natural 2nd Foods (applesauce, sweet potatoes, carrots, & pears). Parents may provide their own food in a container labeled with ingredients and date of preparation. For infants eating solid food, ask about our Child and Adult Care Food Program (CACFP).

MEDICATIONS

We will need a doctor's note and/or a parent written authorization to administer any medication to your infant. We cannot give over-the-counter medication without a doctor's note or written parent authorization, including Tylenol and teething gels. We do not administer controlled substances. Please see the office for more information.

Diaper cream is also a medication which will require this documentation.

ADULTS AND OLDER CHILDREN IN THE CLASSROOM

Because of unintentional hazards to our infants, older children are not allowed in the area where the infants are resting or playing. We also ask parents not to walk on the carpet area with their street shoes on because so many things can be tracked in off our shoes onto the carpet.

SLEEPING

All babies will be put to sleep on their back until at least 12 months of age. This is in accordance with our safe sleep policy.

PACIFIERS

If your child uses a pacifier, please provide ones which use a paci-clip if possible. This helps us keep up with it and also helps keep it from ending up on the floor.

DIAPERS AND WIPES

Diapers and wipes are provided by the parents. You can bring in a large bag and we will keep you posted when your counts get low. You can bring them in daily and if you choose to bring them in daily, please make sure you supply enough for your infant to be changed at least every 2 hours.

PICTURES

Please bring in pictures of your family so we can put them up around the room for your infant to look at. This includes family pets and your extended family.



INFANT SUPPLEMENTAL INFORMATION



Name of child: _____ Date: _____

Age: _____ Girl Boy

EATING BEHAVIOR

Where is your child fed?

Lap High Chair Infant Seat Other: _____

How does your child eat?

Uses a Bottle NEVER used a bottle Bottle Needs to be Warmed
 Uses Spoon Uses Hands Other: _____

What does your child eat?

Breast Fed Eats Baby Food Only Eats Table Foods
 Drinks Formula – Formula Brand: _____ Other: _____

How many ounces does your child take at each feeding? _____

How often? _____

Please describe when water or juice is given and how much:

How is your child burped? _____

Describe the feeding of cereal, fruit, jar foods, and other solid foods:

Food likes: _____

Food dislikes: _____

Has your child had any feeding problems? Yes No

If yes, please describe: _____

Special instructions: _____

FEEDING SCHEDULE

FEEDING TIMES	KIND(S) OF FOOD	AMOUNT(S)

SLEEPING BEHAVIOR

Nap Time(s): _____

What does your child take to bed (blanket, bottle, pacifier, etc.)?

Sleeping habits:

Sleeps on Back Sleeps on Side Cries When Put to Sleep

How should we put your child to sleep?

Rock them Use Swing Uses Bouncy Seat Sleeps on Their Own

At home, does your child sleep in

A Crib Car Seat Other: _____

Does your child use a pacifier? Yes No If yes, when? _____

Is there another word you and your child use for a pacifier? Yes No If yes, what word? _____

Please describe your child's sleeping patterns for a 24 hour period:

DIAPERING INFORMATION

Is your baby's skin highly sensitive? Yes No If yes, please describe _____

Is diaper rash a problem? Yes No If yes, how do you treat it? _____

Are bowel movements regular? Yes No How many per day? _____ Time of day? _____

Is diarrhea a problem? Yes No If yes, please explain: _____

Is constipation a problem? Yes No If yes, please explain: _____

ADVICE AND TIPS FROM THE EXPERT...YOU!

Does your baby have a history of colic? Yes No

If yes, are there any tips you can give us to ease your baby?

Does your child have a "fussy" time? Yes No If yes, when? _____

What do you do to help? _____

How does your child relate to strangers?

Is there any other information that you feel would help us get to know your child?



DAILY CHILD SCHEDULE SCHOOL-AGE PROGRAM



Name(s) of Child(ren): _____

Kids' World Location: Ferndale Frontiers Northwest Sunset Effective Date: _____

School Name: _____ School District (check one): Bellingham Ferndale

Please Note: Per our Family Handbook, schedule changes must be made two weeks in advance, and are subject to approval by the Center Director and Billing Specialist. Some schedule changes incur a \$25 administrative fee. Please refer to our Family Handbook for further details at <https://whatcomclubs.org/kids-world/>

Choose one of the following options, and complete the schedule below if applicable:

AM & PM (both) AM only PM only No Transportation Needed

	Start time	Drop at School	Pickup at school	Pickup time
Monday		Bellingham - 8 a.m. Ferndale - 9:30 a.m.	Bellingham - 2:30 p.m. Ferndale - 3:30 p.m.	
Tuesday		Bellingham - 8 a.m. Ferndale - 9:30 a.m.	Bellingham - 2:30 p.m. Ferndale - 3:30 p.m.	
Wednesday		Bellingham - 8 a.m. Ferndale - 9:30 a.m.	Bellingham - 2:30 p.m. Ferndale - 3:30 p.m.	
Thursday		Bellingham - 8 a.m. Ferndale - 9:30 a.m.	Bellingham - 12:20 p.m. Ferndale - 3:30 p.m.	
Friday		Bellingham - 8 a.m. Ferndale - 9:30 a.m.	Bellingham - 2:30 p.m. Ferndale - 3:30 p.m.	

Comments: _____

Parent/Guardian Signature: _____ Date: _____

TRANSPORTATION AGREEMENT

In addition to existing tuition and fees, children who utilize our transportation service to or from their school will be billed an additional per child transportation fee of \$40/month.

Per our Family Handbook, if your child is scheduled to utilize our transportation services but will be absent for the day, we request you inform us before the end of their school day. A penalty of \$10 is applied to your account if you do not inform us in advance.

Children who arrive via school bus or transportation services outside of our program will not be charged the transportation fee. Transportation fees will not be prorated based on the number of rides or attendance.

We do not provide transportation services to all schools in the district. Please consult your Center Director to identify if your child can participate in our transportation services. Please let us know if you will need to utilize our transportation service by filling out and returning the form below as soon as possible.

Parent/Guardian Signature: _____ Date: _____