

**CHILD'S TIME EARLY LEARNING CENTER  
ENROLLMENT FORM**



[OFFICE USE ONLY]

**CENTER**

Spanaway

Graham

Parkland

Centralia (Marsh Ave)

Centralia (Tower St)

**START DATE:**

**REGISTRATION FEE:**

MONTH: \_\_\_\_\_ DAY: \_\_\_\_\_ YEAR: \_\_\_\_\_

PRIVATE PAY: \$ \_\_\_\_\_

STATE

TRIBE

**CHILD INFORMATION**

CHILD #1					
LAST LEGAL NAME:		FIRST LEGAL NAME:		M.I.:	NICKNAME:
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> PREFER NOT TO SAY		CHILD DATE OF BIRTH	DATE OF LAST PHYSICAL		ELEMENTARY SCHOOL NAME/OTHER (IF APPLICABLE):
CHILD #2					
LAST LEGAL NAME:		FIRST LEGAL NAME:		M.I.:	NICKNAME:
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> PREFER NOT TO SAY		CHILD DATE OF BIRTH	DATE OF LAST PHYSICAL		ELEMENTARY SCHOOL NAME/OTHER (IF APPLICABLE):
CHILD #3					
LAST LEGAL NAME:		FIRST LEGAL NAME:		M.I.:	NICKNAME:
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> PREFER NOT TO SAY		CHILD DATE OF BIRTH	DATE OF LAST PHYSICAL		ELEMENTARY SCHOOL NAME/OTHER (IF APPLICABLE):
CHILD #4					
LAST LEGAL NAME:		FIRST LEGAL NAME:		M.I.:	NICKNAME:
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> PREFER NOT TO SAY		CHILD DATE OF BIRTH	DATE OF LAST PHYSICAL		ELEMENTARY SCHOOL NAME/OTHER (IF APPLICABLE):

**PARENT/GUARDIAN INFORMATION**

<b>PARENT/GUARDIAN #1 FULL NAME:</b>		<b>RELATIONSHIP TO CHILD:</b>	
CELL #:	HOME #:	WORK #:	
EMAIL ADDRESS:			
STREET ADDRESS:			
CITY:	STATE:	ZIP CODE:	
PARENT/GUARDIAN INFORMATION			
<b>PARENT/GUARDIAN #2 FULL NAME:</b>		<b>RELATIONSHIP TO CHILD:</b>	
CELL #:	HOME #:	WORK #:	
EMAIL ADDRESS:			
STREET ADDRESS:			
CITY:	STATE:	ZIP CODE:	

## CHILDCARE FINANCIAL AGREEMENT

We depend on the payment of tuition to keep our centers in operation. We ask that it be prepaid by the 5th of each month for the entire month. If you find yourself in temporary financial difficulty, and you will be unable to make your payment on time, it is very important you contact your Site Director to make arrangements for your childcare to continue while bringing your account up to date.

*[Please refer to your enrollment folder or speak with your Site Director for more payment information including accepted payment methods.]*

Parent/Guardian Full Name:			Parent/Guardian D.O.B:			Parent/Guardian SSN:								
CHILD'S FULL NAME			CHILD #1:			CHILD #2:			CHILD #3:			CHILD #4:		
DAYS OF CARE:			<input type="checkbox"/> MON	<input type="checkbox"/> TUE	<input type="checkbox"/> WED	<input type="checkbox"/> MON	<input type="checkbox"/> TUE	<input type="checkbox"/> WED	<input type="checkbox"/> MON	<input type="checkbox"/> TUE	<input type="checkbox"/> WED	<input type="checkbox"/> MON	<input type="checkbox"/> TUE	<input type="checkbox"/> WED
			<input type="checkbox"/> THU	<input type="checkbox"/> FRI		<input type="checkbox"/> THU	<input type="checkbox"/> FRI		<input type="checkbox"/> THU	<input type="checkbox"/> FRI		<input type="checkbox"/> THU	<input type="checkbox"/> FRI	
ARRIVAL TIME:			_____ or <input type="checkbox"/> Same as other			_____ or <input type="checkbox"/> Same as other			_____ or <input type="checkbox"/> Same as other					
DEPARTURE TIME:			_____ or <input type="checkbox"/> Same as other			_____ or <input type="checkbox"/> Same as other			_____ or <input type="checkbox"/> Same as other					

### PAYMENT

CHILD #1 NAME:					CHILD #2 NAME:				
FEE: \$ _____					FEE: \$ _____				
<input type="checkbox"/> MONTHLY   <input type="checkbox"/> DAILY   <input type="checkbox"/> HOURLY   <input type="checkbox"/> WEEKLY					<input type="checkbox"/> MONTHLY   <input type="checkbox"/> DAILY   <input type="checkbox"/> HOURLY   <input type="checkbox"/> WEEKLY				
Source Of Payment:					Source Of Payment:				
<input type="checkbox"/> PRIVATE   <input type="checkbox"/> STATE (DSHS/CPS)   <input type="checkbox"/> OTHER:					<input type="checkbox"/> PRIVATE   <input type="checkbox"/> STATE (DSHS/CPS)   <input type="checkbox"/> OTHER:				
CHILD #3 NAME:					CHILD #4 NAME:				
FEE: \$ _____					FEE: \$ _____				
<input type="checkbox"/> MONTHLY   <input type="checkbox"/> DAILY   <input type="checkbox"/> HOURLY   <input type="checkbox"/> WEEKLY					<input type="checkbox"/> MONTHLY   <input type="checkbox"/> DAILY   <input type="checkbox"/> HOURLY   <input type="checkbox"/> WEEKLY				
Source Of Payment:					Source Of Payment:				
<input type="checkbox"/> PRIVATE   <input type="checkbox"/> STATE (DSHS/CPS)   <input type="checkbox"/> OTHER:					<input type="checkbox"/> PRIVATE   <input type="checkbox"/> STATE (DSHS/CPS)   <input type="checkbox"/> OTHER:				

Please read and initial the following items indicating that you read and understand Child's Time financial terms. INITIALS

Payment is due by the 5<sup>th</sup> of each MONTH. A late fee of \$35 will be charged to your account and added every 30 days past due date.

LATE PICK-UP FEE IS \$2.00 PER CHILD PER EVERY MINUTE PASS CLOSING TIME.

NSF IS \$40 PER RETURNED CHECK.

ENHANCEMENT FEE IS \$25 PER CHILD

ANNUAL REGISTRATION FEE IS \$50 PER CHILD  
(ON ANNIVERSARY ENROLLMENT DATE)

#### Rate Increase

Rate Increases will take effect every January – the rate increase will be anywhere between 5%-10% of your monthly tuition - Any time we have a rate increase, we will give you ten working days' notice in writing. If you wish to permanently remove your child from the center, you must provide ten business days written notice. If you do not provide that notice, you will be charged for ten days.

\*\*WE DO NOT SEND OUT INVOICES! IT IS YOUR RESPONSIBILITY TO MAKE YOUR PAYMENTS ON TIME.\*\*

I agree that all the information I provided is true and I agree to promptly notify Child's Time of any changes of the information I have provided. I understand that I am fully responsible for the terms of this agreement as stipulated.

I, \_\_\_\_\_ agree that all the information above is correct to the best of my knowledge and agree to abide by Child's Time childcare financial agreement form.

Parent/Guardian Signature:

Date:

**PICK-UP/EMERGENCY CONTACTS**

THE FOLLOWING PEOPLE BELOW HAVE MY PERMISSION TO PICK UP/DROP OFF MY CHILD

CHILD'S NAME:

**FULL NAME**

**RELATIONSHIP TO CHILD**

**PHONE**

1.  
2.  
3.

**RESTRICTION**

PLEASE PROVIDE COURT DOCUMENTS AND A PHOTO OF THE PERSON WHO HAS DENIED RIGHTS/ACCESS TO THE CHILD.

FULL NAME:

RELATIONSHIP TO CHILD:

ATTACHED LEGAL DOCUMENTS SHOWING:  CUSTODY  GUARDIANSHIP  RESTRAINING ORDER

**PICK-UP/EMERGENCY CONTACTS**

THE FOLLOWING PEOPLE BELOW HAVE MY PERMISSION TO PICK UP/DROP OFF MY CHILD

CHILD'S NAME:

SAME AS ABOVE

**FULL NAME**

**RELATIONSHIP TO CHILD**

**PHONE**

1.  
2.  
3.

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CHILD'S NAME:

SAME AS ABOVE

**FULL NAME**

**RELATIONSHIP TO CHILD**

**PHONE**

1.  
2.  
3.

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PLEASE PROVIDE COURT DOCUMENTS AND A PHOTO OF THE PERSON WHO HAS DENIED RIGHTS/ACCESS TO THE CHILD.

FULL NAME:

RELATIONSHIP TO CHILD:

ATTACHED LEGAL DOCUMENTS SHOWING:  CUSTODY  GUARDIANSHIP  RESTRAINING ORDER

## ADDITIONAL CHILD INFORMATION

	<u>CHILD NAME:</u>	<u>CHILD NAME:</u>	<u>CHILD NAME:</u>	<u>CHILD NAME:</u>
HAS YOUR CHILD BEEN IN DAYCARE BEFORE?	<input type="checkbox"/> YES <input type="checkbox"/> NO WHERE:	<input type="checkbox"/> YES <input type="checkbox"/> NO WHERE:	<input type="checkbox"/> YES <input type="checkbox"/> NO WHERE:	<input type="checkbox"/> YES <input type="checkbox"/> NO WHERE:
HAS YOUR CHILD HAD PLAY EXPERIENCE WITH OTHER CHILDREN?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
DOES YOUR CHILD KNOW ANY OF THE CHILDREN ENROLLED AT THIS CENTER?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
PLEASE LIST CHILD'S SPECIAL LIKES/DISLIKES				
BY NATURE, IS YOUR CHILD:	<input type="checkbox"/> FRIENDLY <input type="checkbox"/> AGGRESSIVE <input type="checkbox"/> SHY <input type="checkbox"/> WITHDRAWN	<input type="checkbox"/> FRIENDLY <input type="checkbox"/> AGGRESSIVE <input type="checkbox"/> SHY <input type="checkbox"/> WITHDRAWN	<input type="checkbox"/> FRIENDLY <input type="checkbox"/> AGGRESSIVE <input type="checkbox"/> SHY <input type="checkbox"/> WITHDRAWN	<input type="checkbox"/> FRIENDLY <input type="checkbox"/> AGGRESSIVE <input type="checkbox"/> SHY <input type="checkbox"/> WITHDRAWN
METHODS YOU FIND EFFECTIVE IN DEALING WITH MISBEHAVIOR (If none, write "none")				
METHODS YOU FIND EFFECTIVE IN DEALING WITH GOOD BEHAVIOR (If none, write "none")				
IS YOUR CHILD TOILET TRAINED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
WHAT EXPRESSION(S) DOES YOUR CHILD USE TO MAKE NEEDS KNOWN? (If none, write "none")				
AREAS YOU DESIRE ASSISTANCE WITH YOUR CHILD'S DEVELOPMENT (If none, write "none")				
DOES YOUR CHILD HAVE ANY SPECIAL NEEDS OR MEDICATION, WHICH SHOULD BE GIVEN SPECIAL CONSIDERATION (If none, write "none")				

## ALLERGIES

If your child has a medically diagnosed allergy, an Individual Health Care Plan form must be filled out and signed by your physician. (See Director).

<b>DOES YOUR CHILD HAVE ANY ALLERGIES?</b>	CHILD NAME:		CHILD NAME:		CHILD NAME:		CHILD NAME:	
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<b>ALLERGIC TO:</b>		<b>ALLERGIC TO:</b>		<b>ALLERGIC TO:</b>		<b>ALLERGIC TO:</b>	
	SPECIFIC INSTRUCTIONS IF AN ALLERGIC REACTION OCCURS:		SPECIFIC INSTRUCTIONS IF AN ALLERGIC REACTION OCCURS:		SPECIFIC INSTRUCTIONS IF AN ALLERGIC REACTION OCCURS:		SPECIFIC INSTRUCTIONS IF AN ALLERGIC REACTION OCCURS:	

### Emergency Medical and Surgical Care Consent Form

Should any emergency arise in which such service is indicated, I, \_\_\_\_\_, give consent to **Child's**  
**Time to seek medical and or surgical treatment for:**  
**[Enter each child's FULL NAME]**

CHILD NAME:	CHILD NAME:
CHILD NAME:	CHILD NAME:

*A conscientious effort must be made to notify my spouse/other legal guardian or me before such action is taken, but if it is impossible to locate my spouse/other legal guardian or me, the expense of this service will be accepted by me. I further consent to medical or surgical treatment by a licensed physician and/or hospital, and further consent to administration of necessary anesthetics, medical treatment, tests, x-rays, drawing blood, transfusions, or drugs, and performing whatever operations may be necessary during my child's stay in the hospital.*

	CHILD'S FULL NAME	CHILD'S FULL NAME	CHILD'S FULL NAME	CHILD'S FULL NAME
<b>MEDICAL</b>				
MEDICAL INSURANCE COMPANY				
POLICY NUMBER				
PHYSICIAN'S NAME				
ADDRESS				
<b>DENTAL</b>				
DENTAL INSURANCE COMPANY				
POLICY NUMBER				
PHYSICIAN'S NAME				
ADDRESS				

I have verified that the listed physician(s) above  WILL  WILL NOT treat my child(ren) in an emergency if I cannot be present. If NO, please indicate why:

\_\_\_\_\_

\_\_\_\_\_

 **STANDING FIELD TRIP RELEASE FORM (AGES 3-12)** 

In consideration of **Child's Time** taking my child(ren) on field trips, I hereby give permission for my child(ren),  
 (Print child(ren)'s full name):

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ to go on field trips arranged by **Child's Time**. I understand that these field trips occur on an ongoing basis for children ages 3-12. I, on behalf of my child(ren) do hereby hold **Child's Time** harmless from all liability which may arise out of or in connection with any field trip in which my child(ren) participates. This release includes releasing **Child's Time**, and its staff from any claims of negligence my child(ren) or I may have against **Child's Time**, that arise out of or in connection with a field trip in which my child(ren) participates. The terms of this release will serve as a release and assumption of risk for my heirs, executor, and administrators and for all members of my family.

**Child's Time** will notify parents/guardians about upcoming field trips and require parents to sign a field trip permission form if they would like their child(ren) to participate. A small fee may be required.

I have read and agree to the STANDING FIELD TRIP RELEASE FORM.

Parent/Guardian Signature

Date:



**MEDIA RELEASE AGREEMENT**

*I acknowledge that pictures may be taken of my child(ren). I hereby give **Child's Time** permission to use my child(ren) or family photos which may include, but not limited to, social networking, web sites, YouTube, or **Child's Time** Facebook page. I agree that LICENSED MATERIALS may be combined with other video, text and/or graphics, and may also be modified, altered, or cropped.*

*I acknowledge and agree that I have NO RIGHTS in the LICENSED MATERIALS and that all rights to the LICENSED MATERIALS belong to **Child's Time**. I acknowledge and agree that I have no further right to consideration or accounting and that I will make no further claim for any reason against **Child's Time** or its employees.*

*I represent and warrant that I am at least EIGHTEEN (18) years of age and have full legal capacity to execute this release or, if the participant is a minor that I am the legal parent or guardian of the minor child(ren) that is enrolled in **Child's Time** and have full legal capacity to execute the release.*

*I understand that security cameras may be located on the exterior and interior of the buildings. I also understand that the security cameras may be recording 24 hours a day 7 days a week. These cameras are to secure the safety for the children, parents, and staff. ALL video footage is the property of **Child's Time**.*

PARENT GUARDIAN SIGNATURE:

DATE:



**CHILD'S TIME EARLY LEARNING CENTER TOOTH BRUSHING WAIVER**



**Per Washington State Law, WAC 110-300-0180:2, Child's Time Early Learning Center is required to offer children who are in our program, an opportunity for developmentally appropriate tooth brushing activities. This brushing is not intended to replace home brushing in the morning or evening, rather it is an additional brushing.**

**You may choose to opt out of having your child/children participate in tooth brushing activities by signing this waiver.**

Please review Child's Time Tooth Brushing policy in the Parent Handbook.

By signing this waiver, I hereby chose to opt out of having the following child/children participate in tooth brushing activities offered by Child's Time Early Learning Center.

CHILD'S FULL NAME:

CHILD'S FULL NAME:

CHILD'S FULL NAME:

CHILD'S FULL NAME:

PARENT/GUARDIAN SIGNATURE:

DATE:

**30-Day Probationary Period Agreement Form**

CENTER				
<input type="checkbox"/> Spanaway	<input type="checkbox"/> Graham	<input type="checkbox"/> Parkland	<input type="checkbox"/> Centralia (Marsh Ave)	<input type="checkbox"/> Centralia (Tower St)
<b>Child 1</b>				
Child's Name (full):			Date of Birth:	
Program				
<input type="checkbox"/> Infants	<input type="checkbox"/> Toddlers	<input type="checkbox"/> Preschool	<input type="checkbox"/> Prekindergarten	<input type="checkbox"/> School-Age
<b>Child 2</b>				
Child's Name (full):			Date of Birth:	
Program				
<input type="checkbox"/> Infants	<input type="checkbox"/> Toddlers	<input type="checkbox"/> Preschool	<input type="checkbox"/> Prekindergarten	<input type="checkbox"/> School-Age
<b>Child 3</b>				
Child's Name (full):			Date of Birth:	
Program				
<input type="checkbox"/> Infants	<input type="checkbox"/> Toddlers	<input type="checkbox"/> Preschool	<input type="checkbox"/> Prekindergarten	<input type="checkbox"/> School-Age
<b>Child 4</b>				
Child's Name (full):			Date of Birth:	
Program				
<input type="checkbox"/> Infants	<input type="checkbox"/> Toddlers	<input type="checkbox"/> Preschool	<input type="checkbox"/> Prekindergarten	<input type="checkbox"/> School-Age
AGREEMENT				
<p>All children shall be subject to a probationary period of thirty (30) days upon enrollment. This period is designed to facilitate the acclimatization of both the student and their parent or guardian to the center's environment, as well as its policies and procedures. Should either party determine within this initial thirty (30) day timeframe that the child is not effectively integrating into the center or classroom setting, enrollment may be terminated without the necessity of providing a thirty (30) day notice. At the end of the thirty (30) day probationary period, a final assessment will be made regarding continued enrollment.</p> <p>I understand that during this probationary period, my child's integration into the center's environment will be monitored by Child's Time staff. This includes social interactions with peers, adaptation to routines, and overall comfort within the classroom setting.</p>				
ACKNOWLEDGMENT OF TERMS				
<p>By signing below, I acknowledge that I have read and understood all terms outlined in this form. I agree to abide by these terms throughout my child's enrollment at Child's Time Early Learning Center.</p>				
Parent Guardian Name:		Parent Guardian Signature:		Date

**CHILD'S TIME  
EARLY LEARNING CENTER**



**ENROLLMENT AGREEMENT CHECKLIST**

Please ***Read & Initial*** Each Box.

<input type="checkbox"/>	<p align="center">I understand that the cut-off time for DROP-OFF is <b>9:00AM</b>. Your child must be <u>INSIDE</u> the building and <u>SIGNED IN</u> by <b>9:00AM</b>. Arrivals after 9:00AM will NOT be permitted.</p>
<input type="checkbox"/>	<p align="center">I understand that I must follow my child's schedule that I enrolled them for.</p>
<input type="checkbox"/>	<p align="center">I understand that if I need to change my child's schedule, I must give at least 1-week notice.</p>
<input type="checkbox"/>	<p>I agree to notify staff at <b>least 24 hours</b> in advance if my child has a medical/professional appointment and will need a drop-off time later than <b>9:00AM</b> (physician's note/letter required). I understand that failure of notification will not permit drop-off after <b>9:00AM</b>. I understand that any arrival between <b>11:00AM-2:00PM</b> will not be permitted under any circumstance.</p>
<input type="checkbox"/>	<p align="center">I understand that there is an annual ENHANCEMENT FEE of \$25 per child. (Usually billed annually in August)</p>
<input type="checkbox"/>	<p>I understand that the daycare closes at 6:00PM every day. A fee of <b>\$2</b> a minute per child will be charged every minute after 6:00PM</p>
<input type="checkbox"/>	<p>I agree to keep information for my child(ren)'s file up to date with the office as well as my contact information (i.e., cell number, work numbers, etc.).</p>
<input type="checkbox"/>	<p>I understand that childcare payments posted by the 1<sup>st</sup> of each month are due by the 5<sup>th</sup>. I understand that late/non-payments will result in a fee (<b>\$35</b>) or suspension of childcare services and that a continuation of late payments will result in <b>termination of care</b>.</p>
<input type="checkbox"/>	<p>I agree to follow Child's Time health/illness policy and will keep my child(ren) home if they are showing any symptoms of any illness and will comply if I am notified to pick up my child from daycare if they began to show symptoms of illness while at daycare.</p>
<input type="checkbox"/>	<p>I understand that the maximum number of hours for childcare is <b>10 HOURS</b> and anything over 10 hours will need to be authorized by administration. I also understand that a fee for extended hours will be applied to my account per occurrence.</p>
<input type="checkbox"/>	<p align="center">I agree to READ and FOLLOW the parent handbook and comply with daycare policies.</p>
<input type="checkbox"/>	<p align="center">I agree to be kind and respectful to all employees/children within Child's Time's facilities.</p>
<p><b>PARENT/GUARDIAN SIGNATURE:</b></p>	<p><b>DATE:</b></p>





# 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.

<b>Child's Last Name:</b>	<b>First Name:</b>	<b>Middle Initial:</b>	<b>Birthdate (MM/DD/YYYY):</b>
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 _____ <b>Parent/Guardian Signature</b> <span style="float:right"><b>Date</b></span>		X _____ <b>Parent/Guardian Signature Required if Starting in Conditional Status</b> <span style="float:right"><b>Date</b></span>	

▲ 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
<b>Required Vaccines for School or Child Care Entry</b>						
●▲ 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						
<b>Recommended Vaccines (Not Required for School or Child Care Entry)</b>						
COVID-19						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV/MPSV (Meningococcal Disease types A, C, W, Y)						
MenB (Meningococcal Disease type B)						
Rotavirus						

<b>Documentation of Disease Immunity (Health care provider use only)</b>		
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.
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**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](mailto: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		