



*Located on the Campus of Gold Creek Community Church
4326 148th St. SE, Mill Creek, WA 98012 ~ (425) 931-8092 ~ Fax (425) 316-3335*

Thank you for your interest in *Kids at the Creek Kindergarten*. Our staff is committed to providing a great educational and social experience for each child. We are excited to offer our Kindergarten program with the same level of high standards as our Preschool program. It is our desire that this additional year at the Creek will enhance your child's educational experience through our smaller class sizes, enriched curriculum and family involvement.

Our Kindergarten curriculum emphasizes hands on learning through a variety of reading, science, math, music and art experiences. Our smaller class size allows each child to progress at his/her own pace with more individualized attention. You will receive regular reporting to track your child's progress throughout the school year.

Thank you for considering us to be a part of your extended family. We consider it a privilege to partner with you in the education of your child.

Liz Wynn, Director

Tanya Edwards, Director

REGISTRATION AND ADMISSION PROCEDURE

1. Complete and return one set of all forms for each child you are registering for our program. Include each student's registration fee of \$175. This non-refundable fee covers initial processing, classroom set-up expenses and \$100 toward your first month's tuition. The \$100 tuition fee is only refundable if you withdraw from the program prior to August 1, 2010. We are unable to consider any application without a fee attached.
2. Once the paperwork is completed we will review the paperwork and answer any additional questions you may have. You will receive written confirmation of your child's enrollment within one to two weeks.

USE THIS CHECKLIST FOR YOUR CONVENIENCE.

A. Complete and Return the following forms to begin the registration process:

- Application for Admission
- About Your Child
- Health History
- Family and Friends
- Emergency Information
- \$175 registration fee and tuition deposit.
- Parent Guidelines and Agreement
- Immunization Record (prior to first day of school)

Be sure to thoroughly read and review your parent handbook!

Is English your first language? _____ Yes _____ No

If No, what language(s) is spoken in your home? _____

IMMUNIZATION REQUIREMENTS:

Washington State law requires that all children have a complete Certificate of Immunization Status form on file at school. Kids at the Creek complies with the standards of the Washington State Department of Health relating to immunization of school children. All students must meet the minimum immunization requirements for school attendance. It is noteworthy that the *minimum vaccine requirements* and the *recommended vaccine schedule* differ significantly. Please seek the advice of your health care provider in order to maintain current protection for your child.

Your child may be exempt from certain immunizations for medical, personal or religious reasons. The Certificate of Immunization Status form provides space to document a medical exemption requiring a physician's signature. Personal or religious exemptions require a parent signature. There is also space to document immunity to measles, mumps, or rubella.

A complete Certificate of Immunization Status form must be provided for your student on or prior to their first day of attendance at Kids at the Creek .

In which School district do you currently reside? _____

What is your child's prospective elementary school? _____

Form completed by (Please Print): _____

Signature

Date



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**TELL US ABOUT YOUR CHILD
(FOR NEW STUDENTS ONLY!)**

Student's Name: _____ Birth Date: __/__/__
Last First Middle

How did you hear about our school? _____

Does your child have any allergies? _____

Does your child have any special fears? _____

Did your child attend preschool, if so where? _____

What are your goals for your child this year at Kindergarten?

Father/Mother/Guardian Signature _____ Date __/__/__



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YOUR CHILD'S HEALTH HISTORY

Student's Name: _____ Date of Birth: _____
Last First Middle

Primary Care Physician: _____

Address: _____

Phone: _____

| | | | | | |
|--|----------------------|--------------------------|----------------------|--------------------------|------------------|
| Has your child had any of the following: | | | | | |
| <input type="checkbox"/> | Allergies | <input type="checkbox"/> | Asthma/Wheezing | <input type="checkbox"/> | Chicken Pox |
| <input type="checkbox"/> | Frequent Colds | <input type="checkbox"/> | Colic | <input type="checkbox"/> | Constipation |
| <input type="checkbox"/> | Diabetes | <input type="checkbox"/> | Rash/Skin Irritation | <input type="checkbox"/> | Diarrhea |
| <input type="checkbox"/> | Ear Infections/Aches | <input type="checkbox"/> | Eczema | <input type="checkbox"/> | Eye Infections |
| <input type="checkbox"/> | Febrile Seizures | <input type="checkbox"/> | High Fevers | <input type="checkbox"/> | Sinus Infections |
| <input type="checkbox"/> | Convulsions | <input type="checkbox"/> | Freq. Sore Throats | <input type="checkbox"/> | Lice |
| <input type="checkbox"/> | Ringworm | <input type="checkbox"/> | Stomach Upset | <input type="checkbox"/> | Urinary Issues |
| <input type="checkbox"/> | Mumps | <input type="checkbox"/> | Impetigo | <input type="checkbox"/> | Scarlet Fever |
| <input type="checkbox"/> | Strep Throat | <input type="checkbox"/> | Other _____ | <input type="checkbox"/> | Other _____ |

Please list the sources of any **ALLERGIES** or other illnesses not listed above- (please explain)

| |
|---|
| Does your child have any distinguishing features or birthmarks? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: |
| |

| |
|--|
| If your child were injured or taken ill while at Kids at the Creek , what would you like us to do? Please state in detailed order what you would like done, persons called and list on the Emergency Information Form as well. |
| |

Name of person completing form: _____

Signature: _____ Date: _____



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YOUR CHILD'S EMERGENCY INFORMATION

(In the event of an emergency, this card will be provided to emergency medical personnel)

Child's Name _____
Last First Middle Date of Birth

Mother/Guardian #1 _____
Home Phone _____ Cell Phone _____
Work Phone _____
Father/Guardian #2 _____
Home Phone _____ Cell Phone _____
Work Phone _____

Please list, in order of preference, relatives or friends who will assume temporary responsibility if parents cannot be reached:

| | |
|-------------------------|-------------|
| Name/Relationship _____ | Phone _____ |
| Name/Relationship _____ | Phone _____ |
| Name/Relationship _____ | Phone _____ |

Known allergies or reactions to any medicines _____

EMERGENCY CONSENT: I hereby give permission that my child may be given emergency treatment by a qualified staff member at Kids at the Creek at Gold Creek Community Church. I also give permission for my child to be transported by an ambulance or aid car to an emergency treatment center for medical treatment. In the event that I cannot be contacted, I further consent to the medical, surgical and hospital care, treatment and procedures to be performed by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard the child's health. I hereby release Kids at the Creek / Gold Creek Community Church, their employees, directors, volunteers and agents from any and all liability, expense (medical, ambulance, etc.) arising out of their reasonable efforts to provide emergency medical care for my child. I further agree to take sole financial responsibility for any medical services rendered to my child which are not provided for by personal medical insurance programs.

Father/Mother/Guardian Signature _____ Date _____
(You may attach a copy of your child's health insurance coverage if desired)



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YOUR CHILD'S FAMILY AND FRIENDS
**(You may skip this page if you previously attended our preschool
and your family situation has not changed)**

Child's Name: _____
Last First Middle

FAMILY BACKGROUND

Parents/Guardians are: Married Separated Divorced Never Married
 Mother Remarried Father Remarried
 Other (explain) _____

If your child is living with both parents, skip to the next section. If your child is not living with both parents,
a) Please explain the custodial arrangements:

If one parent is not allowed to have contact with the child, please provide us with appropriate documentation, i.e. copies of court order, etc.

List all other members living in the household:

| Name | Relationship | Age |
|-------|--------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Are there any special family situations that we should be aware of?

Kids At The Creek
Individuals Authorized to Pick Up My Child

1. Who will pick up your child the majority of the time?

Name: _____ Relationship _____
Phone: _____ (Cell) _____

The following individuals are allowed to pick up my child.

Name: _____ Relationship _____
Phone: _____

Name: _____ Relationship _____
Phone: _____

Name: _____ Relationship _____
Phone: _____

Name: _____ Relationship _____
Phone: _____

Name: _____ Relationship _____
Phone: _____

Please contact the office if you would like to authorize individuals not listed on this form to pick up your child.

Completed by: _____ Date: _____

STUDENT NAME _____



2010-2011 Parent Guidelines and Agreement

As a parent of _____(child's name) enrolled in Kids at the Creek (KATC) Kindergarten I understand my responsibility to my child's school and willingly agree to the expectations outlined below and included, but not limited to, the parent handbook.

By signing this agreement, I acknowledge that I understand the English language, have read this agreement and the parent handbook and I agree to abide by the terms set forth.

Parent/Guardian

Signature: _____ Date: _____

Print Name: _____

Permission is granted for my child to be included in routine evaluations. As part of this program, permission is granted for observation of children and teachers by Early Childhood Specialists to provide feedback about ways to improve the environment, the daily program, activities and experiences. General group information collected in this quality enhancement program may be used for reporting and grant application purposes.

YES NO

I hereby grant permission for Kids at the Creek/Gold Creek Community Church Ministries to take photos of my child and to use his/her photo or quotations in school promotional materials. No personal information will be published in promotional materials without express consent of the parents.

YES NO

I give my permission for Kids at the Creek to publish my phone number and address in the student body directories.

YES NO

I grant permission for my child to use all playground equipment and participate in all school activities. I understand that in the event of an emergency, the school and its employees and agents will call emergency services and contact me as soon as possible. I give consent to any licensed physician to administer drugs or medicine or to perform such medical procedures as that physician determines necessary for the relief of pain and to preserve my child's life or health. I understand that I am responsible for all medical transportation, rescue and other related expenses incurred on behalf of my child.

Your child's safety is our number one priority. Our staff may request information from you and other authorized parties to verify identity and ensure the safe pick up/delivery of your child to school. As parent/guardian of your child, we expect you to relay our policies to others who may interact with our staff on behalf of your child (daycare providers, relatives, etc.)

FINANCIAL POLICIES:

First month and May tuition are due on or before the first day of school. Tuition not received in the office by the 5th of the month will be assessed a \$20.00 late charge, no exceptions, unless prior arrangements have been made with the Director. A fee of \$20.00 will be charged for NSF (non-sufficient funds) checks, plus a late fee. Payments may be made on-line, dropped off in our tuition box in the office, mailed to the school or given to the Director. **DO NOT GIVE PAYMENTS TO THE CHILD’S TEACHER.**

Charges for frequent late pick-ups will be assessed and added to your account. (\$5 will be assessed for every 10 minute interval.) Parents are responsible for late charges even if your daycare provider or other authorized adult is late.

A minimum of two weeks written notice is required to withdraw from the program.

LEGAL POLICIES

I release and agree to hold harmless, defend and indemnify, the school and its directors, officers, employees and agents from and against any and all claims for personal injury (including loss of life) and all other losses or damages (except those caused entirely by the gross negligence or intentional conduct of the school) that the child or the parent may suffer as a result of the child’s participation and/or enrollment in kindergarten.

INITIAL _____

I understand that all disputes related to this Agreement or enrollment at KATC shall be resolved by binding arbitration. The parties may agree to mediate prior to arbitration in accordance with the following terms. Mediation and arbitration shall be before a mutually acceptable person who is a practicing attorney with a minimum of ten years experience or a retired judge. In the event that the parties cannot agree on such person, each shall appoint a qualified person and the two shall agree on a third qualified person to be the sole mediator or arbitrator. The arbitrator need not be the same person as the mediator. The parties hereby incorporate, and the arbitration shall follow, the procedures of Chapter 7.04 RCW. Additionally, the arbitrator shall have the authority to order such discovery, by way of deposition, interrogatories, document production, or otherwise, as the arbitrator considers necessary to full and fair exploration of the issues in dispute, consistent with the expedited nature of arbitration. The laws of the State of Washington shall govern. The parties shall evenly split the costs of both mediation and arbitration.

INITIAL _____

The school does not discriminate in the admission of students based on race, color, national origin, sex, age or disability, as required by federal and state laws to the extent applicable to the school. KATC reserves the right to modify, supplement, rescind or revise any policy, benefit or provision at any time, with or without notice, as it deems necessary in its sole discretion.

If a conflict exists between this Agreement and a policy contained in the KATC handbooks, manuals or written policies, this Agreement shall govern.

INITIAL _____



2010-11 TUITION SCHEDULE

\$100 of the \$175 registration fee may be applied to the first month tuition. September and May tuition are due prior to the first day of school.

| Tuition for Month of | DUE Date | Half Day Program | Full Day Program |
|----------------------|----------------|------------------|------------------|
| Sept. 09 | SEPT. 1 | \$330 | \$450 |
| Oct. 09 | Oct. 1 | \$330 | \$450 |
| Nov. 09 | Nov. 1 | \$330 | \$450 |
| Dec. 09 | Dec. 1 | \$330 | \$450 |
| Jan. 10 | Jan. 1 | \$330 | \$450 |
| Feb. 10 | Feb. 1 | \$330 | \$450 |
| March 10 | March 1 | \$330 | \$450 |
| April 10 | April 1 | \$330 | \$450 |
| May 10 | SEPT. 1 | \$330 | \$450 |
| June 10 | June 1 | \$165 | \$225 |
| TOTAL | | \$3,135 | \$4,275 |

Tuition is based upon actual number of class days including adjustments for holidays, in-service days and potential weather related closures. The total is divided equally over the nine and a half months school is in session.

A late fee of \$20 will be assessed for all payments received after the 5th of the month. Checks are accepted in the office. **NO CASH PLEASE.** Credit and debit card payments made be made at our website www.kidsatthecreek.com.