



We appreciate you choosing Great Beginnings for your family's child care need. The following forms are ALL REQUIRED prior to enrolling your child at GB! Please let us know if you have any questions or need assistance filling out them out!
Thank you!

- Information Sheet
- Agreement form
- Health Information
- Milk Statement
- Chronic Conditions
- Power of Attorney—Childs file copy
- Grab and Go Emergency Information Sheet
- Subsidy form
- Parent Orientation (Read the Parent handbook)
- Photo release and Comments
- Immunization Forms (or EXEMPT forms)

Parent Signature

Date

** ALL forms need a signature, even if it is NOT APPLICABLE

INFORMATION SHEET

(Child's first name) (Full middle name) (Last name)

(Name you would like child to learn) (Date of birth)

(Residence street address) (City) (State) (Zip)

(Parent #1 [or legal guardian] name & complete residence address) (E-MAIL)

(Parent #1 Employer & Phone) (Cell Phone) (Landline/Other Phone)
This needs to be a working contact for you. We NEED to be able to reach you immediately. Voicemail MUST be set up and able to receive messages. Voicemail must be answered within 10 minutes, or we will call Emergency Contacts.

(Parent #2 [or legal guardian] name & complete residence address) (E-MAIL)

(Parent #2 Employer & Phone) (Cell Phone) (Landline/Other Phone)
This needs to be a working contact for you. We NEED to be able to reach you immediately. Voicemail MUST be set up and able to receive messages. Voicemail must be answered within 10 minutes, or we will call Emergency Contacts.

(Names and ages of siblings)

NAMES/ADDRESSES/PHONE OF PERSONS TO BE CONTACTED IN EMERGENCY IF PARENT IS NOT AVAILA-
BLE OR CANNOT BE CONTACTED (prefer one relative and one friend)

(Name) (Address) (Cell / landline phone)

(Relationship to child) (Cell phone) (Work phone)

(Name) (Address) (Cell / landline phone)

(Relationship to child) (Cell phone) (Work phone)

What source(s) prompted you to first call or visit our Center? _____

I CERTIFY THAT THE INFORMATION GIVEN ON THE INFORMATION SHEET IS ACCURATE AND I WILL NOTI-
FY GREAT BEGINNINGS IN THE EVENT THAT ANY CHANGES OCCUR.

(Signature of parent or guardian) (Date)

AGREEMENT FORM

(Child's name)

(Days child will attend)

(Admission date)

(Withdrawal date)

The undersigned parent and/or legal guardian agrees to pay Great Beginnings Child Development & Day Care Center the current Registration Fee and the current monthly charges for each month the child is in care and until the child is officially withdrawn from the program. This fee will include the costs of care, developmental program, snacks, lunches and transportation to and from Great Beginnings Child Development & Day Care Center will be provided by the parent.

I hereby state that I have read and understand and agree to comply with the rules and regulations of Great Beginnings Child Development & Day Care Center regarding fees, credits, attendance, health, parking, clothing, plan for disaster and emergencies, and all other items specified in the Parent Handbook issued by the school prior to enrollment. I am aware of all of the scheduled holidays. I further agree to notify Great Beginnings Child Development & Day Care Center of withdrawal at least two weeks in advance or know that I will be billed for those two weeks.

I UNDERSTAND THAT MY CHILD WILL NOT BE RELEASED TO ANYONE NOT LISTED ON THE INFORMATION SHEET (UNDER EMERGENCY CONTACTS) UNLESS THEY ARE IDENTIFIED BELOW OR PRIOR WRITTEN AND/OR VERBAL PERMISSION IS GRANTED BY THE PERSON(S) WHOSE SIGNATURE APPEARS BELOW.

(Name) (Address) (Landline phone)

(Relationship to child) (Cell Phone) (Work phone)

(Name) (Address) (Landline phone)

(Relationship to child) (Cell Phone) (Work phone)

(Name) (Address) (Landline phone)

(Relationship to child) (Cell Phone) (Work phone)

(Name) (Address) (Landline phone)

(Relationship to child) (Cell Phone) (Work phone)

I CERTIFY THAT THE INFORMATION GIVEN ON THE INFORMATION SHEET IS ACCURATE AND I WILL NOTIFY GREAT BEGINNINGS IN THE EVENT THAT ANY CHANGES OCCUR.

(Signature of parent or guardian) (Date)

GREAT BEGINNINGS CHILD DEVELOPMENT AND DAY CARE CENTER
Milk Statement

As the parent/guardian of _____, I choose to limit his/her intake of cow's milk. When the Center serves cow's milk as a component of the snack program, I will provide (in a labeled thermos), a non- dairy milk alternative of my choosing (or—*if under 24 months*—of my health care provider's choosing).

Child's Information:

(Child's name)

(Date of Birth)

(Parent's name)

(Date)

(Parent's signature)

Health Care Provider Information: **(Required if child is under 24 months)**

(Name of Health Care Provider)

(Title)

(Address)

(City, State, Zip)

(Phone number)

(Date)

(Health Care Provider Signature)

(Non-dairy milk alternative)

If your child is OK to have the 1% OR 2% cows milk (non-organic) we serve, please sign below.

(Parent Signature)

(Date)

FORM FOR CHILDREN WITH CHRONIC CONDITIONS

Child's Name _____ Medication _____

Condition that requires _____ Start & stop date (not to exceed 6 months) _____

Symptoms to look for when deciding to administer medications:

1. _____
2. _____
3. _____
4. _____
5. _____

Symptoms to look for when deciding to call parent:

1. _____
2. _____
3. _____
4. _____
5. _____

Symptoms that may worsen condition and expected side effects:

1. _____
2. _____
3. _____
4. _____
5. _____

Parent contact information:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| _____ | _____ |

Parent Signature(s) _____

Physician contact information:

1. _____

Other emergency contact:

2. _____

Physician Signature _____

PLEASE NOTE THAT THE SAME GENERAL EMERGENCY PROCEDURES
APPLY AS IS STATED IN THE PARENT HANDBOOK.

(Parent Signature if NOT APPLICABLE to child)

(Date)

CHILD/PARENT INFORMATION FOR EMERGENCY
“GRAB AND GO” EMERGENCY BAG

CHILD’S INFORMATION	
Child’s Full Name	
Date Of Birth	
Address	
Current Medications	
Special Needs/Instructions	
Physician Name/phone	
PARENT / GUARDIAN INFORMATION	
Full Name	
Relationship to child	
Address	
Phone Number(s)	
Email Address(es)	
Place of Employment	
PARENT / GUARDIAN INFORMATION	
Full Name	
Relationship to child	
Address	
Phone Number(s)	
Email Address(es)	
Place of Employment	
OTHER CONTACTS FOR PICK-UP	
Name and phone number	
Name and phone number	
OUT OF AREA CONTACT	
Name and phone number	

STATE SUBSIDY PROGRAM FAMILIES

(Working connections, Seasonal, Employed Foster Parent, CPS, Child Welfare, etc.)

To parents on any subsidy program for Child Care,

We at Great Beginnings are allowed to care for your child(ren) at our Center under guidelines provided to us by WA State agencies.

Some of the stipulations that we have for families receiving subsidies are:

- We only accept children who are authorized for full time, full day care.
- Child(ren) may begin care only AFTER we receive paperwork or a phone call from the State agency.
- Families that miss more than 5 days per month could be asked to leave.
- Child care will be provided ONLY if you need care for 5 or more hours per day. This means that if a child is not at GB for 5 hours per day, we will not be able to provide services for your family.
- The State DOES NOT pay for lunches, diapers, wipes, latenesses, etc. Parents have sole responsibility for payment of these EXTRA services.

The undersigned parents also agree to the following:

- Families must maintain their eligibility with the State.
- Parent(s) must be diligent about making sure the child(ren) are signed in and out on a daily basis.
- Parents will arrive with their child(ren) at GB no later than 9:30 am unless prior arrangements are made with the Director.
- Parents will pay their monthly co-payment to Great Beginnings by the tenth day of the month. If co-payment is not received by this day, you will receive notice that the 15th will be the last day that the Center can provide care for your child (ren). If you decide to make payment before the 15th, a late fee of \$10.00 will be assessed.

(Child)

(Signature)

(Date)

(Parent Signature if NOT APPLICABLE to child)

(Date)

Parent Orientation Check List

I have received written policy and procedure information via a “Parent Handbook” with the following information:

- | | |
|---|--|
| <input type="checkbox"/> Statement of Purpose | <input type="checkbox"/> Transportation/Extra Curricular |
| <input type="checkbox"/> Philosophy | <input type="checkbox"/> Enrollment Procedures |
| <input type="checkbox"/> Physical Facility | <input type="checkbox"/> Full/Part Time Enrollment |
| <input type="checkbox"/> Program and Services | <input type="checkbox"/> Rates/Absences |
| <input type="checkbox"/> Daily Schedule | <input type="checkbox"/> Calendar Of Closings |
| <input type="checkbox"/> Hours of Operation | <input type="checkbox"/> Visitor Privileges |
| <input type="checkbox"/> Parking | <input type="checkbox"/> Staff |
| <input type="checkbox"/> Arrival/Pick up (Release info) | <input type="checkbox"/> Clover Park TC Affiliation |
| <input type="checkbox"/> What To Wear | <input type="checkbox"/> Evacuation Plan |
| <input type="checkbox"/> What To Bring | <input type="checkbox"/> Fire/Disaster Drills |
| <input type="checkbox"/> Additional For Toddlers | <input type="checkbox"/> Discipline |
| <input type="checkbox"/> Things the Center Could Use | <input type="checkbox"/> Health Care Plan |
| <input type="checkbox"/> Birthdays | <input type="checkbox"/> Disaster Plan |
| <input type="checkbox"/> Personal Belongings | <input type="checkbox"/> Withdrawals |
| <input type="checkbox"/> ClassTag* | |

*Upon enrollment at Great Beginnings each parent/guardian will be required to join ClassTag. This is a notification system/app we use to notify parents of emergency situations, inclement weather, early closures etc. Parents/Guardians will be sent a code that will link you to Great Beginnings ClassTag account and enable us to contact you should these situations arise.

In addition, I have had any questions and/or concerns addressed with the Director(s) including, but not limited to, policies and procedures, center philosophies, program, facilities, parent conferences, parent volunteering, special needs, etc.

(Signature)

(Date)

Child(ren)s name(s) _____

WAC 110-300-0085

Requires us to give parents the opportunity to share the following:

(Please note that sharing of information on this page is OPTIONAL)

Is there anything you would like us to know about: **Child's name** _____

-Your child's development _____

-Your child's behavior _____

-Your child's health _____

-Your child's linguistics / language _____

-Your child's culture / beliefs _____

-Your child's social development _____

-Your family's routines / events / parenting style _____

Please allow ample time for the Center to arrange the following:

ANY time that you have questions, concerns, etc, PLEASE do not hesitate to contact us at 360-352-7236.

The Center will provide a progress report to you upon request.

The Center or the family may request a conference at any time.

Families have an opportunity to share their culture, language, knowledge, etc.... Any time upon request.

PHOTO RELEASE
AUTHORIZATION FORM

From time to time, photos will be taken of the children, activities, etc. We, at Great Beginnings, use these photos for learning purposes and to enhance our environment.

Also, Great Beginnings CD & DCC would like to use some of these photos for news releases, the Center's website, videos, slide presentations, marketing purposes, etc.

At certain times of the year, at the discretion of Great Beginnings, photographers will take photos of the children for resale to you, the parent.

(Child's name)

Yes, I grant permission for Great Beginnings CD & DCC to use my child's photo for advertising and promotions for the Center.

No, please do not use my child's photo for anything outside of the Center.

(Parent's signature)

(Date)

PARENT COMMENTS FOR
POSSIBLE PUBLICATION

RATING : ☆☆☆☆☆

(feel free to continue in the back if needed)

(Parent's name PRINTED)
We will only use first name and last initial

(Parent's Signature)

(Date)



Certificate of Immunization Status (CIS)

For Kindergarten-12th Grade / Child Care Entry

Office Use Only:

Reviewed by: _____ Date: _____
 Signed Cert. of Exemption on file? Yes No

Please print. See back for instructions on how to fill out this form or get it printed from the Washington Immunization Information System.

Child's Last Name: _____ **First Name:** _____ **Middle Initial:** _____ **Birthdate (MM/DD/YY):** _____ **Sex:** _____

I give permission to my child's school to share immunization information with the Immunization Information System for the school and in my child's school record.

Parent/Guardian Signature Required _____ **Parent/Guardian Signature Required** _____ **Date** _____

Documentation of Disease Immunity
Healthcare provider use only

If the child named in this CIS has a history of Varicella (Chickenpox) or can show immunity by blood test (titer) it **MUST** be verified by a healthcare provider

I certify that the child named on this CIS has:

a verified history of Varicella (Chickenpox).
 laboratory evidence of immunity (titer) to disease(s) marked below. **Lab report(s) for titers MUST also be attached.**

Tetanus Mumps Other: _____
 Hepatitis A Polio _____
 Hepatitis B Rubella _____
 Hib Varicella _____
 Measles _____

Licensed healthcare provider signature _____ Date _____
 (MD, DO, ND, PA, ARNP)

Printed Name _____

this form needs to be included with your enrollment forms, documented and printed out by your primary care practitioner!

	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY
<ul style="list-style-type: none"> Required for School and Child Care/Preschool Required Only for Child Care/Preschool 				
<ul style="list-style-type: none"> DTaP / DT (Diphtheria, Tetanus, Pertussis) Tdap (Tetanus, Diphtheria, Pertussis) Td (Tetanus, Diphtheria) Hepatitis B <ul style="list-style-type: none"> 2-dose schedule used between ages 11-15 Hib (<i>Haemophilus influenzae</i> type b) IPV / OPV (Polio) MMR (Measles, Mumps, Rubella) PCV / PPSV (Pneumococcal) Varicella (Chickenpox) <ul style="list-style-type: none"> History of disease verified by IIS 				
Recommended Vaccines (Not Required for School or Child Care Entry)				
Flu (Influenza)				
Hepatitis A				
HPV (Human Papillomavirus)				
MCV / MPSV (Meningococcal)				
MenB (Meningococcal)				
Rotavirus				

