



Phone: 509-327-8387 Email: pclc1115@gmail.com

Applying for: Toddler (12-30 months) Preschool (30 mos - 4) Pre-K (ages 4-6)

Application Date _____ Start Date _____ Withdrew _____

Student's Full Name _____
Last First Middle

Address _____ City _____ State _____ Zip Code _____

Student Home Phone _____ Email address _____

Does PCLC have permission to share this address with classmates for mailing birthday invitations?

Yes No

Age _____ Birth date _____ Gender: Male Female

Ethnicity _____ Church Affiliation _____

Student resides with: Mother Father Stepfather Stepmother
 Other: _____

Parent active in Military?

Mother's Information

Full Name _____ Home Phone _____
Last First Middle

Current Address _____ City _____ State _____ Zip Code _____

Cell Phone _____ Email Address _____

Occupation _____ Business Name _____ Phone _____

Do you want to receive mailings (updates, newsletters, daily reports etc.)?

There may be instances where we may need to call you at work. May we call you?

Father's Information

Full Name _____ Home Phone _____
Last First Middle

Current Address _____ City _____ State _____ Zip Code _____

Cell Phone _____ Email Address _____

Occupation _____ Business Name _____ Phone _____

If secondary Parent, do you want to receive mailings (grades, newsletters, etc.)?

There may be instances where we may need to call you at work. May we call you?

How did you hear about us? _____

ABOUT MY CHILD

Each child is different and unique, but still needs love and attention. We promise to do our best to meet each child's needs. By answering the following questions, we get a little head start with getting to know your child.

1. Has your child ever been in childcare before? YES NO
2. How does your child show happiness? What are their interests?
3. How does your child show sadness? What makes them sad?
4. Does your child have any special needs?
5. Has your child ever been tested for...? Please Circle

| | | | | | |
|----------------|-----|----|---------------|-----|----|
| Hearing | YES | NO | Speech | YES | NO |
| Vision | YES | NO | Other | YES | NO |
6. How does your child learn best? What is their learning style?

7. My Child has an Individual Health Plan (specific medical needs) which is as follows: (Please attach documentation from physician and/or intervention specialist)

Other children living at home: _____ Age _____
_____ Age _____
_____ Age _____
_____ Age _____

Photography and Video Release and Consent Authorization

Throughout the year, photographs and video of the children are taken during activities and events. These photographs and recordings are used for in program use (bulletin boards, newsletters, PCA yearbook, in-class projects, etc.) and, with permission, on our program's Facebook page and website.

I, _____, as the parent/legal guardian of _____,
(parent/legal guardian's name) (child's name)

Regarding in-house use (check one box):

I give my permission for images and video to be used by the program for in-house activities (bulletin boards, PCA yearbook, newsletters, in-class projects, etc.)

I do NOT give my permission for in-house use.

Regarding online use (check one box):

I give my permission for images and video to be used by the program on their Facebook page and/or the website.

No, I do NOT give my permission for Facebook and Website use.

By signing below, I acknowledge my understanding of the above and grant my permission for the use as specified above.

(please print parent/legal guardian's name)

Signature of parent/legal guardian

Date

Palisades Christian Learning Center

Full Time/ Part Time Agreement

Child's Name: _____ Classroom _____

Date of Enrollment: _____ Date of Withdrawal: _____

Age: _____ Potty Trained/ Not Potty Trained: _____

My child will be attending: Full Time Part Time: AM PM

Number of Half Days per Week: _____ Number of Full Days per Week: _____

Days: Monday Arrival Time: _____ Departure Time: _____

Tuesday Arrival Time: _____ Departure Time: _____

Wednesday Arrival Time: _____ Departure Time: _____

Thursday Arrival Time: _____ Departure Time: _____

Friday Arrival Time: _____ Departure Time: _____

Registration Fee: _____ Monthly Tuition: _____

Parent Signature: _____ Date: _____

An annual registration fee of \$100.00 per child is required for enrollment. The registration fee is renewable each year. The fee covers consumable materials and learning supplies. Each family will still need to supply a lunch, diapers, wipes and bedding if required (see Handbook).

Payments are due by the 5th of the month. Payments are to be made prior to service. A \$25 late fee is applied for payments that are past due by 10 days and may result in termination of child care. Parents who pick up their children after 5:30pm will be charged a late fee of \$5 per 5 minutes. (See handbook)

Due upon enrollment

I hereby acknowledge that I have discussed, read and understand the Palisades Christian Learning Center Policies and Parent Handbook, and I agree to follow the procedures.

- I understand that if at any time I have questions, concerns or comments, I may openly discuss them with the Palisades Christian Learning Center Providers for immediate action, if at all possible. Rates may change accordingly
- I read and understand Emergency/Disaster Plan provide by PCLC
- I understand that my child may have information in his/her cubby and sign in folder. It is important to check it daily. PCLC will send important messages through Brightwheel childcare app, email, phone calls. PCLC also encourages parental participation.

Parent/ Guardian Signature _____ Date _____

All rights reserved at the discretion of any/all Palisades Christian Learning Center and School staff to have a guardian or parent removed from the premises for the safety and welfare of the children and staff.

CONSENT TO TREATMENT
PALISADES CHRISTIAN LEARNING CENTER
2019-2020 SCHOOL YEAR

DO NOT LEAVE ANY LINE BLANK

Student's Name _____

Last

First

Middle

Date of Birth: _____ **Allergies/Reactions:** _____

If child has allergies, please provide documentation and Action Plan from provider.

Mother's Name: _____ **Cell #** _____ **Work#** _____

Father's Name: _____ **Cell #** _____ **Work#** _____

Extra Emergency Contacts:

Name and phone # _____

Name and phone # _____

Medication taken on a regular basis: _____

Child's Illnesses or Past Surgeries: _____

Date of last checkup: _____

Emergency Hospital _____ 2nd Choice _____

Immunizations up to date: ___ Yes ___ No Exempt? _____

Physician's Name: _____ **Office Phone:** _____

Dentist's Name: _____ **Office Phone:** _____

(Do not leave blank. Please write N/A if you have not found a dentist or physician at this time and give us the information as soon as it is available)

Palisades Christian Learning Center will provide basic first aid for minor injuries and illnesses. However, we cannot dispense medication of any kind, unless the office receives permission from the student's physician. Forms are available at the Learning Center office and need to be completed by the parents and the physician.

In case of accident or serious illness, the school will make every attempt to contact the student's parents or the emergency contact listed above.

If the school is unable to contact me, I authorize the school to take my child to the physician/dentist listed on this form. If it is impossible to contact my physician/dentist, I authorize any x-ray examination, anesthetic, medical or surgical diagnosis/treatment needed.

Signature _____ Date _____

AUTHORIZATION PICK UP FORM

A. The following people HAVE permission to pick-up the child named below from [Palisades Christian Learning Center](#). It is the parent's responsibility to notify me in writing of any changes.

| | | | |
|--------------|-----|-----|-----|
| Child's Name | DOB | Age | Sex |
|--------------|-----|-----|-----|

1. Name: _____ Relation: _____ Phone: _____
 EMAIL: _____

2. Name: _____ Relation: _____ Phone: _____
 EMAIL: _____

3. Name: _____ Relation: _____ Phone: _____
 EMAIL: _____

4. Name: _____ Relation: _____ Phone: _____
 EMAIL: _____

B. The following people **MAY NOT** pick-up my child(ren) from [Palisades Christian Learning Center](#)

1. Name: _____ Relation: _____ Phone: _____

2. Name: _____ Relation: _____ Phone: _____

Note: Any person unfamiliar to me will be required to show proof of identification. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent.

This form is legally binding, so by signing it, you agree that all of the information provided herein is correct. False Information will result in termination of contract, and you will forfeit your childcare retainer.

| | | |
|-----------------------------|------|--------------------|
| Father/Guardian's Signature | Date | CELL: WORK: |
| Mother/Guardian's Signature | Date | CELL: WORK: |



Certificate of Immunization Status (CIS)

For Kindergarten-12th Grade / Child Care Entry

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/YYYY): _____ Sex: _____

Parent/Guardian Signature Required _____ Date _____

I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.

I certify that the information provided on this form is correct and verifiable.

Parent/Guardian Signature Required _____ Date _____

| | Date | Date | Date | Date | Date | Date | Date |
|-----------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|----------|----------|
| Required Vaccines for School or Child Care Entry | | | | | | | |
| • Required for School and Child Care/Preschool | MM/DD/YY | MM/DD/YY | MM/DD/YY | MM/DD/YY | MM/DD/YY | MM/DD/YY | MM/DD/YY |
| • Required Only for Child Care/Preschool | MM/DD/YY | MM/DD/YY | MM/DD/YY | MM/DD/YY | MM/DD/YY | MM/DD/YY | MM/DD/YY |
| • DTaP / DT (Diphtheria, Tetanus, Pertussis) | | | | | | | |
| • Tdap (Tetanus, Diphtheria, Pertussis) | | | | | | | |
| • Td (Tetanus, Diphtheria) | | | | | | | |
| • Hepatitis B <input type="checkbox"/> 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) <input type="checkbox"/> 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 | | | | | | | |

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.

| | | |
|--------------------------------------|------------------------------------|---------------------------------|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Mumps | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Polio | _____ |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Rubella | _____ |
| <input type="checkbox"/> Hib | <input type="checkbox"/> Tetanus | _____ |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Varicella | _____ |

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

Printed Name _____

For Office only:

NEW STUDENT CHECKLIST

Student Name: _____

Toddler

Preschool

Pre K

Start Date: _____ File check: Year 1 Year 2 Year 3 Year 4 Year 5

Registration Fee

Name Added to Student Roster

Enrollment Application

Individual Health Plan

Consent to Treat

Year 1

Year 2

Year 3

Year 4

Year 5

Medical Authorization

- Diaper cream
- Sunscreen
- Other

Immunizations

Year 1

Year 2

Year 3

Year 4

Year 5

Parent Communication

Media Release

NO MEDIA

Student Folder

Billing Card

Family Email/Brightwheel application

Authorized Pick up list

Medication Authorization Form

This form is needed for any medication a child will need to take or have applied in our care

Sunscreen

Diaper Cream

Other

| | |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Child's Name: | Date of Birth/Age: |
| Name of Medication: | Reason for Medication: |
| Start Date: | Stop Date: |
| Times to be given: | Amount to be given: |
| Possible Side Effects: | <input type="checkbox"/> Oral <input type="checkbox"/> Topical <input type="checkbox"/> Other |
| <input type="checkbox"/> Above information consistent with label? | Requires Refrigeration: <input type="checkbox"/> yes <input type="checkbox"/> no |
| Special Instructions: | |

/Guardian Signature

Date

Daytime Phone Number

Physician Signature (if needed)

Date

Physician Phone Number

Pets on our Premises

Animals in this child care have been carefully chosen in regards to care, temperament, health risks, and appropriateness for young children.

We have the following pets or animals at our child care:

| Type of Animal | Potential Health Risks Associated with this Animal |
|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Rabbit | Biting and scratching |
| Fish | Infectious diseases – they can occasionally spread mycobacterial infections and some skin infections can be spread by contact with infected water. |

Rabbit and cages are located back counter of the Pre K (Room 3) Classroom

Fish tank is located in Preschool classroom (Room 2)

Handwashing reminder posters are placed in the immediate vicinity of the pet's enclosure.

All pet supplies and food will be kept out of reach of children in the Classroom storage area.

Child-Pet Interaction

Occasionally children may interact with the animal in the following ways:

- Pet the rabbit
- Gently hold rabbit with teacher supervision
- Watch fish swim through fish tank

To ensure children stay safe during these interactions, the following steps are taken:

- Children will complete curriculum regarding the animal and how to interact gently and appropriately
- Children will be taken in small groups (3 or 4) and will be directly supervised by a staff member
- Only trained animals that tolerate handling can interact with the children.
- Immediately stop interaction with animals showing stress or harmful behaviors.

If children handle, touch, or hold pets the following procedures and rules will be in place:

- Teacher is the only person to take rabbit out of cage
- Teacher will let one student at a time pet/and or hold rabbit
- Students will wash hands right after petting or handling rabbit
- Teacher will only be in charge of cleaning the fish tank.

Parent Signature

Date