Little Doves
Preschool, Pre-K, and Kindergarten

Welcome!

Dear Parents,

Thank you for choosing Little Doves Preschool, Pre-K, and Kindergarten. We know this is a big decision for you and your child. We are excited to partner with you in your child's growth and development.

At Little Doves your child's education and welfare are our first priority. Working together we will ensure a learning environment that promotes opportunities to learn and have fun!

To finish the registration process, please complete, sign, and return the following four forms.

- ☐ #1 Information Form
- ☐ #2 Enrollment Agreement
- ☐ #3 State of Washington Certificate of Immunization Status
- ☐ #4 Photographic Release

Copies are also available on our website: littledovespreschool.com.

*Click on the **Enrollment** tab to download.*

All forms are due at time of registration along with the $175 registration fee to hold a spot for your child. First tuition payment is due by Aug 15th through the Brightwheel app. Information on how to set up your payment account with Brightwheel will be given when registration forms are turned in. If enrolling after Aug. 1st, the first tuition payment is due to Little Doves at time of enrollment. Returning students enrolled in Brightwheel will receive updated billing information for the school year.

Please mail forms and payment to school:

Little Doves Preschool, Pre-K, and Kindergarten, Attention: Linda Herman
202 Dickinson Street
Monroe, WA 98272

If you have any questions, please feel free to call or email me.

We hope your experience with Little Doves Preschool, Pre-K, and Kindergarten will be filled with meaning and joy. Thanks you for allowing us to work with your family.

Linda Herman

Director

360-794-7230 ~ littledovespreschool@gmail.com

Little Doves
Preschool, Pre-K, and Kindergarten

2021-2022 Registration Form

Child's Name (first and last)_____ Date of Birth_____

Name you want your child to be called:_____ Sex: M F Age_____

Parent(s) or Guardian(s)_____

Address_____ Phone_____ Home? Cell?

City, State Zip_____ Email Address_____

1) Select age and program.

- **Preschool** **Ages 3-4** *September through May*
  A mixed-age setting for 3 and 4 year olds who have reached 3 years of age by August 31
  ☐ **Two-Day** **Tue and Thu** **9:00 a.m. to noon** **$190 x 10 payments**
- **Pre-Kindergarten** **Ages 4-5** *September through mid-June*
  A program for children who have reached 4 years of age by August 31
  ☐ **Three-Day** **Mon, Wed, Fri** **9:00 a.m. to noon** **$295 x 10 payments**
- **Advanced Pre-K** **Ages 4-5** *September through mid-June*
  A program for children who have reached 4 years of age by August 31
  ☐ **Three-Day** **Tue, Wed, Thu** **9:00 a.m. to 12:15 p.m.** **$345 x 10 payments**
- **Kindergarten** **Age 5** *September through mid-June*
  A program for children who have reached 5 years of age by August 31
  ☐ **Three-Day** **Tue, Wed, Thu** **9:00 a.m. to 12:15 p.m.** **$345 x 10 payments**

2) Return this Registration Form with non-refundable Registration Fee of $175.

to Little Doves Preschool and Kindergarten ~ Attention: Linda Herman
202 Dickinson Street ~ Monroe, WA 98272.

Special Registration Notes for Advanced Pre-K and Kindergarten Classes:
Book fee of $185 is due by August 1.

Little Doves Preschool and Kindergarten admits boys and girls of any race, color, nationality, ethnic, or religious origin who can benefit from its programs. DSHS accepted. Classes filled on first come-first served basis.
Please don't hesitate to call the school with questions (360-794-7230). Come for a tour!
You may also visit us at littledovespreschool.com or email us at littledovespreschool@gmail.com.

For Internal Use: Total paid_____ Cash_____ Check Number_____ Date_____ By_____

Little Doves
Preschool, Pre-K, and Kindergarten

#1

2021-2022 Information Form

Child's Name (first and last)_____ Date of Birth_____
Name you want your child to be called:_____ Sex: M F Age_____
Address_____ Primary Phone_____ Home? Cell?
City, State Zip_____ Email Address_____

Mother's Full Name_____ Father's Full Name_____
Mother's Occupation_____ Father's Occupation_____
Mother's Work Phone_____ Father's Work Phone_____
Mother's Cell Phone_____ Father's Cell Phone_____
Siblings and Their Ages_____

Emergency Contact_____ Relationship_____ Phone_____
Note: Parents are always contacted first in an emergency.
Your emergency contact person will be notified only in the event you cannot be reached.

People who may pick up your child?
Name_____ Relationship_____ Phone_____
Name_____ Relationship_____ Phone_____
Name_____ Relationship_____ Phone_____

Church Affiliation_____ Has your child been baptized? Y N
Would you like emails from Peace Lutheran Church regarding church activities? Y N

Does your child have any fears/anxieties? Y N If yes, please explain_____
_____
Do you have any behavioral or developmental concerns for your child? Y N If yes, please explain_____

Family Physician_____ Phone_____
Family Dentist_____ Phone_____
Insurance Provider_____ Subscriber_____
Group/Subscriber Number_____
Chronic Illness_____ Allergies (food and other)_____
Medications taken regularly_____ Date of Last Physical_____
Has your child had chicken pox? Y N Has your child had the vaccine? Y N
Any known difficulties in toileting practices?_____
Any known difficulties with vision/hearing/speech?_____

What are your child's special interests?_____
_____
_____
How did you hear about Little Doves?_____

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I give my permission for the Little Doves Preschool staff to secure emergency medical treatment for my child according to preschool policy in the event I cannot be reached.

Signature of Parent/Guardian_____ Date_____

FIELD TRIP PERMISSION SLIP

I give my permission for my child to attend all field trips away from school this year. I understand that notices will be provided in the school's monthly calendar giving dates and times. I also understand that every possible precaution will be taken to ensure the health and safety of my child.

Signature of Parent/Guardian_____ Date_____

TUITION AND FEES

The non-refundable registration/supply fee of $175 is due at registration. All classes are filled on a first come/first served basis. The first tuition payment is due by August 15th or at time of registration (whichever comes later). The $185 book fee for the Advanced Pre-K/Kindergarten class is due by August 1st.

For further information, see our website: littledovespreschool.com. We may also be reached at 360-794-7230 or littledovespreschool@gmail.com.

Please complete and return this Information Form, Enrollment Agreement, Washington State Certificate of Immunization Status and Photographic Release to

Little Doves Preschool, Pre-K, and Kindergarten
Attention: Linda Herman
202 Dickinson Street
Monroe, WA 98272

Little Doves
Preschool, Pre-K, and Kindergarten

#2

2021-2022 Enrollment Agreement

Child's Name_____ Date of Birth_____

Parent/Guardian(s) Name_____

I hereby request entry for my child in the **school program** indicated:

Preschool: *A mixed-age setting for 3 and 4 year olds who have reached 3 years of age by August 31*			*September through May*
☐ **Two-Day**	**Tue and Thu**	**9:00 a.m. to noon**	**$190 x 10 payments**
Pre-Kindergarten: *A program for children who have reached 4 years of age by August 31*			*September through mid-June*
☐ **Three-Day**	**Mon, Wed, Fri**	**9:00 a.m. to noon**	**$295 x 10 payments**
Advanced Pre-K: *A program for children who have reached 4 years of age by August 31*			*September through mid-June*
☐ **Three-Day Program**	**Tue, Wed, Thu**	**9:00 a.m. to 12:15 a.m.**	**$345 x 10 payments**
Kindergarten: *A program for children who have reached 5 years of age by August 31*			*September through mid-June*
☐ **Three-Day Program**	**Tue, Wed, Thu**	**9:00 a.m. to 12:15 a.m.**	**$345 x 10 payments**

Tuition Payments: I agree to make regular, prompt payment of all tuition and fees. I understand my first payment is due on or before August 15th or at time of registration (whichever is later). I understand that all tuition installments will be made through Brightwheel and they will be due by the 15th of each month. I understand that the tuition is an annual fee divided into ten payments and reflects the fact that some months have more or less school days than others. I understand that the full payment is due even if my child is absent due to illness, family vacation, snow or inclement weather. I also understand that my tuition payments may be doubled the first month, if enrolling after August 1st, in order to catch up on tuition costs.

Registration Fees: I agree to pay the registration fee at time of registration. I understand that these fees cover the cost of equipment, curriculum, paper and art supplies, and operational costs. They do not apply towards tuition and they are not refundable. If my child fails to attend or is withdrawn from school, I understand that the registration fee is forfeited. I also agree to pay a book fee of $185 if my child is enrolled in Advanced Pre-K/Kindergarten.

Late Pick-Up: I understand that I will be charged a late fee of $20 if I am more than 10 minutes late to pick up my child.

Late Payments: I understand that Brightwheel will charge a late fee of $30 for any payments made after the 15th of each month.

Family Discounts: I understand that a tuition discount of 10% will be given if I have a second (younger) child in the program and a 50% discount will be given for a third (youngest) child enrolled together at the same time.

Financial Assistance: I understand that families with limited financial resources may apply for tuition assistance through the Preschool Board. I understand that the identification of all applicants and recipients will be kept confidential. I also understand that an award letter must be presented prior to the start of class, if my child is receiving DSHS subsidies.

Withdrawal: I understand that I must give 30-day notice if withdrawing my child and that payments are due for all months attended should I withdraw my child from the program before the end of the school year. Students may not withdraw from classes after March 31st. After this date, tuition is due in full for the remaining school year.

_____ (initial) I have read and understand this Enrollment Agreement.

_____ (initial) I have read and understand the Parent Handbook.

Signature of Parent/Guardian(s)_____ Date_____

For Internal Use

Date_____ By_____

Certificate of Immunization Status (CIS)

Washington State Department of Health

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	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date 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 (*Haemophilus influenzae type b*)						
●▲ IPV (Polio) (any combination of IPV/OPV)						
●▲ OPV (Polio)						
●▲ MMR (Measles, Mumps, Rubella)						
● PCV/PPSV (Pneumococcal)						
●▲ Varicella (Chickenpox) ☐ 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 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:
□ A verified history of varicella (chickenpox) disease.
□ Laboratory evidence of immunity (titer) to disease(s) marked below.

□ Diphtheria	□ Hepatitis A	□ Hepatitis B
□ Hib	□ Measles	□ Mumps
□ Rubella	□ Tetanus	□ Varicella

□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: waiisrecords@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 Pediatix 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		

Little Doves

Preschool, Pre-K, and Kindergarten

#4

2021-2022 PHOTOGRAPHIC RELEASE

Little Doves has a Facebook page and a website at littledovespreschool.com. Here we share pictures of the facility, class activities, our Christmas programs, and other special events. Our teachers also blog and share pictures. The site is intended to promote our school and to share additional information with parents about our day here at school. We also share pictures on the Brighwheel app.

We want to respect each family's right to privacy and ask for your permission to use your child's image in Little Doves advertising and on the website. This is completely voluntary and no compensation will be given for use of your child's picture. No child will be identified by name when a photo is used.

I hereby consent to photographs being taken of my child for use by Little Doves Preschool in association with Peace Lutheran Church in Monroe, WA.

I understand that my child's picture may be used in advertising, displays, and publications and on the school's Facebook page and website at littledovespreschool.com. I understand that these communications will promote the school and provide additional communications with parents and the public.

I agree that my child's picture may be used without compensation.

This release shall be binding upon me, my heirs, legal representatives, and assigns.

By signing this agreement, I certify that I have the right to contract in my child's name and have read the foregoing statements.

Child's Name_____

Signature of Parent/Guardian(s)_____ Date_____