

## Ridge Kids Agreement

Child's name (first and last): \_\_\_\_\_ DOB: \_\_\_\_\_

Parent's name: \_\_\_\_\_

SESSIONS	CLASS OPTION	Choose classes	MONTHLY TUITION (based on full year)
5 day AM 9AM-12PM	Preschool classes– Ages 2 1/2—5		\$450
3 day AM 9AM-12PM	Preschool classes– Ages 2 1/2—5		\$350
5 day PM 1-4PM (cannot be combined with AM session)	Preschool classes– Ages 2 1/2—5		\$450
3 day PM 1-4PM (cannot be combined with AM session)	Preschool classes– Ages 2 1/2—5		\$350
FOOD AND FRIENDS 12-1PM- 5DAYS ONLY	Preschool classes 3 and up (must turn 3 by August 31st, 2022)		\$175* Available to students in the 9AM-12 session only
STORYTIME ART 1-2PM- 5DAYS ONLY	Preschool classes 3 and up (must turn 3 by August 31st, 2022)		\$175* Available to students in the 9AM-12 session only
GET MOVING 2-3PM- 5DAYS ONLY	Preschool classes 3 and up (must turn 3 by August 31st, 2022)		\$175* Available to students in the 9AM-12 session only
STEAM 3-4PM- 5DAYS ONLY	Preschool classes 3 and up (must turn 3 by August 31st, 2022)		\$175* Available to students in the 9AM-12 session only

• **2 Enrichments \$300 3 Enrichments \$450 4 Enrichments \$575**

**ANY CHILD TURNING 3 BEFORE SEPTEMBER 1ST MUST BE FULLY POTTY TRAINED.**

PRESCHOOL EXTENDED DAY	7-9AM AND 4-5PM		\$100 (HALF DAY STUDENTS) INCLUDED WITH AM SESSION <b>PLUS 4 ENRICHMENTS</b>
FULL DAY KINDERGARTEN 9AM-4PM	Children turning 5yrs old before September 1st, 2022		\$900 \$75 Extended Day fee 7-9am/4-6pm
KIDS CONNECTION 5 days Before and After school	Kindergarten– 12yrs		\$600
KIDS CONNECTION 5 days Before OR After school only	Kindergarten– 12yrs		\$380

	PRESCHOOL	KINDERGARTEN	KIDS CONNECTION
REGISTRATION FEES	\$75	\$75	\$75
CURRICULUM FEES	\$175	\$250	

I agree to promptly notify preschool provider of any changes of the above information. I understand that I am fully responsible for the terms of this agreement as stipulated.

I have read, understand and agree to comply with the policy and procedures and information for parents given to me by:  
Ridge Kids—Park Ridge Community Church.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Ridge Kids will provide preschool services according to the above plan. Parents will be notified promptly of any changes to the above information. Tuition is split in to 10 monthly payments (it is based on a yearly fee) due on the first of the month from September 1st through June 1st. Late fees apply after the 5th. We accept check and credit card payments. **Refund Policy:** Cancellation is possible prior to **August 19th** for fall registrations. The curriculum fee is refundable until this date. Registration fees are non-refundable. **No refunds after August 19th, 2022.** If you voluntarily withdraw your student during the school year, there will be no tuition refund.

<b>Child Care Registration Form</b>		Date child entered care	Date child left care
Child's name (Last, First, Middle)		Name used (Nickname)	Birthdate
Street address		City	Zip code
Child's parent/guardian name	Circle the best number to contact you at when your child is in our care		
	cell phone # (   )   -	home phone # (   )   -	alternate phone # (   )   -
Street address		City	Zip code
Child's parent/guardian name	Circle the best number to contact you at when your child is in our care		
	cell phone # (   )   -	home phone # (   )   -	alternate phone # (   )   -
<i>I give my permission for any of the following individuals to be contacted and my child may be released to any of them.</i> Parent/Guardian signature: _____ Date: _____			
<b>In an emergency, if you are not able to contact me, contact the following:</b>			
Name (first and last)	cell phone #	home phone #	alternative phone #
	(   )   -	(   )   -	(   )   -
	(   )   -	(   )   -	(   )   -
	(   )   -	(   )   -	(   )   -
	(   )   -	(   )   -	(   )   -
These individuals also have permission to pick up my child:			
Name (first and last)	cell phone #	home phone #	alternative phone #
	(   )   -	(   )   -	(   )   -
	(   )   -	(   )   -	(   )   -
	(   )   -	(   )   -	(   )   -
	(   )   -	(   )   -	(   )   -
<b>Child's health information</b>			
Child's medical care provider or parent's/guardian's preferred medical facility for treatment Name: _____ Phone: (   )   - Street Address: _____		Child's last physical exam, if available	
Child's dental care provider or parent's/guardian's preferred dental facility for treatment Name: _____ Phone: (   )   - Street Address: _____		Child's last dental exam, if available	
Known health conditions (An individual care plan from child's health care provider is required for any food allergies or special dietary requirement due to a health condition.)			

**Consent to medical care and treatment of minor children**

I give permission that my child, \_\_\_\_\_ may be given  
 first aid/emergency treatment by the child care licensee and or qualified staff at:

Name of Licensee: \_\_\_\_\_

Address of Licensee: \_\_\_\_\_

Parent/guardian signature	Date	Parent/guardian signature	Date
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When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid care attendant to safeguard my child's health. I waive my right of informed consent to such treatment.

I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

I certify under penalty of perjury under the laws of the State of Washington that this information is true and correct.

Parent/guardian signature	Date	Parent/guardian signature	Date
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# RIDGE KIDS

Child: \_\_\_\_\_

Parent name: \_\_\_\_\_ Email address: \_\_\_\_\_

Parent name: \_\_\_\_\_ Email address: \_\_\_\_\_

## Please read the following and sign at the bottom of this page:

- Park Ridge Kids is a NUT-FREE Center. (We do not serve or keep any type of nuts at our center)
- Tuition is due on the 1<sup>st</sup> of each month. A late fee of \$25 will be charged after the 5<sup>th</sup> of the month.
- There is no tuition adjustment for absences due to inclement weather, illness or other unforeseeable absences or closures.
- Children are required to wear uniforms. Monday-Thursday. Friday is casual dress day. See New student packet for examples of uniforms.
- All registration forms must be completed in order to process registration. If there is missing information we will not be able to register your child. This includes the state Certificate of Immunization Form.
- If a child does not complete the sessions at the schools recommendation, a refund will be issued for the unexpired days of that session. If the child is withdrawn from the school before the end of the session at the parent's request, no refund will be provided.
- Each child will have 1 month vacation per school year where the parents **do not** have to pay the tuition fees. We ask 2 weeks notice for vacation dates. After the 1 month vacation, full tuition will be charged for any absences. (there is no half month vacation discount)
- In the event that you need to withdraw your child, **2 weeks notice** must be given in order to be released from the agreement. If notice is not given, there will not be any adjustment to tuition fees or refunds.
- Ridge Kids has a private Facebook page for enrolled families only. We will post updates, special events, and photos of the children in their classroom and at special events.
- Our classrooms and public spaces at The Ridge have surveillance cameras management for staff use only.
- Your child is enrolled in a program that nurtures spiritual growth. I understand curriculum will include the use of Bible stories, songs, poems, and prayers.
- Late pick up fees will be charged for children picked up later than 15 minutes after class ends. The fee is \$10 for every 15 minutes.

I understand and agree to the above policies. I have received and read the Parent Handbook.

Signature of legal parent/guardian (required to process application).

Signature \_\_\_\_\_ Date \_\_\_\_\_

# TRANSPORTATION INFORMATION

If transportation needed please fill this form. Transportation is available for AM Session- 9:00am and 12:00PM, PM Session- 1:00pm and 4:00pm. Full Day Session- 9:00AM and 4:00PM

Student Name: \_\_\_\_\_

Class: \_\_\_\_\_

Choose days needed:  M  Tu  W  Th  F

AM session  PM session  Full day session

Pickup:

Drop Off:

Contact Phone numbers: 1. \_\_\_\_\_

2. \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Community Name: \_\_\_\_\_

School (Elementary students): \_\_\_\_\_



# 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.

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 \_\_\_\_\_ Date \_\_\_\_\_ X \_\_\_\_\_ Date \_\_\_\_\_  
 Parent/Guardian Signature Parent/Guardian Signature Required if Starting in Conditional Status

	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date 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>						
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.

<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

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.