



Aster Montessori

Building a strong foundation

Registration / Enrollment Form

School Year

GENERAL INFORMATION		
Child's Full Name:	Nick name:	
Child's Birth Date:	Age:	Gender:
Circle one: (Kindergartners must be 5 years old by August 31)	Pre-K	Kindergarten
Does child live with Both parents: Yes <input type="checkbox"/> No <input type="checkbox"/>	If not, with whom:	
Address:	Home Phone:	
Mother/Guardian Full Name:	Cell Phone:	Work Phone:
Mother/Guardian Employer:	Employer's Address:	
Father/Guardian Full Name:	Cell Phone:	Work Phone:
Father/Guardian Employer:	Employer's Address:	
Father's Email:	Mother's Email:	
EMERGENCY CONTACTS (OTHER THAN PARENT). AUTHORIZED TO PICK UP YOUR CHILD (need two contacts)		
Full Name:	Relationship to Child:	
Address:	Home Phone:	Cell Phone:
Full Name:	Relationship to Child:	
Address:	Home Phone:	Cell Phone:

MEDICAL INFORMATION AND CONTACTS		
Physician's Name:	Phone:	Date of last exam:
Address:	Date of last Tetanus or DTAP Immunization:	
Medical Insurance:	Medical Insurance Number:	Preferred Hospital:
Dentist's Name:	Phone:	Date of last exam:
Allergies: (In case of allergies please fill separate form and get it signed by child's allergy doctor.)		Dietary Preferences:
Medical and/or Social/Emotional/Behavioral Challenges if any: <hr/>		
BACKGROUND INFORMATION		
Last school attended:	Address:	Phone:
Reason to change the school: (You may need to fill child intake form)		
Has your child been tested/evaluated for Special Education? That is, gifted or including speech or language delays?	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify if any:	
If yes, please explain: (Include who administered the testing and submit a copy of the evaluation)		



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Child Care Agreement Form School Year

Child's name:		<i>First</i>	<i>Middle</i>	<i>Last</i>			
Parent or guardian name:		<i>First</i>	<i>Middle</i>	<i>Last</i>			
Parent or guardian name:		<i>First</i>	<i>Middle</i>	<i>Last</i>			
Days and times my child will receive care:							
Check days of care	Monday	Tuesday	Wednesday	Thursday	Friday		
Arrival time							
Departure time							
Fee: \$ per		Date payment due:					
<input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month		Source of payment: <input type="checkbox"/> Parent <input type="checkbox"/> Other (specify):					
Overtime rate: \$ per		Late fee: \$ per					
Other Fees: \$		Description:					
<p>I agree to promptly notify Aster Montessori of any changes of the above information. I understand that I am fully responsible for the terms of this agreement as stipulated.</p> <p>I have read, understand and agree to comply with Aster Montessori parent handbook policy and procedures and information for parents given to me. I agree to follow all policies mentioned in parent handbook.</p>							
Parent or guardian signature		Date		Parent or guardian signature		Date	



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Parent - School Contract

School Year

Please read the Parent/School Contract and initial in the grey box of each section. By initialing each section and signing this contract you are accepting the terms.

Child's Full Name:	Parent/Guardian Full Name:
CHECK-IN/CHECK OUT	INITIAL:
I agree to check my child in/out each day. It is my responsibility to contact the office if I forget.	
TOILET TRAINING	INITIAL:
To attend the preschool or kindergarten program child needs to be completely toilet trained and independent (no help needed) in the bathroom.	
SCHOOL POLICIES, TUITION AND WITHDRAWAL AGREEMENT	INITIAL:
<ol style="list-style-type: none"> I agree to pay ASTER Montessori a non-refundable registration/materials fee as well as a tuition deposit for June (last month tuition) tuition upon enrollment. I agree to pay tuition on or before the 1st of every month. If the 1st falls on a weekend or holiday, then tuition is due before the 1st of the month. If tuition is not received by the 3rd of the month, a \$10.00/day late fee will be charged. I will receive a 6% discount for the second child and additional children for the same family. The discount will be taken from the tuition of equal or lesser value. Tuition is based on the 10-month school year and tuition is due in full each month regardless of illness, weather closures or vacations. I will be charged \$20.00 per hour or portion of any hour if I drop my child off before the designated drop off time or after the designated pick-up time. A \$25.00 fee will be applied for all returned checks. I agree to give (30) days written notice if I plan to withdraw my child. I understand that I am obligated to pay the tuition for the 30 days following the date that I give notice. It is my responsibility to notify the school by submitting a written notice or sending an email to the office. The 30 days will be calculated from the date the written notice is received. The policy for refunding June tuition (last month of the school year) is as follows: <ul style="list-style-type: none"> If I provide written notice of withdrawal before June 1 of school year enrolled my June deposit (last month of school year) tuition will be refunded. If I provide written notice of withdrawal between June 1, and July 31, of school year my child is enrolled my June deposit tuition will only be refunded if ASTER can fill the seat that my child's vacancy created by August 31, of school year my child enrolled. (School year starts from September-June) If I provide <u>30 days written notice</u> of withdrawal after August 1, of the school year I am enrolling or after, June deposit tuition will not be refunded. If I withdraw and reenroll my child within the same school year, I agree to pay a \$75.00 non-refundable re-registration fee and the June tuition if it was refunded. If I make changes (reduce schedule or cancel) to the All-Day Program, I agree to repay the discounted amount for the months used. I understand discipline policy at Aster, there will be one-month adjustment period for my child if school is not a good fit for my child Aster Montessori may request to withdraw my child for the reason/s as per parent handbook. 	

12. I will follow all school policies, policies may change anytime during the school year and I will follow them.
13. I have read parent handbook and it is my/parents/guardians' responsibility to read the parent handbook carefully and follow it.
14. I will read all school communication e-mails, newsletters and attend parent teacher conferences to keep track of my child's progress.
15. I am aware that, failing to follow school policies will result in disenrollment of my child from Aster Montessori with or without notice by school.
16. Schoolyear calendar is published and is available on the website.

BREAKS	INITIAL:
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1. Separate charges will be applicable to all students attending break time care during second-winter, spring break.
2. I will be charged for any days that I sign up, regardless of whether my child attends or not. I understand that no refunds are given if my child does not attend.
3. I need to notify need of childcare by specified dead line and then only my child will receive the care during above breaks.
4. Childcare during any breaks is available only if we have minimum 10 kids registered.

VACATIONS	INITIAL:
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1. Aster Montessori does not prorate tuition and does not give credit for any breaks or vacations during the school year. If a tuition payment is due during my vacation, I know that I must submit payment before I leave. Post-dated checks are accepted.
2. I know that written notice is required for any extended absence of a month or longer. This needs to be submitted to the office prior to the absence.
3. In order to guarantee a space in my child's classroom upon my return, all tuition must be paid with post-dated checks before my departure.
4. If I choose not to pay to hold my child's placement, I understand that I am withdrawing from the program and (30) days written notice is required.

REDUCTION IN SCHEDULE	INITIAL:
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I agree to give (30) days written notice if I plan to reduce my child's schedule and I understand that I am obligated to pay the current tuition for the 30 days following the date that I give notice. It is my responsibility to notify the school by submitting a written notice or sending an email to the office. I understand that my June prepaid deposit tuition will be adjusted to reflect the new schedule only if Aster Montessori can fill the spot that my child's vacancy created within 30 days of my written notice.

Parent/Guardian Signature:	Date:
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Certificate of Immunization Status (CIS)

DOH 348-013 January 2010

Office Use Only:	
Reviewed by: _____	Date: _____
Signed Cert. of Exemption on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Child's Last Name: _____	First Name: _____	Middle Initial: _____	Birthdate (mm/dd/yyyy): _____	Sex: _____	I certify that the information provided on this form is correct and verifiable.
Symbols below: ◆ Required for School and Child Care/Preschool ● Required for Child Care/Preschool Only				Parent/Guardian Name (please print): _____	

Vaccine	Dose	Date		
		Month	Day	Year
◆ Hepatitis B (Hep B)				
	1			
	2			
	3			
or Hep B - 2 dose alternate schedule for teens				
	1			
	2			
Rotavirus (RV1, RV5)				
	1			
	2			
	3			
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)				
	1			
	2			
	3			
	4			
	5			
◆ Tetanus, Diphtheria, Pertussis (Tdap, Td)				
	1			
	2			
● Haemophilus influenzae type b (Hib)				
	1			
	2			
	3			
	4			
● Pneumococcal (PCV, PPSV)				
	1			
	2			
	3			
	4			

Vaccine	Dose	Date		
		Month	Day	Year
◆ Polio (IPV, OPV)				
	1			
	2			
	3			
	4			
Influenza (flu, most recent)				
◆ Measles, Mumps, Rubella (MMR)				
	1			
	2			
◆ Varicella (chickenpox) or verify disease 1-4 ▶				
	1			
	2			
Hepatitis A (Hep A)				
	1			
	2			
Meningococcal (MCV, MPSV)				
	1			
Human Papillomavirus (HPV)				
	1			
	2			
	3			
Office Use Only: Immunization information updated and verified with parent/guardian permission:				
Printed Staff Name	Date	Printed Staff Name	Date	
Printed Staff Name	Date	Printed Staff Name	Date	

If the child named on this CIS had chickenpox disease (and not the vaccine), disease history must be verified. **Mark option 1, 2, 3, OR 4 below – see, back #5.**

1) Chickenpox disease verified by printout from CHILD Profile Immunization Registry
Must be marked by printout (not by hand) to be valid.

2) Chickenpox disease verified by Health Care Provider (HCP)
If you choose this box, mark 2A OR 2B below.
 2A) Signed note from HCP attached OR
 2B) HCP signed here and print name below:

 Licensed health care provider (HCP) Signature _____ Date _____
 (MD, DO, ND, PA, ARNP)
 HCP Printed Name: _____

3) Chickenpox disease verified by school staff from CHILD Profile Immunization Registry
If you choose this box, staff must initial that parent or guardian approves: _____ (initial) _____ (date)

4) Chickenpox disease verified by parent*
If you choose this box, fill in the date or child's age when he or she had the disease:
 Age/Date of disease: _____
 *Can ONLY verify for some grades, see back #5 (4).

If the child can show immunity by blood test (titer) and hasn't had the vaccine, ask your HCP to fill in this box.

Documentation of Disease Immunity

I certify that the child named on this CIS has laboratory evidence of immunity (titer) to the diseases marked. Signed lab report(s) 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 health care provider (HCP) Signature _____ Date _____
 (MD, DO, ND, PA, ARNP)
 HCP Printed Name: _____

Instructions for completing the Certificate of Immunization Status (CIS): printing it from the Immunization Registry or filling it in by hand.

#1 To print with info filled in: First, ask if your health care provider's office puts vaccination history into the CHILD Profile Immunization Registry (Washington's statewide database). If they do, ask them to print the CIS from CHILD Profile and your child's information will fill in automatically. **Be sure** to review all the information, **sign and date the CIS** in the upper right hand box, and return it to school or child care. If your provider's office does not use CHILD Profile, ask for a copy of your child's vaccine record so you can fill it in by hand using steps #2-7 (below):

EXAMPLE

#2 To fill in by hand: Print your child's name, birthdate, sex, and your own name in the top box.

#3 Write each vaccine your child received under the correct disease. Write the vaccine type under the "Vaccine" column and the date each dose was received in the "Month," "Day," and "Year" columns (as mm/dd/yyyy). For example, if DTaP was received Jan 12, March 20, June 1, '11, fill in as shown here ▶

Vaccine	Dose	Date		
		Month	Day	Year
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)				
DTaP	1	01	12	2011
DTaP	2	03	20	2011
DTaP	3	06	01	2011

#4 If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guide below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as **DTaP**, Hepatitis B as **Hep B**, and Polio as **IPV**.

#5 If your child has had chickenpox (varicella) disease and not the vaccine, **use only one** of these four options to record this on the CIS:

- 1) If your child's CIS is printed directly from the CHILD Profile Immunization Registry (by your health care provider or school system), and disease verification is found, box 1 is automatically marked. To be valid, this box must be marked by the Immunization Registry printout (not by hand).
- 2) If your health care provider (HCP) can verify that your child has had chickenpox, mark box 2. Then mark either 2A to attach a signed note from your HCP, or 2B if your HCP signs and dates in the space provided. Be sure your HCP's full name is also printed.
- 3) If school staff access the CHILD Profile Immunization Registry and see verification that your child has had chickenpox, they will mark box 3. Then, they must initial and date that they got parent or guardian approval to mark this box (i.e. make this change) to the CIS.
- 4) If your child started kindergarten in the 2008-2009 school year or later, you **CANNOT** use this box. If your child started kindergarten before the 08-09 school year, mark this box if you know he or she has had chickenpox. If you mark box 4, you must also write the approximate age or date your child had chickenpox. To find out which grades require chickenpox vaccine (or history), visit: <http://www.doh.wa.gov/cfh/immunize/schools/vaccine.htm>

#6 Documentation of Disease Immunity: If your child can show immunity by blood test (titer) and has not had the vaccine, have your health care provider (HCP) fill in this box. Ask your HCP to mark the disease(s), sign, date, print his or her name in the space provided, and **attach signed lab reports**.

#7 Be sure to **sign and date the CIS** in the upper right hand box, and return to school or child care.

#8 If a school or child care makes a change to your CIS, staff will print their name in the middle bottom box and date to show that you gave approval.

Vaccine Trade Names in alphabetical order									
(For updated lists, visit http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/us-vaccines-508.pdf)									
Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB	Hib	Engerix-B	Hep B	Ipol	IPV	Pentavalente	DTaP + Hep B + Hib	TriHIBit	DTaP + Hib
Adacel	Tdap	Fluarix	Flu (TIV)	Infanrix	DTaP	Pneumovax	PPSV or PPV23	Tripedia	DTaP
Afluria	Flu (TIV)	FluLaval	Flu (TIV)	Kinrix (Knrx)	DTaP + IPV	Prevnar	PCV or PCV7 or PCV13	Twinrix (Twnrx)	Hep A + Hep B
Boostrix	Tdap	FluMist	Flu (LAIV)	Menaetra	MCV or MCV4	ProQuad (PrQd)	MMR + Varicella	Vaqa	Hep A
Cervarix	HPV2	Fluvirin	Flu (TIV)	Menomune	MPSV or MPSV4	Quadracel (Qdrel)	DTaP + IPV	Varivax	Varicella
Comvax (Cmvx)	Hep B + Hib	Fluzone	Flu (TIV)	Pediarix (Pdrx)	DTaP + Hep B + IPV	Recombivax HB	Hep B		
Daptacel	DTaP	Gardasil	HPV4	PedvaxHIB	Hib	Rotarix	Rotavirus (RV1)		
Decavac	Td	Havrix	Hep A	Pentacel (Pntcl)	DTaP + Hib + IPV	RotaTeq	Rotavirus (RV5)		

Vaccine Abbreviations in alphabetical order							
(For updated lists, visit http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/us-vaccines-508.pdf)							
Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus	Hep A (HAV) Hep B (HBV)	Hepatitis A Hepatitis B	MPSV or MPSV4	Meningococcal Polysaccharide Vaccine	Rota (RV1 or RV5)	Rotavirus
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hib	<i>Haemophilus influenzae</i> type b	MMR / MMRV	Measles, Mumps, Rubella / with Varicella	Td	Tetanus, Diphtheria
DTP	Diphtheria, Tetanus, Pertussis	HPV	Human Papillomavirus	OPV	Oral Poliovirus Vaccine	Tdap	Tetanus, Diphtheria, acellular Pertussis
Flu (TIV or LAIV)	Influenza	IPV	Inactivated Poliovirus Vaccine	PCV or PCV7 or PCV13	Pneumococcal Conjugate Vaccine	TIG	Tetanus immune globulin
HBIG	Hepatitis B Immune Globulin	MCV or MCV4	Meningococcal Conjugate Vaccine	PPSV or PPV23	Pneumococcal Polysaccharide Vaccine	VAR or VZV	Varicella

2010-01-13 05:10

Certificate of Exemption

For School, Child Care and Preschool Immunization Requirements¹



DIRECTIONS: All exemptions must have a licensed health care provider sign & date Box 1 ('Provider Statement').² Exception: Box 1 is not required for religious exemptions when Box 2 ('Demonstration of Religious Membership') is completed. All exemptions must also have a parent/guardian sign & date Box 3 ('Parent/Guardian Statement').

Child's Last Name:	First Name:	Middle Initial:	Birthdate (mm/dd/yyyy):	Sex:	Parent/Guardian Name (please print):
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Parent/Guardian, please choose the exemption(s) that apply to your child below.

<input type="checkbox"/> Temporary Medical Exemption <input type="checkbox"/> Permanent Medical Exemption <hr/> Vaccine(s) _____ Until _____ Date (or Permanent) <hr/> Print Name of Licensed Health Care Provider (MD, DO, ND, PA, ARNP) <hr/> X _____ X _____ Signature of Licensed Health Care Provider Date	<input type="checkbox"/> Personal/Philosophical Exemption (see Box 1) <input type="checkbox"/> Religious Exemption (see Box 1) <input type="checkbox"/> Religious Membership Exemption (see Box 2) I do not want my child to get the following vaccine(s): <input type="checkbox"/> Diphtheria <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hib <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Pertussis (whooping cough) <input type="checkbox"/> Pneumococcal <input type="checkbox"/> Polio <input type="checkbox"/> Rubella <input type="checkbox"/> Tetanus <input type="checkbox"/> Varicella (chickenpox) <input type="checkbox"/> Other (indicate): _____
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Box 1
<p>Provider Statement²: "I, _____, am a qualified provider (MD, DO, ND, PA, ARNP) licensed under Title 18 RCW. I confirm that the parent or guardian signing in Box 3 (Parent/Guardian Statement) has received information on the benefits and risks of immunization to their child as a condition for exempting their child for medical, religious, personal, or philosophical reasons." X _____ Signature of Licensed Health Care Provider (MD, DO, ND, PA, ARNP) X _____ Date</p>

Box 2
<p>Parent/Guardian Demonstration of Religious Membership: "I am a member of a church or religious body whose beliefs or teachings do not allow for medical treatment from a health care practitioner. By supplying the information requested below, no further proof or signed provider statement in Box 1 is required for this religious exemption." X _____ Name of Church or Religious Body X _____ X _____ Signature of Parent or Guardian Date</p>

Box 3
<p>Parent/Guardian Statement: "I certify that all the information provided on this certificate is correct and verifiable. I understand that if there is an outbreak of a vaccine-preventable disease my child has not been fully immunized against (as indicated above, for medical, personal/philosophical or religious reasons), my child may be at risk for disease and can be excluded from school, child care, or preschool until the outbreak is over." X _____ X _____ Signature of Parent or Guardian Date</p>

If you have a disability and need this document in a different format, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388).

¹ RCW 28A.210.080-090 states that before or on the first day of every child's attendance at any public and private school or licensed child care center in Washington State, the parent or guardian must present proof of either: (1) full immunization, (2) the initiation of and compliance with a schedule of immunization, as required by rules of the State Board of Health, or (3) a certificate of exemption, signed by a parent or guardian and a licensed health care provider.

² A letter may substitute for a signed 'Provider Statement' on this certificate. To be accepted, the letter must reference the child's name on this certificate, confirm that the child's parent or guardian got information on the risks and benefits of immunization to their child, and be signed by a licensed health care provider.