



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: Creative Kids Learning Center

Address of Licensee: 102 N. Ruby St. Ellensburg WA 98926

Table with 4 columns: Parent/guardian signature, Date, Parent/guardian signature, Date

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.

Table with 4 columns: Parent/guardian signature, Date, Parent/guardian signature, Date

Permission Authorization

Provided on condition that the provider complies with the provision of WAC 110-300-0480 I/we give permission for our child to be transported and participate in the following list of activities. We understand that agree that CKLC will not participate in an water based or public transportation field trips with out a parent or guardian directly present. Any employee at Creative Kids Learning Center has my permission to transport my/our child in a motor vehicle to and from go on the following: (please indicate yes or no)

- 1. On off site field trips Yes or No
2. To and from school (for school age kids only) Yes or No
3. To obtain medical care (if necessary) Yes or No
4. Take my child on local/near by walks Yes or No
5. Give my telephone number and address to other parents Yes or No

6. Take photographs/videos of my child and use them for the following purposes:

Table with 4 columns: Activity, Yes, or No, Activity, Yes, or No. Rows include School Projects, Class Photobooks, Online, Display Photos, Facility Website & Marketing, Online (staff social media site).

I understand that it's my responsibility to update this form if I wish to retract permission in any of the categories listed above, otherwise permission is given for the entire period of my child's enrollment unless I request to update the form, complete & turn it back into CKLC administration.

(Signature of Parent/Guardian)

(Date)



Child Care Agreement

Child's First Name	Middle	Last
Parent/Guardian First Name	Middle	Last
Parent/Guardian First Name	Middle	Last

Days and times my child will receive care. Check days of care and include arrive and departure time.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Arrival	CLOSED						CLOSED
Departure	CLOSED						CLOSED

Fee _____	Per _____	Date Payment Due 15th and Last Business Day of the Month
Additional Fees: Late fee / \$10 per day Overtime Rate / \$10 per ½ hour Fieldtrip/Activity Fee applies for children Toddler, Preschool or School Age		Sources of Payment Parent _____ Other (specify) _____

I agree to promptly notify the child care 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

Creative Kids Learning Center, LLC _____ (Name of licensee)

Parent/Guardian Signature	Date	Parent/Guardian Signature	Date

I agree to provide child care services according to the above plan. I agree to promptly notify the parents or guardians of any changes to above information.

Licensee Signature	Date	Address
		102 N. Ruby St. Ellensburg WA 98926

Comments

Allergy Medical Plan of Action

If not applicable please indicate with n/a, meaning no allergies

Allergy		Reaction to Allergy
Severity of Reaction		Reaction Time
Plan of Action (what needs to be done if child has a reaction)		
Allergy		Reaction to Allergy
Severity of Reaction		Reaction Time
Plan of Action (what needs to be done if child has a reaction)		
Allergy		Reaction to Allergy
Severity of Reaction		Reaction Time
Plan of Action (what needs to be done if child has a reaction)		

Parents: It is very important that you list ALL allergies your child may have. If your child uses medication it is crucial that the prescription medication comes in its original packaging and is prescribed to the individual child listed above. A separate medication form will need to be filled out for any and all medication. Allergy Plans are good for 1 year.

I/We assure that we have informed Creative Kids Learning Center of any and all known allergies prior to starting child care.

Parent/Guardian Signature	Date	Parent/Guardian Signature	Date

Health and Disaster Plan and Pesticide Notice

I _____ am aware that Creative Kids Learning Center has a Disaster Plan Handbook for my viewing at any time. I am aware that the Healthy & Disaster Plan Handbook is located in Mechelle's Office and online on the CKLC website. I agree that it is my responsibility as the parent/guardian to read, review, and familiarize myself and other parents/guardians with the Disaster Plan Handbook for the Creative Kids Learning Center.

I am also aware that Mechelle Moran will notify me 48 hours in advance if any pesticides will be administered at the center. If pesticides are administered Creative Kids Learning Center will do their best to have it done on a weekend so that children are not present for a 2-day period. If pesticides are administered Mechelle Moran will also have the pesticide applicator provide a copy of the records when a pesticide is applied. Also, a marker will be placed at each primary point of entry to the center grounds, following all marker requirements. I agree that it is my responsibility as the parent/guardian to review and familiarize myself with the pesticide policy located in the Health Policy in Mechelle's Office. I am aware that this Health Policy is available at all times for my review.

Parent/Guardian Signature	Date	Parent/Guardian Signature	Date

Policy Summaries

Please read and sign the following Policy Summaries acknowledging you have read and agree with them. The full content and details of these policies can be found in the Parent Policy and Communication Handbook in which you were given.

Care and Handling of Animals on Child Care Premises

I have read the Pet Policy located in the Parent Policy & Communication Handbook. I understand that Sage Nala Fluffy Moran may be on the child care premises sometimes.

Name of Animal	Sage Nala Fluffy Moran	Date Policy was updated	05/10/2021
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I, (Print Name) _____, have read and Understand the Child Care Center's Animal on Premises Policy.

{ } I agree with this policy; or { } I have concerns about this policy and wish to speak to the director

I understand that it's my responsibility to update this form if I wish to retract permission in any of the categories listed above, otherwise permission is given for the entire period of my child's enrollment unless I request to update the form, complete & turn it back into CKLC administration.

Parent/Guardian Signature	Date
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Termination Policy

I _____ understand & agree that if I decide to no longer have my child/ren attend Creative Kids Learning Center for any reason, I am required to give at least a 2 weeks' notice. I understand that this means whether you have pre-paid for those days or still owe for days equaling your two-week notification. If a two-week notice is not given, I understand that I will be billed for the following two weeks starting the first day that your child is not in attendance. If this bill is not paid, it will get sent to the Washington State Collections Agency which will include any late charges that may apply, and all fees listed in Section 3.7 of the Creative Kids Learning Center Parent Policy and Communication Handbook.

Parent/Guardian Signature	Date
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Audio and Video Surveillance and Recording

Agreement and understanding of audio and video surveillance and recording

This parent/guardian understands and gives permission and understands that all people on Creative Kids Learning Center property are being videotaped and audio recorded via the digital recording system. Video and audio footage records when there is active motion. We have cameras in all classrooms, play yards & communal areas such as the hallways. We do not have cameras within any visual range of bathroom areas.

I, _____, understand and agree to the video and audio surveillance system located on the property at Creative Kids Learning Center. I understand that myself, my child/ren and all persons that are on the property will be under video and audio surveillance.

Parent/Guardian Signature	Date
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Parent/Guardian Handbook

This parent/guardian handbook has been prepared for your information and understanding of the policies, philosophies and practices and benefits of Creative Kids Learning Center. PLEASE READ IT CAREFULLY. Upon completion of your review of this handbook, please sign the statement below, and return to the director along with your child's registration packet, prior to the date of the child's first day at Creative Kids Learning Center. A reproduction of this acknowledgment appears at the back of this booklet for your records.

I, _____, have received and read a copy of the **Creative Kids Learning Center, LLC** Parent/Guardian Handbook which outlines the goals, policies, & benefits.

I have familiarized myself, at least generally, with the contents of this handbook. By my signature below, I acknowledge, understand, accept and agree to comply with the information contained in the Parent/Guardian Handbook provided to me by Creative Kids Learning Center. I understand this handbook is not intended to cover every situation which may arise during my child's enrollment, but is simply a general guide to the goals, policies, & benefits.

Parent/Guardian Signature	Date	Parent/Guardian Signature	Date
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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 _____ 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 (<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						
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:		
<input type="checkbox"/> A verified history of varicella (chickenpox) disease.		
<input type="checkbox"/> 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
<input type="checkbox"/> 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.
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