



Address:

2501 Warner Ave
Enumclaw, WA 98022

Phone:

(360) 825-2020

Email:

whiteriverchildrensacademy@gmail.com

DCYF Child Care Subsidy Contact Center: 1-844-626-8687

SSPS #102822 / Provider #1261180

Child Care Registration Form (for family home or center program)		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>			
<i>Parent/Guardian signature: _____ Date: _____</i>			
In an emergency, if you are not able to contact me, contact the following:			
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 #
	() -	() -	() -
	() -	() -	() -
	() -	() -	() -
	() -	() -	() -
Child's health information			
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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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		X _____ Parent/Guardian Signature Required if Starting in Conditional Status	
Date		Date	

▲ Required for School • Required Child Care/Preschool	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	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)						
COVID-19						
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
<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.

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: waisrecords@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 Pediarix 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		



Certificate of Exemption—Personal/Religious

For School, Child Care, and Preschool Immunization Requirements

Child's Last Name: _____ First Name: _____ Middle Initial: _____ Birthdate (MM/DD/YYYY): _____

NOTICE: A parent or guardian may exempt their child from the vaccinations listed below by submitting this completed form to the child's school and/or child care. A person who has been exempted from a vaccination is considered at risk for the disease or diseases for which the vaccination offers protection. An exempted child/student may be excluded from school or child care settings and activities during an outbreak of the disease that they have not been fully vaccinated against. Vaccine-preventable diseases still exist, and can spread quickly in school and child care settings. Immunization is one of the best ways to protect people from getting and spreading diseases that may result in serious illness, disability, or death.

Personal/Philosophical or Religious Exemption

I am exempting my child from the requirement my child be vaccinated against the following disease(s) to attend school or child care. (Select an exemption type and the vaccinations you wish to exempt your child from):

PERSONAL/PHILOSOPHICAL EXEMPTION*

- | | | | |
|-------------------------------------|---|----------------------------------|---|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Hib | <input type="checkbox"/> Pneumococcal |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Pertussis (whooping cough) | <input type="checkbox"/> Tetanus | <input type="checkbox"/> Varicella (chickenpox) |

**Measles, mumps, or rubella may not be exempted for personal/philosophical reasons per state law*

RELIGIOUS EXEMPTION

- | | | | |
|-------------------------------------|---|----------------------------------|---|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Hib | <input type="checkbox"/> Pneumococcal |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Pertussis (whooping cough) | <input type="checkbox"/> Tetanus | <input type="checkbox"/> Varicella (chickenpox) |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Mumps | <input type="checkbox"/> Rubella | |

Parent/Guardian Declaration

One or more of the required vaccines are in conflict with my personal, philosophical, or religious beliefs. I have discussed the benefits and risks of immunizations with the health care practitioner (signed below). I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

X _____
Parent/Guardian Name (print) Parent/Guardian Signature Date

Health Care Practitioner Declaration

I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child. I certify I am a qualified MD, ND, DO, ARNP, or PA licensed in Washington State.

X _____
Licensed Health Care Practitioner Name (print) Licensed Health Care Practitioner Signature Date

MD ND DO ARNP PA Washington License # _____

RELIGIOUS MEMBERSHIP EXEMPTION

Complete this section ONLY if you belong to a church or religion that objects to the use of medical treatment. Use the section above if you have a religious objection to vaccinations but the beliefs or teachings of your church or religion allow for your child to be treated by medical professionals such as doctors and nurses.

Parent/Guardian Declaration

I am the parent or legal guardian of the above-named child. I affirm I am a member of a church or religion whose teaching does not allow health care practitioners to give medical treatment to my child. I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

X _____
Parent/Guardian Name (print) Parent/Guardian Signature Date

Certificate of Exemption—Medical

For School, Child Care, and Preschool Immunization Requirements

Child's Last Name: _____ **First Name:** _____ **Middle Initial:** _____ **Birthdate (MM/DD/YYYY):** _____

NOTICE: This form may be used to exempt a child from the requirement of vaccination when a health care practitioner has determined specific vaccination is not advisable for the child for medical reasons. This form must be completed by a health care practitioner and signed by the parent/guardian. An exempted child/student may be excluded from school or child care during an outbreak of the disease they have not been fully vaccinated against. Vaccine preventable diseases still exist, and can spread quickly in school and child care settings.

Medical Exemption

A health care practitioner may grant a medical exemption to a vaccine required by rule of the Washington State Board of Health only if in their judgment, the vaccine is not advisable for the child. When it is determined that this particular vaccine is no longer contraindicated, the child will be required to have the vaccine (RCW 28A.210.090). Providers can find guidance on medical exemptions by reviewing Advisory Committee on Immunization Practices (ACIP) recommendations via the Centers for Disease Control and Prevention publication, "Guide to Vaccine Contraindications and Precautions," or the manufacturer's package insert. The ACIP guide can be found at: www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html.

Please indicate which vaccination the **medical** exemption is referring to by disease. If the patient is not exempt from certain vaccinations, mark "not exempt.":

Disease	Not Exempt	Permanent Exempt	Temporary Exempt	Expiration Date for Temporary Medical
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hib	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Measles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pertussis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pneumococcal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Polio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rubella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Varicella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Health Care Practitioner Declaration

I declare that vaccination for the disease(s) checked above is/are not advisable for this child. I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child. I certify I am a qualified MD, ND, DO, ARNP or PA licensed in Washington State, and the information provided on this form is complete and correct.

X _____

Licensed Health Care Practitioner Name (print)

Licensed Health Care Practitioner Signature

Date

MD ND DO ARNP PA

Washington License # _____

Parent/Guardian Declaration

I have discussed the benefits and risks of immunizations with the health care practitioner granting this medical exemption. I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

X _____

Parent/Guardian Name (print)

Parent/Guardian Signature

Date



WRCA Contract

Enrollment:

1. I will provide complete and accurate enrollment paperwork upon enrollment of my child at White River Children's Academy.
2. I am responsible for the annual registration fee of \$100 for my child to attend White River Children's Academy.
 - a. The annual registration fee of \$100 (*per child*) is due upon enrollment.
 - i. I understand that my child's spot will not be secured until the registration fee and enrollment paperwork is collected by WRCA.
 - ii. If you utilize the BSK, CCDF, or DCYF subsidy programs, you are not responsible for the payment of the annual registration fee unless there is a lapse in coverage for care, or you switch to private payment.
 - b. The annual registration fee will be invoiced in August each year and is due September 1st of each year.
 - c. The tuition late fee schedule is applicable for unpaid registration fees.
 - d. If my child is enrolled within 60 days of September 1st, I will not be required to pay the annual registration fee until September of the following year.
3. In case of withdrawal from care, I agree to give the center 30 days written notice prior to withdrawal. If I fail to do so, I may be charged tuition for the following month.
4. I understand that WRCA may terminate enrollment in accordance with business practices laid out in the parent handbook including factors such as non-payment, inappropriate parent/family behavior, or child behavior.

Initials: _____ / _____

Tuition:

- 1) I agree to pay the monthly tuition on the first of each month. Based on the age and placement of my child, the tuition is:
 - a) _____ monthly copayment DCYF or CCDF (*if applicable, circle one*) or,
 - b) _____ per month private tuition rate or,

- c) Prorated all day school age rate up to \$1000 per month. *(if applicable)*
- 2) I agree to pay any tuition balance or fees owed that BSK, DCYF, or CCDF subsidy payments do not cover. *(if applicable)*
 - a) I take responsibility to ensure there is no lapse in subsidy services, and I will obtain reauthorization for care as needed before coverage lapses. *(if applicable)*
 - b) I understand that if my child attends WRCA during a subsidy coverage lapse, that I am responsible for paying the applicable prorated private tuition rate for services rendered.
- 3) I agree that a late fee of \$40 will be applied if payment is not received by the end of the 5th day of each month.
 - a) There will be an additional \$40 late fee applied if not paid by the end of the 10th day of each month.
 - b) All copayments, tuition, and applicable late fees must be paid by the end of the 15th day of each month or there may be a suspension in services until payment is received or payment arrangements *(if available)* are made with the Director.
- 4) There will be an NSF fee of \$40 for returned checks or declined online payments.
 - a) Returned payments may result in having to pay by guaranteed funds (cash, money order, or cashier's check) for a timeframe of up to six months.

Initials: _____ / _____

Attendance:

- 1. I agree that my child will attend WRCA at least once per calendar month unless prior arrangements are made with the Director.
- 2. I understand that my child cannot arrive later than 10:00am without prior approval from the Director. Exceptions will only be made ahead of time for extenuating circumstances such as doctor appointments.
- 3. I agree to electronically check-in/out my child every time they are in attendance at WRCA.
 - a. I will sign my full legal name when I check-in/out my child via the parent tablet in the lobby. *(WA State law)*
- 4. I agree that only persons authorized by me can pick up my child from WRCA.
 - a. If that person is not on the authorized pick-up list I provide at the time of enrollment, I will promptly call or message WRCA with their information.
 - b. ID will be checked and verified with the authorized persons list at pick-up for anyone that is unknown to staff before a child leaves with that person.
- 5. I understand that WRCA staff's personal time is valuable so I agree to pick-up my child by WRCA's closing time.
 - a. I agree to notify staff as soon as possible via phone or Brightwheel if pick-up is expected after closing.
 - b. I understand that if my child is picked up after closing, I will be charged \$1.00 per minute (per child) for each minute they are here past closing time. (WRCA will

forward this payment directly to the staff who is required to stay with your child after closing)

- c. Late pick-up fees are billed immediately and due by the end of the following business day.
 - d. If not paid by the end of the next business day, I will be charged a \$10 non-payment fee per child.
 - e. If payment is not received by the 2nd business day following the late pick-up, I will be charged an additional \$10 non-payment fee per child.
 - f. Late pick-up fees not paid within the calendar month accrued will be subject to enrollment suspension until paid in full.
6. I understand that if no emergency contact can be made, legal authorities will be contacted for a child left at WRCA for more than one hour past closing.

Initials: _____ / _____

Typical days my child will be attending WRCA (please circle): MON TUE WED THUR FRI

Approximate hours of care: _____ AM to _____ PM

I acknowledge understanding and agree to adhere to all terms and conditions set forth in this contract.

Signature of Parent(s)/Guardian(s):

_____ Date: _____ Date: _____



WRCA Acknowledgments and Permissions

Parent Handbook for Licensed Child Learning Center Acknowledgment:

I acknowledge that I have read and understand the contents of the White River Children's Academy parent handbook available online at www.whiteriverchildrensacademy.com or available in printed form by request from WRCA. I will comply with all guidelines and rules set forth in the parent handbook.

Signature of Parent(s)/Guardian(s):

Date: _____

Date: _____

Emergency Plan and Health Policy Acknowledgment:

I acknowledge that I have read and understand the contents of White River Children's Academy's emergency plan and health policy available online at www.whiteriverchildrensacademy.com or available in printed form by request from WRCA.

Signature of Parent(s)/Guardian(s):

Date: _____

Date: _____

Photo/Video Permission:

(please select one)

_____ I give permission for my child _____ to be photographed and/or recorded while attending White River Children’s Academy. Photos and videos may be used for security camera footage, training purposes, Brightwheel uploads, as well as advertising/marketing on WRCA’s website and/or social media platforms.

_____ I give permission for my child _____ to be photographed and/or recorded while attending White River Children’s Academy. Photos and videos may be used for limited purposes including security camera footage, training purposes, and Brightwheel uploads only.

_____ I give permission for my child _____ to be photographed and/or recorded while attending White River Children’s Academy. Photos and videos may be used for limited purposes including only security camera footage. *(if selecting this option, you will not receive Brightwheel photos of your child)*

Signature of Parent(s)/Guardian(s):

Date: _____ Date: _____

Field Trip Permission:

Below is an EXAMPLE field trip permission form. Licensing requires signed acknowledgement that if your child goes on a field trip, this is the form you will receive to give permission. Signature of acknowledgement for students of all ages is required even though field trips are only applicable to our preschool and school age students.

Signature of Parent(s)/Guardian(s):

Date: _____ Date: _____

****EXAMPLE FIELD TRIP FORM****



White River Children's Academy

Field Trip Permission Form

I _____ do hereby give permission for my child(ren) _____ to be transported by a White River Children's Academy staff member and attend the field trip with White River Children's Academy to _____ (*location*) on _____ (*date*). I understand there will be adequate supervision of my child(ren) and they will leave WRCA at _____ (*time*) and will return to WRCA at _____ (*time*). I understand that participation in field trips are conditional, and if unsafe behaviors are displayed on field trips, my child(ren) may be excluded from participating in future field trips at the discretion of the classroom Lead Teacher and/or the Director.

The cost of this field trip is \$ _____ and payment must be received by _____ (*date*) for my child(ren) to participate.

Signature of Parent(s)/Guardian(s):

_____ Date: _____ Date: _____

****EXAMPLE FIELD TRIP FORM****



White River Children's Academy

School Transportation Permission Form

(SCHOOL AGE STUDENTS ONLY)

I _____ (*guardian name*) give permission to the applicable staff of White River Children's Academy to transport _____ (*student name*) to and from school at _____ (*school name*) if school district transportation is not available.

Signature of Parent(s)/Guardian(s):

Date:

Date:



Family Connection Form

Family Contact Information:

Legal Guardian 1: (circle one) Parent Step-Parent Legal Guardian

Full Name: _____ Birthdate: _____

Primary Phone: _____ (circle one) cell home other

Alternate Phone: _____ (circle one) cell home other

Email Address: _____

Employer: _____ Occupation: _____

Work Phone: _____ Work Address: _____

Legal Guardian 2 (if applicable): (circle one) Parent Step-Parent Legal Guardian

Full Name: _____ Birthdate: _____

Primary Phone: _____ (circle one) cell home other

Alternate Phone: _____ (circle one) cell home other

Email Address: _____

Employer: _____ Occupation: _____

Work Phone: _____ Work Address: _____

How did you learn about WRCA? _____

Child Information:

Child Name: _____ Nickname: _____ Birthdate: _____

Who is filling out this form? _____

1. What type of group settings has your child been a part of in the past? (child care, preschool, Sunday school, etc.)

2. What are your expectations from our child care center?

3. How would you describe your parenting style?

4. Tell us about your child's personality. What are they like?

5. Tell us about your child's interests. What gets them excited?

6. Tell us about your child's learning needs. What areas can we help with?

7. Tell us about your child's sleep patterns. Do they have a regular nap time? Does your child normally sleep through the night?

8. Tell us about your child's behavior. Are there any issues that we should be aware of?

9. How do you like to handle discipline at home?

10. Anything else you think we should know about your child?



White River Children's Academy

Emergency Food Requirement

To maintain state licensing requirements, WRCA requires that a 3-day emergency food kit is provided for each child in our care. Please prepare the following items in a gallon ziplock bag and detach the portion below to put in the bag.

You will get back the emergency kit annually in October and will need to provide updated contents. Thank you!!

Suggested (*minimum requirements*):

- 6 high protein bars (such as Nature Valley XL protein bars)
- 6 pouches of plain or flavored water, particularly those high in electrolytes (pouches such as Capri Sun may fit better than juice boxes)
- Family Photo
- All contents in a gallon ziplock bag with the name label (below) visible inside

Cut here

Emergency Food Kit

Student Name: _____ Date: _____



General FAQs

Q: What will I need to bring for my child?

A: We ask that families provide a water bottle or sippy cup each day, along with a blanket for naptime. Blankets are sent home weekly for washing. If your child has a special stuffed animal that they would like to bring for naptime that is okay as long as it stays in their cubby unless being used for naptime or as a comfort item during a difficult drop-off period. Stuffed animals may be asked to be kept home if they prove to be a distraction. We also ask that a daily supply of diapers and wipes are provided by parents if applicable. It is preferable to supply a pack or two of diapers and wipes that we can keep on hand. We will communicate when we are running low.

Q: Can my child bring a toy or electronics to school?

A: When toys or electronics are brought from home, they risk getting lost or damaged. That is why we ask that personal items stay at home and do not come into the classroom. If a child brings personal items (toys/electronics) they will be placed in their backpack, cubby, or held in the teacher cabinet until pick-up. We supply an abundance of developmentally appropriate materials to keep your child engaged and learning.

Q: Is outside food or drinks allowed?

A: Unless your child has dietary restrictions that require substitutions to what we provide with meals and snacks, outside food and drinks (with the exception of water) are not allowed in the classroom. Prior permission from the Director is required for substitutions. If your child is finishing up a snack when they are dropped off, we ask that you wait with them in the hallway until they are done eating before entering the classroom since it is unfair for the other children.

Q: What time can I drop off my child?

A: You may drop your child off anytime between the time we open at 6:00 A.M. until our cut-off time at 10:00 A.M.

Q:What if I'm running late past the cut-off time or have an appointment that runs past the cut-off time that will result in a late drop-off?

A: Trying to get a little one out the door on time can be a challenge so we can understand if you're running a few minutes behind *occasionally*. We ask that you send us a Brightwheel message or give us a call before our 10 A.M. cut-off time so we can arrange to have a staff member let you inside since our doors are locked between 10 A.M. and 3 P.M. Frequent or repeatedly late drop-offs without reasoning approved by the Director may result in your child not being able to attend that day.

Q: What time am I able to pick up my child?

A: You are welcome at any point in time to come pick-up your child. However, if it's prior to 3:00 P.M. you will need to call or send a message via Brightwheel so a staff member knows to let you in.

Q: Can I stop by and check on my child or say hi if I'm on a break at work?

A: Certainly! Here at WRCA we have an open-door policy that allows parents to stop in at any time. Please take into consideration though, that sometimes a child interacting with their parent prior to being picked up may be more difficult for them emotionally when you leave.

Q: What happens if my child gets hurt at WRCA?

A: We document all injuries on an incident report that a parent must sign upon pick-up. If your child has a head injury whether it is serious or minor, a message will be sent right away through Brightwheel. If an injury is serious or life threatening, a phone call to emergency services will be made, followed by a phone call to parents or guardians.

Q: What if my child has diaper cream, sunscreen, or medication?

A: In order for us to administer medication and creams such as sunscreen and diaper cream, we are required to have an authorization form filled out for each product. A teacher or administrator is happy to get you applicable forms upon request.