



CHILD REGISTRATION

APPLICATIONS FOR CHILD REGISTRATION WILL BE TAKEN VIA EMAIL, MAIL OR IN PERSON. IF YOU WOULD LIKE TO DROP OFF IN PERSON, PLEASE CALL FOR AN APPOINTMENT WITH OUR DIRECTOR. FILLING OUT AN APPLICATION DOESN'T GUARANTEE YOUR CHILD'S ADMITTANCE, IT MUST FIRST BE APPROVED BY THE DIRECTOR.

CAROUSEL CORNER PRESCHOOL & CHILDCARE CENTER
5345 SE CAROUSEL LANE
PORT ORCHARD, WA 98366
(360) 871-7572

FOR OFFICE USE ONLY:
START: _____
WITHDRAW: _____
REG. PAID: _____

DATE _____

REGISTRATION FORM

Child's Name _____ Birthdate _____ Age _____

Address _____

Circle Days Att: M T W Th F Hrs. Per Day _____ Arrival _____ Departure _____

Preschool/Daycare _____ Before/After School _____ School Attending _____

Father's Name _____ Mother's Name _____

Father's Home Phone: _____ Father's Wk. #: _____ Father's Cell. #: _____

Mother's Home Phone: _____ Mother's Wk. #: _____ Mother's Cell. #: _____

Mother's E-mail Address: _____ Father's E-mail Address: _____

Father's Employer _____ Mother's Employer _____

Person responsible for financial obligation, if different from parents: _____

Marital Status: Married _____ Separated _____ Divorced _____ Widow (er) _____ Single _____

EMERGENCY CONTACT IF PARENT CANNOT BE REACHED: [] **ALSO PERMITTED TO PICK UP CHILD**

(Addresses must include street number & name, city, state)

1. _____ Relationship _____ Phone: _____

Address: _____

2. _____ Relationship _____ Phone: _____

Address: _____

ADDITIONAL PERSONS PERMITTED TO PICK UP CHILD: (Addresses must include street number & name, city, state)

1. Name _____ Address _____ Phone _____

2. Name _____ Address _____ Phone _____

3. Name _____ Address _____ Phone _____

4. Name _____ Address _____ Phone _____

OUT OF STATE CONTACT:

In the event of an emergency and local phone lines are down, please list someone out of state, such as family member, who may be contacted if parents/guardian cannot be reached.

Name _____ Relationship _____ Phone # _____

PERSONS WHO ARE NOT PERMITTED TO PICK UP YOUR CHILD:

1. _____ 2. _____

3. _____ 4. _____

DATE OF LAST PHYSICAL (Physicals are required annually)

SECURITY CODE WORD:

(May be asked of those requesting account info or child pick up.)

ENROLLMENT AND FINANCIAL REGISTRATION AGREEMENT

1. The Parents of the enrolled child grant permission for their child to participate in ALL of the activities of the school and to use ALL of the indoor and outdoor play equipment.
2. The Parents/Guardians grant permission for their child to leave the school premises under the supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle. The center shall announce all such excursions prior to the activity.
3. The Parent grant permission for the child to be included in evaluations and pictures connected with the school program.
4. The Parents understand that the center is not responsible for a child who has not been signed in for the day.
5. The Parents acknowledge that a registration fee of \$95, non-refundable, is due at the time of registration and annually thereafter, payable by September 1st.
6. The Parents acknowledge that tuition fees are payable in advance and shall be paid on or before the 5th day of each month unless prior arrangements are made with the director. It is further understood that if payments are not made on time, a \$35 late fee will be added to the amount owed for that month. If you pay bimonthly, payment is due on your scheduled payment dates or \$12.50 late fee will be added.
7. The Parents understand that if their account becomes delinquent by more than 10 days, they will be asked to remove their child from the center until the bill is paid. All late fees must be paid and a registration fee will be charged at the time of re-enrollment.
8. Center hours are from 6:00 am to 6:00 pm Monday through Friday.
9. Parents of children picked up after 6:00 pm will be charged \$2.00 per minute, per child. This charge will be paid directly to the attending staff person who has been inconvenienced.
10. The Parents acknowledge the importance of notification to the center of any change in the normal schedule and the importance of notifying the office of any changes in emergency information, phone, address, or other pertinent information on the registration form.
11. Carousel Corner Child Care Center agrees to maintain a facility which meets Washington State licensing standards.
12. Parents are invited to visit Caróusel Corner Center, and if desired, arrange a conference with the director by contacting the center's office.
- 13. Parents are required to give a 30 day** written notice prior to withdrawal. If notice is not given, there will be a charge for the two weeks following departure.
14. If Parents withdraw a child from the center, it is understood that no refund will be given unless the removal is the center's choice.
15. Parents acknowledge the fact that they need to find alternate care for their ill children, as the center does not have facilities to care for ill children. Also, parents are required to report any contagious disease their child contracts so other parents may be notified.
16. Parents understand that all fees are subject to change at any time without prior notice. The center will attempt to notify parents at least one (1) month in advance of such changes.
17. Maintain open communication with center and provide any information that might contribute to your child's growth.
18. A \$5 per day charge will be assessed for diaper/wipes that CCP uses for your child if supplies aren't brought in.

Parent/Guardian Signature

Date

Form revised 5/20

Date _____

HABITS OF CHILD

Child's Name: _____

Social: Has child been with other children? At home? _____ In groups _____

Previous childcare experience: _____

Favorite toys and playthings: _____

Emotional: What fears, if any, does your child have and show? _____

Personality: Parent's evaluation of child's personality: _____

Food: Special likes: _____

Dislikes: _____

Allergies: _____

Naps: Has your child been taking an afternoon nap? _____ If so, how long? 1 hr. _____ 2 hr. _____ Other _____

Toilet: Is your child fully responsible for his/her own toileting? _____

If not, what assistance does he/she require? _____

Dress: To what degree does your child dress him/herself? _____

Holidays: Does your child celebrate birthdays & holidays? _____

If no, explain: _____

Health of child: Present state of health? _____

Any vision or hearing defects? _____

Any food, material, or medication that would cause a rash or reaction? _____

Date of last complete physical? _____

Problems: Areas in which parent wishes help: _____

Please list any additional information you would like the teacher to know. It is helpful to list any circumstances which pertain to your child which would affect him/her while in our care—illness, loss of parent by separation or death, or any experience your child may have difficulty in grasping. Teacher can often help in the group by treating these things with consideration and tact.

NAME OF CHILD: _____

HOURS CHILD WILL BE IN CENTER: From _____ To: _____

DAYS OF THE WEEK: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

WHO WILL BRING THE CHILD: _____ PICK UP CHILD: _____

APPROVAL AND CONSENT OF PARENT OR GUARDIAN

SCHOOL CHILDREN:

I, hereby, give my consent for _____ to walk or be transported to and from bus stop/school during their attendance at Carousel Corner. I understand that the children do have an escort walking to and from bus stop. I understand that the children should be appropriately dressed for the weather.

Parent's Signature _____ Dated: _____

FIELD TRIPS/PLAYGROUND RELEASE:

I, hereby, give my permission for _____ to use all playground equipment and participate in all daycare activities, including field trips off Carousel Corner grounds (prior notice will be given), such as fire station, bakery, etc., during the time they are in attendance at Carousel Corner.

Parent's Signature _____ Dated: _____

CLOTHING:

I understand that a complete change of clothing must be left at the Center in case my child has a spill or accident, and that these need to be marked with my child's name or initials.

Parent's Signature _____ Dated: _____

SEE PAYMENTS:

I understand that fees are payable in advance. I understand and agree to the rate of payment, and realize that I will be paying according to my child's schedule whether he/she is here or not.

Parent's Signature _____ Dated: _____



Certificate of Immunization Status (CIS)

DOH 348-013 January 2015

Office Use Only:

Reviewed by: _____ Date: _____

Signed Cert. of Exemption on file? Yes No

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

Child's Last Name: _____ First Name: _____ Middle Initial: _____ Birthdate (mm/dd/yyyy): _____ Sex: _____

Symbols below:
 Required for School and Child Care/Preschool
 Required for Child Care/Preschool Only
 Recommended, but not required

I certify that the information provided on this form is correct and verifiable.

I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.

Vaccine		Dose	Date			Parent/Guardian Signature Required	Date
			Month	Day	Year		
◆ Pneumococcal (PCV, PPSV)							
	1						
	2						
	3						
	4						
	5						
◆ Polio (IPV, OPV)							
	1						
	2						
	3						
	4						
◆ Measles, Mumps, Rubella (MMR)							
	1						
	2						
◆ Varicella (chickenpox)							
	1						
	2						
■ Hepatitis A (Hep A)							
	1						
	2						
■ Human Papillomavirus (HPV) – does not print from the IIS; write dates in by hand							
	1						
	2						
	3						
■ Meningococcal (MCV, MPSV)							
	1						
	2						
◆ 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)							
	1						
■ Tetanus, Diphtheria (Td)							
	1						
	2						
● Haemophilus influenzae type b (Hib)							
	1						
	2						
	3						
	4						
■ Influenza (flu, most recent)							

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

- 1) Chickenpox disease verified by printout from the Immunization Information System (IIS) Must be marked by printout (not by hand) to be valid.
 2) Chickenpox disease verified by healthcare provider (HCP) If you choose this box, mark 2A OR 2B below.
 2A) Signed note from HCP attached OR
 2B) HCP sign here and print name below:

Licensed healthcare provider signature _____ Date _____
 (MD, DO, ND, PA, ARNP)
 Printed Name: _____

- 3) Chickenpox disease verified by school staff from the Immunization Information System

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 healthcare provider signature _____ Date _____
 (MD, DO, ND, PA, ARNP)
 Printed Name: _____

Child and Adult Care Food Program ENROLLMENT/INCOME-ELIGIBILITY APPLICATION

PART 1 - CHILDREN'S INFORMATION—Required for all children in care.

Child's Name	Birthdate	Age	Circle Normal Days/ Print Normal Hours of Care							Circle Meals and Snacks Normally Received		
			Sun	Mon	Tu	Wed	Th	Fri	Sat	Breakfast	A.M. Snack	Lunch
			Normal Hours _____ to _____							P.M. Snack	Supper	Eve. Snack
			Normal Hours _____ to _____							Breakfast	A.M. Snack	Lunch
			Normal Hours _____ to _____							P.M. Snack	Supper	Eve. Snack
			Normal Hours _____ to _____							Breakfast	A.M. Snack	Lunch
			Normal Hours _____ to _____							P.M. Snack	Supper	Eve. Snack

INCOME ELIGIBILITY

Please check the boxes that apply to help determine the other parts of this form to complete:

- A family member in our household receives benefits from Basic Food, TANF, or FDPIR. (Please complete Part 2 and 5.)
- One or more of the children in Part 1 is a foster child. (Please complete Part 3 and 5.)
- My child(ren) may qualify for Free/Reduced-Price meals based on household income. (Please complete Part 4 and 5.)
- My child(ren) will not qualify for Free/Reduced-Price meals. (Please complete Part 5 only.)

PART 2 - HOUSEHOLD MEMBER RECEIVING BASIC FOOD, TANF, OR FDPIR—Only one household member receiving benefits must be listed in order to establish eligibility for all children in the household.

Name	Circle One			Case Number or Identification Number
	Basic Food	TANF	FDPIR	

PART 3 - FOSTER CHILDREN—List the names of any children listed in Part 1 who are foster children.

PART 4 - TOTAL HOUSEHOLD INCOME FROM LAST MONTH—Not required if you have reported a case number in Part 2.

List names (First and Last) of everyone in your household, including foster children	Gross income from Last Month (or net income if self-employed) Tell us how much and how often. If no income, write "0".			
	Earnings from Work Before Deductions	Alimony, Child Support	Retirement, Pensions, Social Security	Job Two or Any Other Income
Jane Smith (example)	\$1000 / month	\$300 / month		\$100 / week
1.	\$ /	\$ /	\$ /	\$ /
2.	\$ /	\$ /	\$ /	\$ /
3.	\$ /	\$ /	\$ /	\$ /
4.	\$ /	\$ /	\$ /	\$ /
5.	\$ /	\$ /	\$ /	\$ /
6.	\$ /	\$ /	\$ /	\$ /

PART 5 - SIGNATURE AND CERTIFICATION—REQUIRED

The adult household member who fills out the application must sign below. If Part 4 is completed, the adult signing the form must also list the last four digits of his/her Social Security Number or check the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.) **If you have listed a case number in Part 2 or are applying on behalf of a foster child, or have checked the box that your child(ren) will not qualify for Free/Reduced-Price meals, the last four digits of the Social Security Number is not needed.**

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that institution officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Signature of Adult	Date	Print Name of Adult Signing	<input type="checkbox"/> I do not have a Social Security Number
		Social Security Number (last four digits) XXX-XX-	
Address		City/State/Zip Code	Daytime Phone

PART 6 - CHILDREN'S ETHNIC AND RACIAL IDENTITIES—You are not required to answer this part.

Check the ethnic and racial category of your child. We need this information to be sure that everyone receives benefits on a fair basis.

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

No child will be discriminated against because of race, color, national origin, sex, age, or disability.

Race:

- White
- Black or African American
- Asian
- American Indian or Alaskan Native
- Native Hawaiian or Pacific Islander
- Multi-Racial

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Basic Food, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced-price meals, and for administration and enforcement of the Program.

CENTER USE ONLY

- Child(ren) are categorically free based on Basic Food TANF FDPIR
- Foster child(ren) have been identified on this form and qualify for the free category.

Annual Income Comparison: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

- Child(ren) on this form who are not categorically eligible qualify as follows:

- Check one:
- Free
 - Reduced-Price
 - Above-Scale

Total Income: \$ _____
 Annual Monthly Twice Per Month
 Every Two Weeks Weekly

Signature of Institution's Representative _____

Date _____

Not valid without signature and date.

EIEA Effective Date: If the institution is using the parent/guardian signature date as the effective date, the form must have been signed by the institution representative within the same month the parent signed the form or the immediately following month. If the institution representative does not evaluate and sign the EIEA within these guidelines, the institution representative's signature date must be used as the effective date.

STEM for EVERYONE!

Studies have shown that gender and socioeconomic gaps related to STEM (*Science, Technology, Engineering, & Mathematics*) develop sometime in the preschool years and tend to grow or widen as children move through the primary grades. How well a child does in mathematics while in preschool can predict both math and literacy outcomes in later grades.

"One possibility for closing opportunity gaps is to help children learn the types of higher level thinking skills that are used by scientists, mathematicians and readers alike. Quality STEM education in preschool is not a 'cherry on top' to be incorporated once the language, literacy, and social-emotional development have been mastered. STEM education in early childhood education is an issue of equity because we know that these higher level thinking skills and math knowledge are key to closing achievement gaps for kids." (<http://www.claytonearlylearning.org/blog/?p=541>)

Here at Carousel Corner we are striving to foster a "STEM is all around us" attitude, adult mentoring, and a rich environment to help your children make scientific exploration, problem solving, and investigation a natural extension of their instinctive curiosity and play.

New Information:

STEM has changed to Steam. STEM + ART = STEAM. For the past few years, we have been looking at the acronym STEM (Science, Technology, Engineering, and Mathematics) and how we at Carousel Corner are using this discovery-based emphasis on teaching and learning to enrich the creative learning process of the children in our care. Recently researchers have recognized and included the ARTS in this grouping of creative fields that fosters innovative learning power of children. The acronym is now expanded to STEAM. Steam is more than the individual subjects. It is an intentional approach that inspires all students to think deeply, develop creative solutions, and aspire to a greater future. In a STEAM environment, students are allowed to be wrong, be unique, try multiple ideas, listen to other opinions, communicate ideas, and formulate new ideas and solutions. Children are naturally curious and naturally inclined to inquiry and discovery. At Carousel Corner, our goal is to encourage and foster a rich environment of learning that enhances these natural gifts and processes to help all children aspire to a brighter future.

ITEMS NEEDED

Dear Parent,

Your child needs the following items if indicated for their class:

ITEMS NEEDED	Items needed for classes checked:				
	Teddy Bears	Kittens	Dinos	Tigers	Cougars
Art Basket: <i>Each child needs a special place to put his/her art work. Basket will stay at the center in their cubby, and art work will go home daily.</i>	X	X	X		
Change of Clothes: <i>Shirt, pants, underwear & socks</i>	X	X	X		
Blanket: <i>Crib-size blanket, and may have a very small pillow (8"x8").</i>	X	X	X		
Earthquake Kit	X	X	X	X	X
Diapers & Wipes: <i>(if your child uses these)</i>	X				

Each of the above items needs to be labeled with child's name! We cannot be responsible for unmarked items.

Thank you!

(3/14/11)

EARTHQUAKE KIT

Each child needs an earthquake kit at the Center. Parents can put their child's kit together, or kits can be purchased at local grocery stores.

Each kit should include a family photo. Kits need to be labeled.

The following items need to be put in a zip lock gallon plastic bag:

1. 1 full-size garbage bag
2. 2 pull-top cans of soup or beans & franks
3. 2 pull-top cans of juice
4. 1 granola bar
5. 1 candy bar
6. family picture

Please put your kit together as soon as possible.

HAND SANITIZER AUTHORIZATION FORM

(Hand sanitizer supplied by Carousel Corner)

Child's Name:		Date of Birth:	Age:
Waterless Hand Sanitizer (Will only be used when soap & water are not available.)		Active Ingredients: Ethyl Alcohol	
Start Date:		Authorization valid for one year	
Possible Side Effects:			
Special Instructions: (Include previous hand sanitizer reactions)			
Reason for use: To decrease bacteria on the skin		Route: Topical	
Parent/Guardian Signature:		Date:	Daytime Phone Number:

(6-22-12)

PLEASE FILL OUT SUNSCREEN
& HAND SANITIZER
AUTHORIZATIONS AND
RETURN AS SOON AS
POSSIBLE. Thank you

SUNSCREEN AUTHORIZATION FORM

(Sunscreen Brought from Home)

Child's Name:		Date of Birth:	Age:
Name of Sunscreen & SPF:		Active Ingredients:	
Start Date:		Stop Date: (Authorization may be valid for 6 months)	
Possible Side Effects:			
Special Instructions: (Include previous sunscreen reactions)			
Reason for medication: Protection from sun	Amount to be given: Cover exposed areas of skin	Times to be Applied: Before sun exposure	Route: Topical
Parent/Guardian Signature:		Date:	Daytime Phone Number:

CAROUSEL CORNER
Preschool and Childcare Center Inc.

Dear Carousel Corner Families,

The classroom photographers take many pictures of the children throughout the year to illustrate, for you and them, the many activities in which they are engaged. Some photos will be used in scrapbooks, while others we would like to post to our new website which will be launched in the near future. The children's names will not be used when published in an electronic format. They will only be used to display the great social and educational achievements of our children at Carousel Corner.

We would like your permission to possibly post your child's photo on our website.

Thank you,

Amy Robbin

Yes

I grant permission to Carousel Corner to electronically record my child's image during class activities, which may appear in the forms described above.

No

I do not want my child's image published in an electronic format.

Child's Name: _____

Parent's Signature: _____

Date: _____