

## CHILD CARE AGREEMENT

<b>Child's name:</b>		First	Middle	Last					
<b>Parent or Guardian name:</b>		First	Middle	Last					
Days and times my child will receive care:									
Days of care	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
Arrival time									
Departure time									
FEE: \$ _____ per:		Hour Day Week Month	Date payment due:						
			Source of payment: Parent: Other (specify):						
Overtime rate: \$ _____ per:			Late fee: \$ _____ per:						
<p><b>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.</b></p> <p><b>I have read, understand and agree to comply with the policy and procedures and information for parents given to me by:</b></p>									
Name of Licensee									
Parent or guardian signature				Date		Parent or guardian signature		Date	
<p><b>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.</b></p>									
Licensee signature						Date			
Street Address			City		State		Zip code		
<p>Tuition is due regardless of absences, holidays, or provider closures. Two weeks' notice required to withdraw enrollment. No refunds for partial weeks. Deposit is non-refundable. See Parent Handbook for full terms.</p>									

<b>Child Care Registration Form</b>		Date child entered care	Date child left care
Child's name (Last, First, Middle)		Name used (Nickname)	Birthdate
Street address		City	Zip code
Child's parent/guardian name	Circle the best number to contact you at when your child is in our care		
	cell phone #	home phone #	alternate phone #
Street address		City	Zip code
Child's parent/guardian name	Circle the best number to contact you at when your child is in our care		
	cell phone #	home phone #	alternate phone #
<p><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></p> <p><i>Parent/Guardian signature: _____ Date: _____</i></p> <p><b>In an emergency, if you are not able to contact me, contact the following:</b></p>			
Name (first and last)	cell phone #	home phone #	alternative phone #
	(    )    -	(    )    -	(    )    -
	(    )    -	(    )    -	(    )    -
	(    )    -	(    )    -	(    )    -
	(    )    -	(    )    -	(    )    -
These individuals also have permission to pick up my child:			
Name (first and last)	cell phone #	home phone #	alternative phone #
	(    )    -	(    )    -	(    )    -
	(    )    -	(    )    -	(    )    -
	(    )    -	(    )    -	(    )    -
	(    )    -	(    )    -	(    )    -
<b>Child's health information</b>			
Child's medical care provider or parent's/guardian's preferred medical facility for treatment Name:  Street Address:  Phone: (    )    -			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
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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

**Permission Authorizations**

I authorize emergency medical care and treatment for my child when I cannot be reached, including transportation by emergency personnel if needed.

I also give permission for my child to:

- Participate in supervised walks and outdoor activities
- Be photographed for documentation and promotional purposes
- Be served meals, snacks, and beverages as provided by the program
- Use sunscreen, lotion, wipes, and diaper cream as needed
- Be released to all authorized adults listed on this form
- Be cared for in accordance with the policies outlined in the parent handbook

I have reviewed and agree to the above.

I do not give consent for the following (if any): \_\_\_\_\_

Parent/guardian signature	Date	Parent/guardian signature	Date

## ACKNOWLEDGMENT

Please check each box to confirm receipt and understanding of the required policies:

- I have received, read, and understand the Parent Policies.
- I have received, read, and understand the Health Policy.
- I have received, read, and understand the Emergency Preparedness Policy.

By signing below, I acknowledge that I have received, read, and understand all of the required policies listed above, provided as part of the Nova Childcare Parent Policies Handbook. I agree to follow these policies and to communicate in a timely and respectful manner with the provider about any questions, concerns, or updates related to my child's care.

I understand a signed copy of this acknowledgment will be kept on file, and I will receive a copy of this handbook for my records.

Printed Name of Parent/Guardian: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Certificate of Immunization Status (CIS)

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

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signed COE on File?  Yes  No

**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 information.

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

Required Vaccines for School or Child Care Entry		MM/DD/YY	Documentation of Disease Immunity (Health care provider use only)						
▲ Required School	● Required Child Care/Preschool								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.
●▲ DTaP ( <i>Diphtheria, Tetanus, Pertussis</i> )									I certify that the child named on this CIS has:
▲ Tdap ( <i>Tetanus, Diphtheria, Pertussis grade 7+</i> )									<input type="checkbox"/> A verified history of varicella (chickenpox) disease.
●▲ DT or Td ( <i>Tetanus, Diphtheria</i> )									<input type="checkbox"/> Laboratory evidence of immunity (titer) to disease/s marked below.
●▲ Hepatitis B									<input type="checkbox"/> Diphtheria <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B
● Hib ( <i>Haemophilus influenzae type b</i> )									<input type="checkbox"/> Hib <input type="checkbox"/> Measles <input type="checkbox"/> Mumps
●▲ IPV ( <i>Polio</i> )									<input type="checkbox"/> Rubella <input type="checkbox"/> Tetanus <input type="checkbox"/> Varicella
●▲ OPV ( <i>Polio</i> )									<input type="checkbox"/> Polio (all 3 serotypes must show immunity)
●▲ MMR ( <i>Measles, Mumps, Rubella</i> )									
● PCV ( <i>Pneumococcal</i> )									
●▲ Varicella ( <i>Chickenpox</i> )									
<input type="checkbox"/> History of disease verified by IIS									

Recommended Vaccines (Not Required for School or Child Care Entry)		MM/DD/YY						
COVID-19								
Flu ( <i>Influenza</i> )								
Hepatitis A								
HPV ( <i>Human Papillomavirus</i> )								
Meningococcal Disease types A, C, W, Y								
Meningococcal Disease type B								
Rotavirus								

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

Health Care Provider or School Official Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Handwritten forms must have medical immunization records attached for school or child care staff verification.

Licensed Health Care Provider Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Printed Name \_\_\_\_\_

## **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://myirmobile.com/>

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](mailto: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.