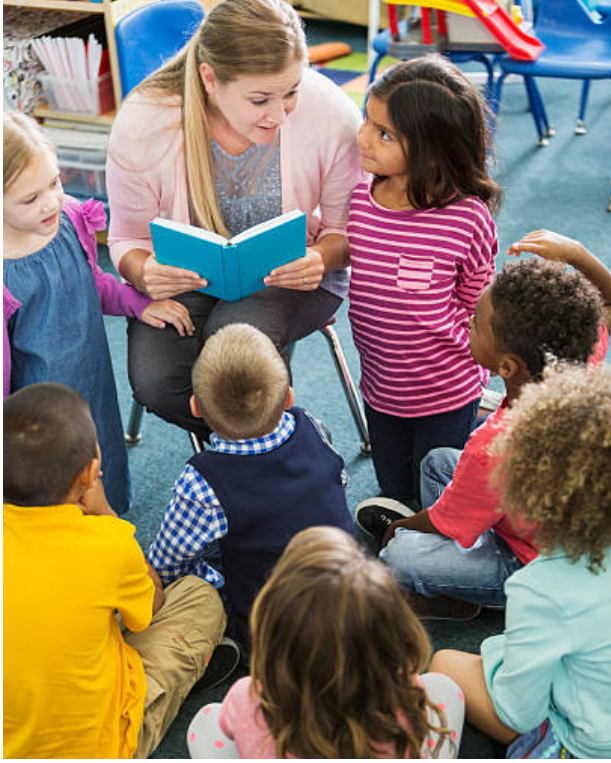
ENROLLMENT PACKET

2024-2025 SCHOOL YEAR

JOYFUL
EARLY LEARNING CENTER
at Aurora Community Church

1900 NORTH 175TH STREET, SHORELINE, WA 98133

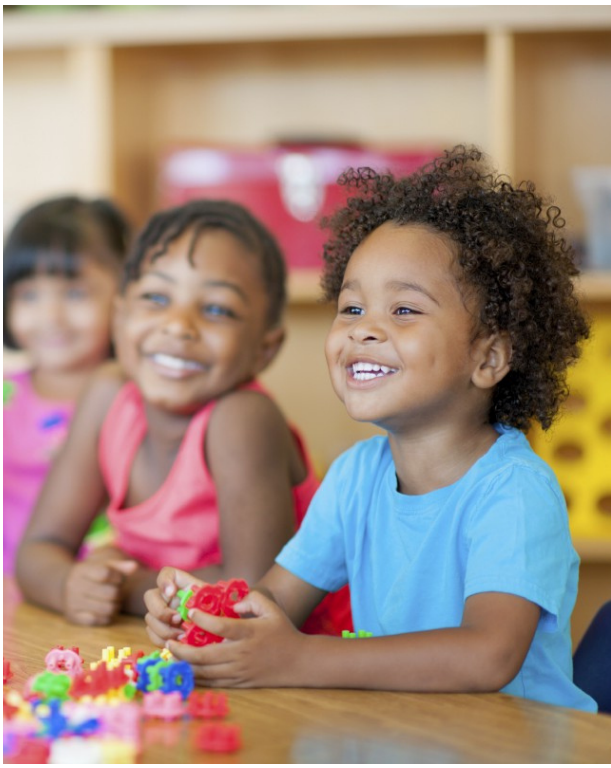
2024-25 TUITION & FEES



FULL TIME PROGRAM

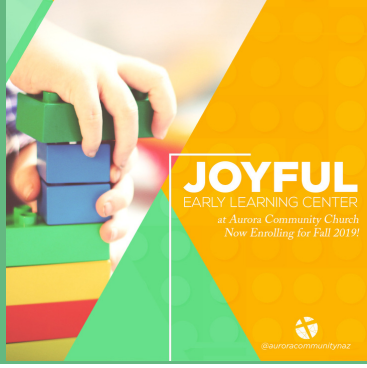
Age at beginning of the month

Description	Type	Price
12 months -24 months	Monthly	$1750
24 months - 36 months	Monthly	$1700
36 months - 4 years old	Monthly	$1600
Pre-K	Monthly	$1600



Programs are offered from 6:00 am to 6:00 pm. A family selects an agreed-upon daily schedule for their child's attendance. Tuition can be paid in monthly installments or annually with a 5% discount. A 10% multiple child discount is given on a second child's tuition rate. A non-refundable application fee of $100 per family is due upon enrollment. An annual materials fee of $100 is due upon enrollment and every September following enrollment in the program. Our center will be closed for Federal Holidays. The center MAY also be closed for severe inclement weather.

2024 - 2025 CHECK LIST



We appreciate that you have chosen Joyful Early Learning for your child. Please complete this packet of information and email it to director@joyfulearlylearning.com or mail it back to the address below to be considered for enrollment.

- Complete page 4-16 of enrollment forms
- Submit $100 non-refundable application fee
- Once steps are completed, you will be notified via email or phone of your child's acceptance into Joyful Early Learning at that time a $100 materials fee is due to confirm your spot in our program.

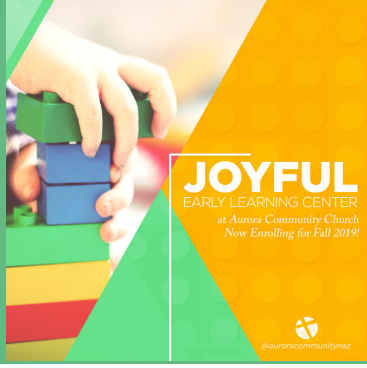
Mailing address for materials: Attention: Joyful Early Learning
1900 North 175th Street
Shoreline, WA 98133

A COMPLETED REGISTRATION INCLUDES THE FOLLOWING:

- ___ Paid Application Fee
- ___ Application Form
- ___ Immunization Records
- ___ Parent Input Form

Non-Discriminatory Policy: Joyful Early Learning Center admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies.

2024-2025 APPLICATION FORM



Office Use
Date Received _____ Time_____ Reg Fee_____
Supply Fee _____ Start Date:_____

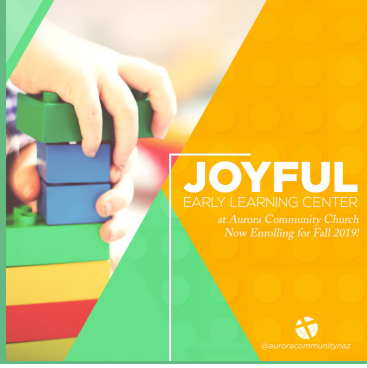
APPLICANT INFORMATION

Last name	First Name	Middle Name	Name child will learn to write
Date of birth	Gender	Home Phone	
Address			
Does the Student live full time with both parents?	If not, please describe custody & provide documentation		
Sibling information (list names, date of birth, current school information)			
Toilet training ☐ Full ☐ In Process	Allergies:		
Students Primary Language		Ethnicity (not required)	

PARENT/GUARDIAN INFORMATION #1

Full Name	Relationship to child	
Home Address		
Cell Phone	Work Phone	Home Phone
Email		
Gender	Please check all that applies ☐ Custody of Child ☐ Financially responsible ☐ Point of Contact	
Employer Name, Address		
Religious Affiliation/Home Church	Marital status ☐ Married ☐ Divorced ☐ Widowed ☐ Separated ☐ Single	

2024-2025 APPLICATION FORM CONT



PARENT/GUARDIAN INFORMATION #2

Full Name	Relationship to child	
Home Address		
Cell Phone	Work Phone	Home Phone
Email		
Gender	Please check all that applies ☐ Custody of Child ☐ Financially responsible ☐ Point of Contact	
Employer Name, Address		
Religious Affiliation/Home Church	Marital status ☐ Married ☐ Divorced ☐ Widowed ☐ Separated ☐ Single	

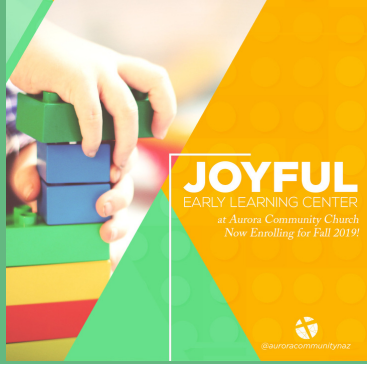
EMERGENCY CONTACT INFORMATION (OTHER THAN PARENT OR GUARDIAN)

Last Name	First Name
Address	
Cell Phone	Email
Relationship to Student	Please check all that applies ☐ Authorized Pickup ☐ Emergency Contact

Emergency Contact 2

Last Name	First Name
Address	
Cell Phone	Email
Relationship to Student	Please check all that applies ☐ Authorized Pickup ☐ Emergency Contact

2024-2025 APPLICATION FORM CONT



PICTURE AUTHORIZATION

As a parent or guardian of this student, I hereby consent to the use of photographs and/or video taken during the course of the school year for promotional and/or educational purposes (including publications, presentations or broadcast via school website and other media sources).

I give consent to Joyful Early Learning to photograph my child for school purposes and/or at school events.

☐ Yes ☐ No

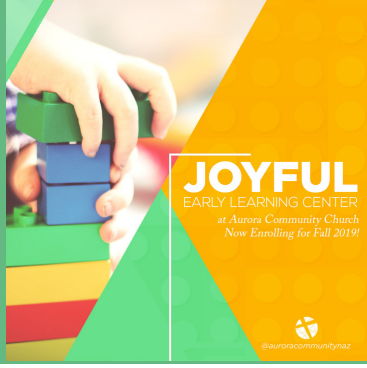
_____ _____

Parent/Guardian's Signature Date

DIETARY INFORMATION

Student's Full Name:				
Meat Products	My child can be given		Do NOT give my child	
		Beef		Beef
		Pork		Pork
		Turkey		Turkey
		Chicken		Chicken
		Fish		Fish
		Other		Other
Reason	☐ **Preference**	☐ **Digestive Issues**	☐ **Allergies**	

2024-2025 APPLICATION FORM CONT



DIETARY INFORMATION CONTINUED

	My child can be given		Do NOT give my child	
Dairy Products		Milk		Milk
		Cheese		Cheese
		Egg		Egg
		Food containing dairy		Food containing dairy
		Other		Other
		Other		Other

Reason ☐ **Preference** ☐ **Digestive Issues** ☐ **Allergies**

	My child can be given		Do NOT give my child	
Grains & Sweets		Bread		Bread
		Cracker		Cracker
		Cookie		Cookie
		Cake		Cake
		Candy		Candy
		Other		Other

Reason ☐ **Preference** ☐ **Digestive Issues** ☐ **Allergies**

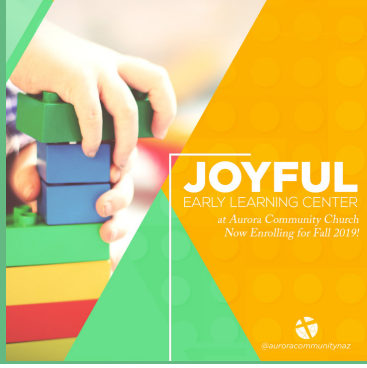
ALLERGY INFORMATION

My Child has the following serious allergies

Mild Allergies	
Severe Allergies	
Symptoms of allergy reactions	
Treatment to provide	
Medication	

Parent Signature _____ Date _____

2024-2025 APPLICATION FORM CONT



HEALTH INFORMATION

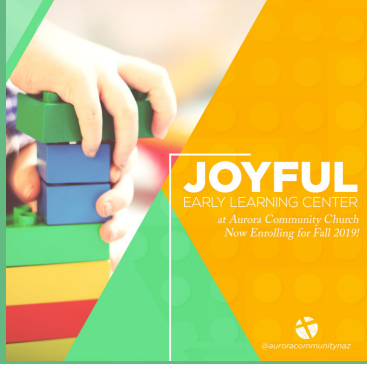
Student's Full Name:	
Doctor Information	
Doctor Name	
Phone	
Address	
Hospital	
Dentist Information	
Dentist Name	
Phone	
Address	

Insurance Information	
Company	
Policy	
Group	
Blood Type	

Does your child have any of the following medical conditions? Please circle all that applies					
Asthma	Diabetes	Heart Disease	Tuberculosis	Epilepsy	Kidney Disease
Blood Disease	Hepatitis B or C	Other			

Does your child have any serious allergies?	☐ Yes ☐ No	IF **YES**, please specify
Has your child had any surgeries or major illnesses?	☐ Yes ☐ No	IF **YES**, please specify
Are any of the above-mentioned conditions life-threatening?	☐ Yes ☐ No	IF **YES**, please specify
Is your child taking any medication regularly?	☐ Yes ☐ No	IF **YES**, please specify
Will your child need to take these medications while at Joyful Early Learning?	☐ Yes ☐ No	IF **YES**, please specify
Does your child have any disabilities, or use of special equipment?	☐ Yes ☐ No	IF **YES**, please specify
Does your child have any problems with hearing, vision, stress, or development?	☐ Yes ☐ No	IF **YES**, please specify

2024- 2025 APPLICATION FORM CONT



HEALTH INFORMATION CONTINUED

What is the last date of your child's last examination with their health care provider?_____

*I understand the school's Health Policy, Pesticide Policy, & Disaster/Crisis Handbook has been made available to me to review (available in Director's office). ☐ Yes ☐ No

MEDICAL RELEASE

Hospitals may be reluctant to treat or care for children without consent from a parent or guardian. This can cause delay in treatment if there is a medical emergency when parent(s) or guardian(s) is not available to give consent. Therefore, we require your signature on this statement. If a 911 call is needed, the aid car will take the student to UW Medicine, Northwest Hospital (1500 North 115th Street, Seattle).

I, _____(Parent/Guardian Name), the natural parent/legal guardian of

_____ (Student Name) authorize and consent to medical, surgical and hospital care, treatment, and procedures to be performed for my child by a licensed physician or hospital when, in the sole discretion of the attending physician, such are, treatment, and procedures are immediately necessary in the interest of my child's health and well-being, after the school has made every effort to contact me.

Under the circumstances set forth above, I elect not to be informed in advance of the nature and character of the proposed treatment, its anticipated results and possible alternatives, and risks, complications, and anticipated benefits involved in the proposed treatment and the alternative forms of treatment. (the preceding statement is from UW Medicine, Northwest Hospital).

_____ _____

Guardian's Name Printed Guardian's Signature

_____

Date

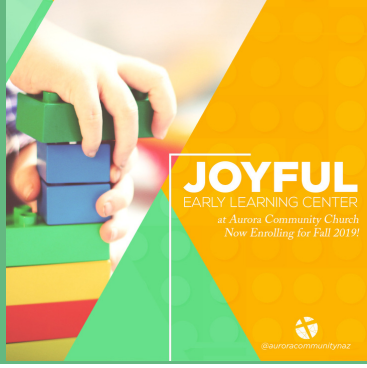
_____ _____

Guardian's Name Printed Guardian's Signature

_____

Date

2024-2025 APPLICATION FORM CONT



WAIVER AND LIABILITY FORM

WAIVER, RELEASE, ASSUMPTION OF RISKS & INDEMNIFICATION: I, the parent or legal guardian of _____(Child's Name), agree as follows: I acknowledge and understand that certain activities, including, but not limited to, use of playground equipment, field trips and other Joyful Early Learning activities, can be hazardous and may result in injury, including loss of life. I voluntarily assume any and all risks of loss, damage or injury while my student is on the premises. In consideration for student participation, I represent that I am the parent or legal guardian and hereby release and forever discharge Joyful Early Learning Center, Aurora Community Nazarene Church, their volunteers, employees, directors, trustees and all other persons or entities acting on their behalf (collectively referred to as "Joyful Early Learning, Aurora Community Nazarene Church"), from any and all claims, actions, damages, liabilities, costs or expenses and attorney fees which are related to, arise out of, or are in any way connected student's viewing or participation in any activities.

By signing this Agreement, it is my intention to waive any rights I may otherwise have to sue or seek damages from Joyful Early Learning, Aurora Community Nazarene Church; except where injury, death or disability results from Joyful Early Learning, Aurora Community Nazarene Church, gross negligence.

I further agree to indemnify, hold harmless and defend Joyful Early Learning, Aurora Community Nazarene Church against any and all claims for damages, costs, expenses or attorney's fees brought by any third party in connection with or arising out of Child's involvement or participation. Moreover, in consideration for Child's participation in activities, including the use of equipment and facilities, I further agree to indemnify and hold Joyful Early Learning, Aurora Community Nazarene Church harmless from any and all claims which are brought by, or on behalf of Child and which are in any way connected with such use or participation by Student. This Agreement shall be effective and binding upon my marital community, estate, heirs, agents, personal representatives and assigns.

EMERGENCY CONSENT: _____ (Child's Name) may receive emergency or routine medical care from a licensed physician or emergency facility if I cannot be reached in an emergency situation. Such emergency or routine care includes emergency surgery, administration of medications or other measures as determined necessary by a licensed physician. I agree to assume the responsibility for all medical, transportation and rescue-related expenses incurred on behalf of Child.

Guardian's Name Printed

Guardian's Signature

_____

Date

_____

_____

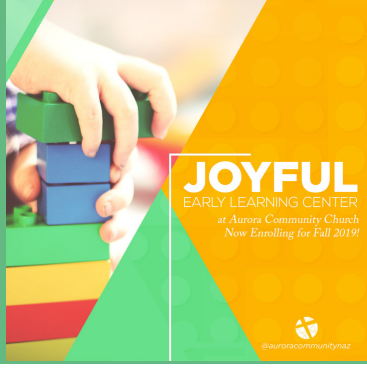
Guardian's Name Printed

Guardian's Signature

_____

Date

2024-2025 APPLICATION FORM CONT



PARENT HANDBOOK

My signature below affirms that I have read and understand all the policies outlined in the Joyful Early Learning Parent Handbook which is available to review at any time on the Joyful Early Leaning website. I agree that it is the responsibility of myself as a parent/guardian of a Joyful Early Learning child to review and uphold the policies set forth. I understand that failure to abide by these policies may jeopardize my child's admission.

_____ _____

Guardian's Name Printed

Guardian's Signature

_____

Date

_____ _____

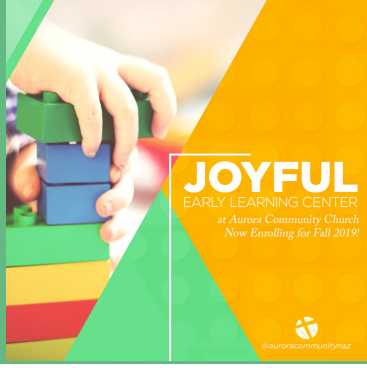
Guardian's Name Printed

Guardian's Signature

_____

Date

2024-2025 APPLICATION FORM CONT



TUITION AGREEMENT

Joyful Early Learning TUITION PAYMENT AGREEMENT/SCHOOL POLICY

PAYMENT POLICY: Tuition is due in ADVANCE, to be paid in full by the 1st school day of each month. A late fee of $25 will be charged if not paid within 5 days of the due date. Students may not attend Joyful Early Learning if tuition has not been paid before the 10th day due. Unpaid balances will also be charged a fee of 1.5% per month on the last day of each month. A handling fee of $25 will be charged for any returned checks. A $100 materials fee must also be paid upon acceptance into the program and continuing on or before September 1 for each new school year.

WITHDRAWAL POLICY: In the event that it is necessary to withdraw the child from Joyful Early Learning for any reason, one month's notice must be given in order to be released from the agreement. The effective withdrawal date shall be no sooner than one-month following delivered written notification of withdrawal to the Director's office.

REFUND POLICY: I understand that the school does not refund Application or Materials Fees.

My signature below affirms that I have read and understand all of the information contained in this document.

_____ _____

Guardian's Name Printed Guardian's Signature

_____

Date

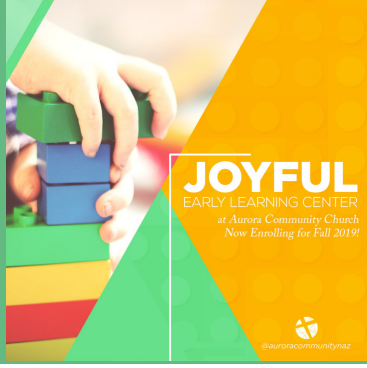
_____ _____

Guardian's Name Printed Guardian's Signature

_____

Date

2024-2025 APPLICATION FORM CONT



APPLICATION AGREEMENT FORM

My signature below affirms that all of the information contained in this application is correct, complete, and honestly presented. I understand that withholding or misrepresenting information in this application may jeopardize my child's admission.

_____ _____

Guardian's Name Printed

Guardian's Signature

_____

Date

_____ _____

Guardian's Name Printed

Guardian's Signature

_____

Date

After submitting your application, please pay the $100.00 registration fee to Joyful Early Learning. Once we receive your payment, your application will be reviewed.

How to submit your application:
In-Person: 1900 North 175th Street, Shoreline, WA 98133. Use the lower East Parking Lot doors. Office Hours for the center are 6 am to 6 pm Monday-Friday. Please give early learning staff.

By Mail: Joyful Early Learning, 1900 North 175th Street, Shoreline, WA 98133.
Email: director@joyfulearlylearning.com

In order for your application to be considered by the Admission Team, please pay the application fee to Joyful Early Learning.

Please attach a copy of your applicant's immunization records. We only accept Washington State CIS immunization forms.

If you require assistance, please email us at director@joyfulearlylearning.com or call 206-478-8274

Certificate of Immunization Status (CIS)

For Kindergarten-12th Grade / Child Care Entry

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 Washington Immunization Information System.

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

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.

Parent/Guardian Signature Required **Date**

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

Parent/Guardian Signature Required **Date**

♦ Required for School and Child Care/Preschool
● Required Only for 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 / DT** (Diphtheria, Tetanus, Pertussis)						
♦ **Tdap** (Tetanus, Diphtheria, Pertussis)						
♦ **Td** (Tetanus, Diphtheria)						
♦ **Hepatitis B** ❑ 2-dose schedule used between ages 11-15						
● **Hib** (*Haemophilus influenzae* type b)						
♦ **IPV / OPV** (Polio)						
♦ **MMR** (Measles, Mumps, Rubella)						
● **PCV / PPSV** (Pneumococcal)						
♦ **Varicella** (Chickenpox) ❑ 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)						
MenB (Meningococcal)						
Rotavirus						

Documentation of Disease Immunity

Healthcare provider use only

If the child named in this CIS has a history of Varicella (Chickenpox) or can show immunity by blood test (titer) it MUST be verified by a healthcare provider

I certify that the child named on this CIS has:

❑ a verified history of Varicella (Chickenpox).

❑ laboratory evidence of immunity (titer) to disease(s) marked below. **Lab report(s) for titers MUST also be attached.**

❑ Diphtheria	❑ Mumps	❑ Other:
❑ Hepatitis A	❑ Polio	_____
❑ Hepatitis B	❑ Rubella	_____
❑ Hib	❑ Tetanus	
❑ Measles	❑ Varicella	

Licensed healthcare provider signature (MD, DO, ND, PA, ARNP) Date

Printed Name

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

To print with immunization information filled in: Ask if your healthcare provider's office enters immunizations into the WA Immunization Information System (Washington's statewide database). 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: waiisrecords@doh.wa.gov or 1-866-397-0337.**

To fill out the form by hand:

#1 Print your child's name, birthdate, sex, and sign your name where indicated on page one.

#2 Vaccine information: 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 History of Varicella Disease: 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 healthcare 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 Documentation of Disease Immunity: If your child can show positive immunity by blood test (titer) and has not had the vaccine, have your healthcare provider check the boxes for the appropriate disease in the Documentation of Disease Immunity box, and sign and date the form. **You must provide lab reports with this CIS**.

Reference guide for vaccine abbreviations in alphabetical order For updated list, visit https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.pdf

Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus	Hep A	Hepatitis A	MCV / MCV4	Meningococcal Conjugate Vaccine	OPV	Oral Poliovirus Vaccine	Tdap	Tetanus, Diphtheria, acellular Pertussis
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hep B	Hepatitis B	MenB	Meningococcal B	PCV / PCV7 / PCV13	Pneumococcal Conjugate Vaccine	VAR / VZV	Varicella
DTP	Diphtheria, Tetanus, Pertussis	Hib	*Haemophilus influenzae* type b	MPSV / MPSV4	Meningococcal Polysaccharide Vaccine	PPSV / PPV23	Pneumococcal Polysaccharide Vaccine		
Flu (IIV)	Influenza	HPV (2vHPV / 4vHPV / 9vHPV)	Human Papillomavirus	MMR	Measles, Mumps, Rubella	Rota (RV1 / RV5)	Rotavirus		
HBIG	Hepatitis B Immune Globulin	IPV	Inactivated Poliovirus Vaccine	MMRV	Measles, Mumps, Rubella with Varicella	Td	Tetanus, Diphtheria		

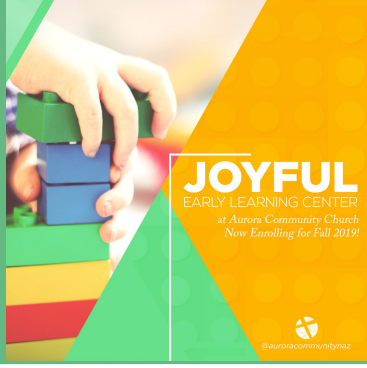
Reference guide for vaccine trade names in alphabetical order For updated list, visit https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.pdf

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 (RV5)
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		

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711).

DOH 348-013 December 2016

2024-2025
PARENT INPUT FORM



Child's Name: _____ Date: _____

Person Completing Form: _____

Parent's Name: _____

Use back or submit separate form if you need more space.

Tell us about your child, Include personality traits, skills, special interests or talents, and any other information that will help us to know your child from your perspective:

Tell us about your child as a learner. (learning style, strengths, struggles)

What would you most like to see the coming year from child? What are your goals for your child?

Please share any concerns (medical, social, emotional) or other information of which the Early Learning Center should be aware (fears, habits, topics which are upsetting, etc.):

Is your child toilet trained and able to use the restroom? YES NO

If no, please tell us what steps and progress you have begun at home?