



Northside Learning Center Preschool

A division of Pawsitively Bassett, Inc.
EARLY CHILDHOOD DEVELOPMENT & EDUCATION

6721 N. Monroe St., Spokane WA 99208
www.nlcpreschool.com (509) 328-2002

2020-2021

Dear Parents,

Thank you, for your interest in the Northside Learning Center Preschool. Please, complete the information on the attached form, sign it and mail it to the address given below. We cannot register on line, and do not take debit or credit cards. When we receive your registration form and \$95.00 registration fee (non-refundable), your child is enrolled and his/her place is reserved for fall. If classes are filled we will call you immediately to advise you. You may call or email us to inquire about availability. Sorry, we will not hold a place without the registration form and the \$95.00 registration fee.

Your child's immunization record must be on file when school starts in September, but, it is not necessary to register your child. If you do not have the immunization information, please, forward it before our first day of school. Your child cannot be in attendance without the form on file. We do not have a fax line.

If you have a special request for placement, we will do our best; however, the children are divided by their abilities, both academically and socially, and by age. The emotional development and social skills of a very young four year old differs greatly from those of a four and a half to five year old. Combining those ages together can make the preschool class very difficult for the teacher and for some children. Also, please understand that we cannot guarantee that a specific teacher will be teaching a specific age; OR that she will even be returning in the fall!

Our Mailing address is:

Northside Learning Center Preschool
c/o Tammy Bassett
4207 W. Excell Ave.
Spokane, WA 99208

Phone: (509) 328-2002
email: tammybassett@nlcpreschool.com

Sincerely,

Tammy Bassett, Amanda Briggs, and the preschool staff



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328-2002 www.nlcpreschool.com

OFFICE USE ONLY

Teacher _____
Reg. fee \$95.00 date _____
Special _____

Fall 2020 REGISTRATION

Class Desired (check one) 2 days a week (TTh) 3 days a week (MWF) 5 days a week (M-F)

Please print

Child's Name _____
Last First Middle Name you want us to use

Date of Birth ____/____/____
Month Day Year Age as of Sept. 2020 Sex Home Phone Additional Phone

Child's address _____
Street City/Zip

Father's Name _____ Occupation _____

Place of Employment _____ Business Phone _____ Hours _____

Home address & phone (if different from child's) _____
Street City Zip phone

Mother's Name _____ Occupation _____

Place of Employment _____ Business Phone _____ Hours _____

Home address & phone (if different from child's) _____
Street City Zip phone

Child lives with: Both Parents Mother Father Guardian Emergency code word: _____
So we can verify who is on the telephone if you call (mother's maiden name, etc)

If no one can be reached at the above phone numbers, what other local responsible adult can be contacted in case of emergency?

Name _____ Relationship to child _____ Phone _____

Name _____ Relationship to child _____ Phone _____

Are there others who may pick up your child from the Northside Learning Center that are NOT listed anywhere above?

Name _____ Relationship to child _____ Phone _____

Name _____ Relationship to child _____ Phone _____

No other person will be allowed to pick up your child from the Northside Learning Center Preschool without a verified call or written permission slip with your signature.

Other children in family (optional) _____
(first name and age, please) _____

PLEASE READ AND SIGN THE CONSENT FORM ON THE REVERSE SIDE

PLEASE LIST ANY HEALTH CONDITION (MENTAL OR PHYSICAL) OF WHICH WE SHOULD BE AWARE, THAT MAY REQUIRE SPECIAL ATTENTION.

AND/OR

PLEASE TELL US ANY SPECIAL SITUATIONS THAT WILL HELP US GIVE YOUR CHILD A MORE POSITIVE PRESCHOOL EXPERIENCE. (Example: A new baby at home, a pending divorce, recent death in the family, ill parent. special word for "potty", etc.)

CONSENT FORM

IN CASE OF EMERGENCY, I GIVE MY CONSENT FOR THE NORTHSIDE LEARNING CENTER PRE-SCHOOL STAFF TO TAKE MY CHILD TO THE NEAREST HOSPITAL FOR MEDICAL CARE, TREATMENT OR SURGERY. I UNDERSTAND THAT ALL EFFORTS WILL BE USED TO REACH ME, FIRST.

PARENT'S SIGNATURE _____ DATE _____

Child's Name _____

Doctor's Name _____ Office Phone _____

Date of Last Physical Examination _____

Medical Insurance Co. _____

Policy Number _____

Photography, taken at school of my child, can be used for promotional publicity for the Northside Learning Center Preschool.

PARENT'S SIGNATURE _____ DATE _____





Certificate of Immunization Status (CIS)

Reviewed by: _____ Date: _____
 Signed COE on File? Yes No

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

Child's Last Name:	First Name:	Middle Initial:	Birthdate (MM/DD/YYYY):
I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.		Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.	
X _____ Parent/Guardian Signature Date		X _____ Parent/Guardian Signature Required if Starting in Conditional Status Date	

▲ Required for School ● Required Child Care/Preschool	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY
Required Vaccines for School or Child Care Entry						
●▲ DTaP (Diphtheria, Tetanus, Pertussis)						
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)						
●▲ DT or Td (Tetanus, Diphtheria)						
●▲ Hepatitis B						
● Hib (<i>Haemophilus influenzae type b</i>)						
●▲ IPV (Polio) (any combination of IPV/OPV)						
●▲ OPV (Polio)						
●▲ MMR (Measles, Mumps, Rubella)						
● PCV/PPSV (Pneumococcal)						
●▲ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS						
Recommended Vaccines (Not Required for School or Child Care Entry)						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV/MPSV (Meningococcal Disease types A, C, W, Y)						
MenB (Meningococcal Disease type B)						
Rotavirus						

Documentation of Disease Immunity (Health care provider use only)		
If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.		
I certify that the child named on this CIS has:		
<input type="checkbox"/> A verified history of varicella (chickenpox) disease.		
<input type="checkbox"/> Laboratory evidence of immunity (titer) to disease(s) marked below.		
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Hib	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps
<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella
<input type="checkbox"/> Polio (all 3 serotypes must show immunity)		
▶		
Licensed Health Care Provider Signature		Date
▶		
Printed Name		

I certify that the information provided on this form is correct and verifiable.	Health Care Provider or School Official Name: _____ Signature: _____ Date: _____ If verified by school or child care staff the medical immunization records must be attached to this document.
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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 Pediatix 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		

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 November 2019