



Child's Name: _____

Date of Birth: _____

Parent/Guardian Information:

Parent/Guardian: _____

Relationship: _____

Address: _____

City, State, Zip: _____

Occupation: _____

Email: _____

Lives with Child? Y N

Cell: _____ Work: _____

Home: _____

Parent/Guardian: _____

Relationship: _____

Address: _____

City, State, Zip: _____

Occupation: _____

Email: _____

Lives with Child? Y N

Cell: _____ Work: _____

Home: _____

Preferred Method of Contact *(in the event that we need to contact you, please indicate who you would like us to contact first, then second, and the preferred phone number or email address you would like us to use):*

Emergency Contact Information *(other than Parents/Guardians, MUST be on the Pick-Up List):*

Name: _____

Relationship: _____

Cell: _____ Work: _____

Home: _____

Name: _____

Relationship: _____

Cell: _____ Work: _____

Home: _____

Out-of-Area Contact:

Name: _____

Relationship: _____

Cell: _____ Work: _____

Home: _____

Parent Signature: _____
Parent Signature: _____
Parent Signature: _____

Date: _____
Date: _____
Date: _____



UDCC Address: 5031 University Wy NE • Phone: (206) 632-5189 • Email: director@udcckids.org

Photo Consent

From time to time photographs will be taken of children enrolled at University District Children's Center to accompany new and periodical articles about the Center for brochures, and for display within the Center.

My child _____ may may not be included in publicity photos.

Emergency Treatment Consent

I hereby give permission for my child _____ to be given emergency treatment by a qualified staff member of University District Children's Center. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. In the event that I cannot be reached, I give the Director (or person acting as Director in his/her absence) permission to transport my child by taxi to an emergency center for treatment.

In the event that I cannot be contacted, I further consent to the medical, surgical, hospital treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health.

Medical Care Information:

Preferred Physician: _____ Phone: _____

Address: _____

Date your child was last seen by his/her physician: _____

Reason for visit: _____ Date of last Tetanus shot: _____

Allergies & Reactions: _____

Developmental issues: _____

Current health problems/issues: _____

Past health problems/issues: _____

Preferred Dentist: _____ Phone: _____

Address: _____

Date your child was last seen by his/her dentist: _____

Reason for visit: _____

Preferred Hospital: _____ Phone: _____

Address: _____

Neighborhood Field Trip Consent

I hereby give permission for my child _____ to participate in University neighborhood field trips. I understand that neighborhood field trips will be limited to travel within the University District and exclusive of motor vehicles.

Parent Signature: _____ Date: _____



Child's Name: _____ **Date of Birth:** _____

Name: _____

Address: _____

Relationship to child: _____

Phone 1: _____ Phone 2: _____

Driver's License # or other photo ID: _____

Name: _____

Address: _____

Relationship to child: _____

Phone 1: _____ Phone 2: _____

Driver's License # or other photo ID: _____

Name: _____

Address: _____

Relationship to child: _____

Phone 1: _____ Phone 2: _____

Driver's License # or other photo ID: _____

Name: _____

Address: _____

Relationship to child: _____

Phone 1: _____ Phone 2: _____

Driver's License # or other photo ID: _____

Name: _____

Address: _____

Relationship to child: _____

Phone 1: _____ Phone 2: _____

Driver's License # or other photo ID: _____

Parent Signature: _____ Date: _____

Reviewed by: _____ Staff Signature	Date: _____
Is there an accompanying signed Certificate of Exemption on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	



DOH 348-013
Rev: 10/15/08

Certificate of Immunization Status (CIS)

Child's Last Name:	First Name:	Middle Initial:	Child's Address:
Child's Birthdate:		Child's Sex:	
Parent/Guardian Name:		Parent/Guardian Day Phone:	

If completing by hand, write the vaccine in the row to the left of "Dose" and the date the vaccine was received in the "Date" column. Age column is optional.

◆ Required for School and Child Care/Preschool ● Required for Child Care/Preschool Only

Vaccine	Dose	Date	Age	Vaccine	Dose	Date	Age	Vaccine	Dose	Date	Age
◆ Hepatitis B (Hep B)				● Pneumococcal (PCV, PPV)				Hepatitis A (Hep A)			
	1				1				1		
	2				2				2		
	3				3						
	4				4						
Hepatitis B (Hep B) Alternate schedule for teens				◆ Polio (IPV, OPV)				Meningococcal (MCV4, MPSV4)			
	1				1				1		
	2				2						
Rotavirus				Influenza (most recent)				Human Papillomavirus (HPV)			
	1				1				1		
	2				2				2		
	3				3				3		
	4				4						
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)				◆ Measles, Mumps, Rubella (MMR)				Other			
	1				1						
	2				2						
	3										
	4										
	5										
◆ Diphtheria, Tetanus, Pertussis (Tdap, Td)				◆ Varicella (chickenpox)				<p>I certify that the information provided here is correct and verifiable.</p> <p>Signature of Parent or Guardian _____ Date _____</p> <p>Licensed HCP Signature (MD, DO, ND, PA, ARNP) _____ Date _____</p> <p>Either initial with parent approval or get parent signature below: Staff initials indicating parent approval: _____ Parent Signature indicating approval: _____</p>			
	1				1						
	2				2						
	3				3						
	4				4						
● Haemophilus influenzae type b (Hib)				<p>▼ Verification of varicella disease history ▼</p> <p><input type="checkbox"/> Health Care Provider (HCP) Verified ► <input type="checkbox"/> Signed note from HCP attached or HCP provider signature here: ►</p> <p><input type="checkbox"/> HCP Verified by Registry ► <small>No HCP Sig required if box at left checked.</small> If school staff find verification in the Registry, then school staff must: ►</p> <p><input type="checkbox"/> Parental Report ► ONLY acceptable for some grades. Write date or age child had disease: _____</p>							

See the back of this page for documentation of immunity, a vaccine trade name reference guide, and a vaccine abbreviation list.



Please read, review and then initial after **each** policy statement. Your signature is required at the end of this contract. Your initials and signatures ensure that our parents receive and understand all of the pertinent information regarding their child’s care at UDCC.

I. POLICIES

- A. I have read and am familiar with UDCC’s Assessment Policy _____
- B. I have read and am familiar with UDCC’s Crisis & Disaster Response Policy _____
- C. I have read and am familiar with UDCC’s Health & Safety Policy _____
- D. I have read and am familiar with UDCC’s Parent Handbook _____
- E. I have read and am familiar with UDCC’s Pesticide Policy _____
- F. I have read and am familiar with UDCC’s Pet Policy _____

These policies are located in the foyer near the sign in sheets.

II. HOURS OF OPERATION, HOLIDAYS AND CHILDREN’S SCHEDULES

- A. A parent’s full signature and daytime phone number is required each day on the sign in sheet. Parents must sign their children in and out every day. _____
- B. As per Washington State Law, a child should not be in care for more than 10 hours per day. If your child is in care for more than 10 hours per day we will meet with you to plan a reduction in the number of hours. _____
- C. University District Children’s Center requests that all children arrive before 10 AM, so that they don’t miss out on scheduled activities and outings. Parents who bring children after 10 AM without prior notice may be asked to find alternate care for the day. _____
- D. University District Children’s Center is open Monday - Friday from 7 AM to 6 PM. A late fee of \$1.00 per minute will be charged for each child left after 6 PM. Payment should be made directly to the staff person in charge of closing the center. _____
- E. Parents are requested to notify the Program Director of changes to the following items:
 - 1. Schedule of approximate hours child will be in care each day.
 - 2. The days the child will be absent due to illness, vacation, etc. Please call before 10 AM if your child will not attend class. _____
- F. I have received a copy of the UDCC Holiday Closures _____
- G. I understand that my child cannot be picked up from the center by any person whom I have not authorized in writing prior to pickup and who does not present photo identification to staff. _____
- H. For the first day of a major snowstorm, UDCC follows Seattle Public School District decisions regarding center closure. School district closures are announced on local morning radio and television news. On subsequent days of a major snow, if the storm persists and traveling is dangerous, the center may remain closed. There will be a message on the center answering machine (206) 632-5189. Be sure to call the center for the latest information in the morning before you leave home. _____

III. TUITION, FEES, AND PAYMENT POLICIES

A. Monthly Tuition _____

Age	Full-Time	3 Days	2 Days
Toddler 1	\$1150	\$890	\$670
Toddler 2	\$1080	\$840	\$615
Preschool/Pre-K	\$1035	\$750	\$540

B. Part-Time Fees / Extra Days

Per day Rate Available to UDCC part-timers on a space available basis. The standard fee for drop off care is \$75.00 per child. _____

C. Tuition is the same amount every month. Credit is not given for absences due to vacations, illness, center closures, etc. _____

D. Additional Fees include:

a) a one-time registration fee of \$75 per child due upon enrollment

b) a deposit of \$100 per child due upon enrollment.

This \$100 deposit is refunded only if the center receives written notice one calendar month prior to withdrawal of your child. This notice must be co-signed by the director. _____

E. Tuition is due on the first of the month. Payment is considered delinquent after the tenth of the month, at which time a \$25 late fee will be charged. (This fee will be waived if arrangements are made with the Director on or before the 10th). _____

F. I understand that when the 10th of the month falls on a weekend, my payment is due by the preceding Friday, or I will be subject to the \$25 late tuition fee. _____

G. I understand that if my child is absent due to illness, vacation or part-time enrollment payment is still due on the tenth. _____

H. If my account is still delinquent on the last day of the month, my child will be excluded from the program until the account is paid in full. _____

I. Bi-monthly payment plans can be arranged if necessary. This must be arranged with and approved by the Director in writing. If payment is not received on the arranged dates a \$25 late fee will be charged. _____

Monthly tuition for my child is: _____

By signing below I agree that I will follow all policies and procedures listed in the parent handbook as well as policies A-F listed on page 1.

I have read and agree to all of the above conditions and to the University District Children's Center policies and procedures as stated.

Signature

Date

Print your Name

Print your child/children's names

Registration

Check #

Receipt #

Deposit

Check #

Receipt #



Child's Name: _____
first middle last usually goes by...

Date of Birth: __ __/__ __/__ __ Place of Birth: _____ Sex: M F

Child's Race/Ethnicity: _____

Languages spoken at home: _____

Form Completed by: _____ Date: _____

Family History:

Please tell us about all persons living in the child's home, including parents, guardians, step-parents, partners, siblings, live-in caregivers, other relatives, renters, etc.:

<i>Name</i>	<i>Age</i>	<i>Relationship to Child</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please tell us more about the **adults** listed above, including parents, guardians, step-parents, partners, etc.

Name: _____ Relationship to child: _____

Place of Birth _____ Occupation: _____

Hobbies/interests: _____

Name: _____ Relationship to child: _____

Place of Birth _____ Occupation: _____

Hobbies/interests: _____

Name: _____ Relationship to child: _____

Place of Birth _____ Occupation: _____

Hobbies/interests: _____

Name: _____ Relationship to child: _____

Place of Birth _____ Occupation: _____

Hobbies/interests: _____

If your family has a shared custody arrangement, or your child regularly lives at more than one residence, please describe these arrangements below, including what days and times your child is usually at one home or the other, and who lives with the child at each residence

How long has your family lived in Seattle? _____

Where else has your family lived? _____

Please describe some of your favorite activities to do together as a family:

Please describe the beliefs and values that are important to your family, including any religious/philosophical beliefs that are a part of your child's home culture:

Please describe some of the special events your family celebrates (such as holidays, traditions, rituals, etc.), and what those celebrations might include:

Are there things from home that are special to your family that you might be willing to share with your child's class? (for example, Mom's rock collection, Dad's conga drum, Grandma's potato pancake recipe, the story Big Sister wrote at school...)

Are there any special skills and talents that members of your family might contribute to the classroom or the UDCC community? (for example: Dad could come in to bake bread with the class, Mom could offer web design skills for the office, Aunt Maria could sew new nap sheets...)

Is there anything else you'd like us to know about your family? (for example: family pets, sibling relationships, adoption, relatives living nearby, upcoming changes in family life, usual parental roles...)

Social History:

Please describe your child's play (for example: favorite toys and activities, does s/he prefer to play alone or with others, does s/he have special playtimes with parents, what spaces and materials are available for play at home...):

Please describe your child's self-help skills (for example: what can s/he do by her/himself what does s/he need help with – dressing, washing eating putting on shoes, putting away toys...):

Please describe your child's emotional behavior (for example: do they have any fears, how do they react to change, how do they express frustration or anger, what is comforting to them...):

Please describe your family's approach to discipline (for example: methods used at home, particular words or phrases or actions used, how does your child respond, which parent is responsible for discipline, are there certain consequences for particular behaviors...):

Please describe your child's experience with other children (for example: is this your child's first group experience, do children come to visit, do you visit other children, are there friends in the neighborhood...):

What things please you most about your child? What do you perceive to be their strengths and assets?

What things concern you most about your child?

Is there anything else you'd like us to know about your child? What are your hopes and dreams for them?

Health History:

Child's position in the family (oldest, 2nd, only, 3rd of 5, etc): _____

Birthweight: _____ pounds _____ ounces

Was your child: full term premature (if so, by how much?_____) adopted (at age_____) _____

Was the pregnancy/delivery healthy? Yes No (please explain) _____

At what age did your child:

Sit alone: _____ Stand alone: _____

Walk: _____ Talk: _____

Toilet train (day): _____ Toilet train (night): _____

Has/does your child had/have any illnesses or injuries we should be aware of?

Has your child had any surgery or been hospitalized? No Yes, for _____

Does your child have any allergies? No Yes, to _____

What happens when your child is exposed to allergen(s)?: _____

Does your child react strongly or adversely to any medications ? No Yes, to _____

Does your child take any medications routinely for a recurrent problem? No Yes

(Please list all medications, reasons for taking them, and if they'll be taking them at UDCC)

Please describe your child's eating (for example: mealtimes, special rituals or food likes/dislikes, dietary choices or restrictions, etc.):

Please describe your child's sleeping (for example: usual bedtime, usual wake time, naps, specific challenges, rituals, routines...):

Please describe your child's toileting/diapering (for example: how your child reacts to having their diaper changed, toilet training progress, accidents, reminders needed, special rituals or routines, specific challenges or concerns...):

Please describe any other concerns you may have about your child's physical development (for example: coordination, hearing, vision...):

Please describe any other significant health information about your child or your family:

Home Language Information:

In order to create an inclusive, diverse and enriching program, we would appreciate the opportunity to incorporate your child’s home language into our program. We feel it is important for children to be included and reflected in the curriculum by incorporating their home language into our daily environment. Exposure to multiple languages is also beneficial for all children because it fosters language acquisition and literacy skills.

If you speak a language other than English at home, please take a moment to translate these few words and phrases for us. Please write the words/phrases in the alphabet which is used in your language, and also spell the words/phrases phonetically so that our teachers may correctly pronounce them.

Hello: _____

Goodbye: _____

Please: _____

Thank You: _____

More: _____

All done/finished: _____

Bathroom/potty: _____

Outside: _____

Snack: _____

Lunch: _____

Mother/Mommy: _____

Father/Daddy: _____

Sister: _____

Brother: _____

Grandmother/Grandma: _____

Grandfather/Grandpa: _____

Friend: _____

Teacher: _____

Girl: _____

Boy: _____

One: _____

Two: _____

Three: _____

Four: _____

Five: _____

Six: _____

Seven: _____

Eight: _____

Nine: _____

Ten: _____

Play: _____

Nap: _____

Go for a walk: _____

Would you like to play with me?: _____

HEALTH INFORMATION DISCLOSURE CONSENT FORM



Child's Name: _____ **Date of Birth:** _____

In order to provide the necessary care and attention to the special rights of children with allergies and/or health concerns, University District Children's Center is required by state licensing authorities to post relevant health information to be read by all staff and volunteers that come in contact with children. These postings will list all children at UDCC with allergies and/or health concerns, their pictures and classrooms and any information about allergens and/or health concerns (e.g. "Butterflies: John Smith: allergic to shrimp, peanuts and dust mites"). Such information is considered confidential and may only be accessed by staff and volunteers at UDCC. "Allergy/Health Information" postings will be kept confidential (except to UDCC staff and volunteers) by the use of a cover sheet and will only be posted with the prior written consent of the parent/guardian.

I hereby give permission for allergy and/or health information and a photo depicting my child, _____ to be posted for use by staff and volunteers at University District Children's Center.

Parent Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____