Kids Country Barn Admissions Package

Student Name			
Parent/Guardian Name(s)			
Email			
Address			
Home Phone		Cell Phone	
Date Information Sent		Date Observed	
Student's Start Date		Class	

Student Admissions List

- Given information packet about the school, program, and curricula
- Tour of the facility and grounds
- Observed classroom & met teachers
- Shown sign-in/sign-out sheet
- Shown where to put lunches
- Shown child's cubby
- Given schedule for the room, start times, circle, lunch, etc.
- Given information about extended day program
- Given information about meal support program
- Admissions form turned in and signed
- Student in office system
- Processing fee received
- One month deposit received (non-refundable)
- Payment contract complete
- Start date confirmed
- Immunization form complete
- Emergency form complete
- Shown allergy and medication forms
- Shown disaster plan

Parent/Guardian Signature	
Date	

Child Care Registration Form

Child Care Registration Form	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 #

I give my permission for any of the following individuals to be contacted and my child may be released to any of them.

Parent/Guardian signature: ______________________________ *Date:* ________________

In an emergency, if you are not able to contact me, contact the following:

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 #

Child's health information

Child's medical care provider or parent's/guardian's preferred medical facility for treatment Name: Phone: Street Address:	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

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
When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid care attendant to safeguard my child's health. I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I certify under penalty of perjury under the laws of the State of Washington that this information is true and correct.			
Parent/guardian signature	Date	Parent/guardian signature	Date

Kid's Country Barn After-School Days and Hours:
Monday – Friday after school until 5:30 PM

Days Attending: M T W TH F

School: ___________________

Daily Pick Up Time: ___________PM

Total Daily Hours: ________________

*See website for tuition rates

PARENT PAYMENT CONTRACT

Tuition will be charged through your ACH account that is set up at the time of registration. We will charge your account by the first of every month.

I,________________________________, understand that I am liable for the monthly tuition when it is due. My child will attend for 10 months (September – June) a year, and I shall give a 30-day notice when my child's schedule changes or will no longer be attending.

After-School 10-MONTH CONTRACT

________(Parent's/caregiver's initials) I am signing my child up for a 10-month contract. Some months are shorter, and some months are longer, but I will pay the same monthly amount that is due each month.

________(Parent's/caregiver's initials) I understand that I am liable for the entire annual payment over the 10-month period that my child is enrolled for. Should I decide to withdraw my child from the After-School program at Kid's Country Barn, I am still liable for the balance of the 10-month contract.

Parent/Guardian Signature:___________________________Date:________

***Kid's Country Barn does not pro-rate or make up days due to weather, sickness, pandemics, vacations or otherwise. Should KCB remain open and you decide to withdraw for ANY reason, you will remain responsible for the monthly payments to complete your 10-month contract.

** Check website for tuition rates and aquatic center fees

Family Background (Confidential)

Child's Name		Nickname	
Interests			
Habits			
Siblings/Age			
Parent/Guardian Marital Status			
Primary Care Provided by			
Previous Childcare			
Reasons for Leaving			
Reasons for applying to Kids Country Barn			
Referred by		Intended Length of stay	
Naps/Nap Schedule		Nap Habits	

Health Information	
Childhood Diseases	
Allergies	
Necessary Accommodations	

Goals you wish for your child to achieve	
Comments	

Kids Country Barn Release Form

The undersigned have enrolled [ ] to attend Kids Country Barn activities and participate in the programs and activities offered. In consideration, the undersigned releases, and discharges Kids Country Barn, it's officers and employees from liability of any kind to the child or the undersigned for any loss or injury to the child while participating in school or extended day program activities. The undersigned agrees that this release is intended to be as broad as permitted under the law of the State of Washington and if any part of the application is found unenforceable the remainder shall be enforced in full.

Parent/Guardian Signature	
Date	
Parent/Guardian Signature	
Date	
Director Signature	
Date	

Medical Release

In case of an emergency, I understand the center will try to contact me first. If there is not time, Kids Country Barn will call 911 (Who then send an emergency vehicle, medic, etc.). Unless otherwise requested, the center will transport to the Virginia Mason Clinic. I hereby give my consent for my child's doctor (Or the center's consulting physician, if the child's doctor is not available) to conduct x-rays, blood tests, or give any and all treatments that may be deemed necessary in the event of an emergency.

Parent/Guardian Signature	
Date	
Parent/Guardian Signature	
Date	

Permission Release

I grant permission for my child to use all program equipment, participate fully in activities, for my child to leave the premises under supervision for hikes and field trips, for my child to be included in evaluations and to be used in photographs and videos for publicity.

Parent/Guardian Signature	
Date	
Parent/Guardian Signature	
Date	

Emergency Information

Child's Name		DOB		Date Enrolled	
Home Address					
Parent/Guardian Name		Work Location			
Primary Phone		Secondary Phone			
Parent/Guardian Name		Work Location			
Primary Phone		Secondary Phone			
Email(s)					
Child's Allergies					
Persons to be notified in case of an emergency **(Including phone numbers)**	1. 2. 3. 4.				
Doctor Name		Phone			
Dentist Name		Phone			
Insurance Carrier		Plan #			
Hospital of Choice		Phone			
List of people who may pick up your child **(Including phone numbers)**	1. 2. 3. 4.				

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: Kids Country Barn

Company Tax ID Number: 85-2911-861

I (we) hereby authorize Kid's Country Barn, Inc., hereinafter called COMPANY, to initiate debit entries to my (our) ☐ Checking Account/ ☐ Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name: Branch:		
City:	State:	Zip:
Routing Number:	Account Number:	
Dollar Amount ($): Monthly Tuition	Transaction Starting Date:	
Parent/Guardian Names		
Child's Name:	Class:	
Weekly Schedule:		
Deposit Amount Paid ($):	Monthly Tuition Amount ($):	

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. All notifications of termination must be made prior to the 1st of the month for a 30-day notice per PARENT PAYMENT CONTRACT.

Name(s):	ID Number:	N/A:
Signature:	Date:	

NOTE: SIGNATURE MUST BE AN AUTHORIZED SIGNER ON THE ABOVE ACCOUNT.

NOTE: ALL WRITEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

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	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	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 (*Haemophilus influenzae type b*)						
●▲ IPV (Polio) (any combination of IPV/OPV)						
●▲ 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)						
COVID-19						
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:
□ A verified history of varicella (chickenpox) disease.
□ Laboratory evidence of immunity (titer) to disease(s) marked below.

□ Diphtheria	□ Hepatitis A	□ Hepatitis B
□ Hib	□ Measles	□ Mumps
□ Rubella	□ Tetanus	□ Varicella

□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.

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: waiisrecords@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.

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		

The Aquatic Center at Hazel Creek Montessori
Aquatic Release, Waiver, Hold Harmless, Defend, and Indemnification Agreement

This document affects your legal rights — Please read carefully before signing

The undersigned, as a Participant/Spectator/Student/Guardian/Visitor (Collectively "**Participant**"), on their own behalf, if applicable, as the Parent/Guardian of a minor Participant, for good and valuable consideration, agrees to the terms and conditions of this Release, Waiver, Hold Harmless, Defend, and Indemnification Agreement ("**Release**").

"**Released Parties**" herein includes Hazel Creek Montessori, Kids Country Barn, Janice Pedersen, Oliver "Ollie" Pedersen, and their respective family members, heirs, agents, trustees, beneficiaries, employees, officers, volunteers, independent contractors, and others acting on their behalf.

I (we) give my (our) child (The Participant) ___________________________________ permission to participate in the aquatic program the Aquatic Center at Hazel Creek Montessori. In consideration, the undersigned releases, and discharges the Released Parties from liability of any kind to the Participant for any illness, injury, death, damage, or other loss (Collectively "**Loss**") incurred by the Participant or to the Participant's property even if such Loss is caused in part or in whole by the negligence or other fault of the Participant or Released Parties (Except gross negligence or willful and wanton conduct). This Release shall not expire and shall remain in full force and effect in perpetuity.

1. **Agreement to Follow Facility Rules and Employee Directions**: The Participant agrees to observe and obey all posted rules and warnings, and agrees to follow any verbal instructions or directions given by Hazel Creek Montessori and/or Kids Country Barn officers and employees.
2. **Agreement to Fulfill Cleansing Shower Requirement**: The Participant agrees to take a cleansing shower the day that they are swimming at the Aquatic Center at Hazel Creek Montessori to help eliminate a sufficient amount of impurities before swimming. A cleansing shower includes soap, water and a thorough washing of the entire body. Unshowered swimmers contribute to the chemistry of pool water by adding dirt, perspiration, cosmetics, body oils, and traces of urine and fecal matter to pool water. The more these impurities are added to pool water, the more the free chlorine is bound up in what are known as "combined chlorine" compounds. This leaves less free chlorine available to destroy pathogens and puts swimmers at greater risk of waterborne illness. If the Participant did not take a cleansing shower that day, if Hazel Creek Montessori and/or Kids Country Barn officers and employees reasonably believe that the Participant did not take a cleansing shower that day, or that they are sick, then the Participant will not swim that day.
3. **Assumption of Risk and Release**: The Participant recognizes that there are certain inherent risks associated with aquatic program activities and being at the aquatic program facility. The Participant assumes full responsibility for personal injury, and further releases and discharges the Released Parties for any illness, injury, death, damage, or other loss, arising out of the Participant's use, or presence at the facility, whether caused by the fault of the Participant, Released Parties, or other third parties.
4. **Indemnification**: The Participant agrees to indemnify Released Parties against all claims, causes of action, damages, judgements, costs, or expenses, including attorney fees and other litigation costs, which may in any way arise from the Participant's activities or presence at the facility.

5. **Fees**: The Participant agrees to pay for all damages to the facilities caused by any negligent, reckless, or willful actions of the Participant.
6. **No Duress**: The Participant agrees and acknowledges that they are under no pressure or duress to sign this agreement and that they have been given a reasonable opportunity to review it before signing. They agree and acknowledge that they are free to have their own legal counsel review this agreement. They agree and acknowledge that Hazel Creek Montessori and/or Kids Country Barn has offered to refund any fees they have paid for the activity if they choose not to sign this agreement.
7. **Arms Length Agreement**: This Release and each of its terms are the product of an arm's length negotiation and agreement between the parties. In the event any ambiguity is found in the interpretation of this Release or any of its provisions, the parties, and each of them, explicitly reject the application of any legal or equitable rule of interpretation which would lead to a construction either 'for' or 'against' a party based upon their status as the drafter of a specific term, language, or provision giving rise to such ambiguity.
8. **Governing Law, Jurisdiction, Time/Liability Limitation, Attorneys' Fees, Jury Waiver**: This Release shall be construed and enforced in accordance with the laws of the State of Washington.
9. **Enforceability, Modification**: If any provision of this Release is deemed invalid or unenforceable, whether standing alone or as applied to a particular occurrence or circumstance, the remaining provisions shall be valid and enforceable to the fullest extent of the law. The undersigned agrees that this Release is intended to be as broad as permitted under the law of the State of Washington and if any part of the application is found unenforceable, the remainder may be enforced in full.
10. **Dispute Resolution**: The parties will attempt to resolve any dispute arising out of or relating to this Release through friendly negotiations amongst the parties. If the matter is not resolved by negotiation, the parties will resolve the dispute using the following Alternative Dispute Resolution (ADR) procedure: Any controversies or disputes arising out of or relating to this Release will be submitted to mediation. If mediation does not successfully resolve the dispute, then the parties may proceed to seek an alternative form of resolution in accordance with any other rights afforded them by law.
11. **Certification**: The Participant acknowledges that they have read and fully understand all of the information contained in this Release, and that they are bound by the terms and conditions contained herein.

Print Name of Participant: ___________________________________

I have fully read the Aquatic Center at Hazel Creek Montessori Release of Liability and I understand that by signing my name below, I effectively sign this release and surrender certain legal rights

Print Name of Parent or Guardian___________________________________
Parent or Guardian Signature ________________________________Date___/___/___
Phone Number (_____) _____-_____

Print Name of Parent or Guardian___________________________________
Parent or Guardian Signature _______________________________ Date___/___/___
Phone Number (_____) _____-_____

The Aquatic Center at Hazel Creek Montessori Payment Contract

A monthly aquatic center usage fee will be charged through your ACH account that is set up at the time of registration. Hazel Creek Montessori will charge your account by the first business day of every month.

I, ______________________________, understand that I am liable for the monthly aquatic center usage fee when it is due.

MONTHLY CONTRACT

_____(Parent/guardian initials) I am signing my child up for a monthly aquatic center usage fee Payment Contract. Each term shall automatically renew for subsequent months, unless either party terminates this monthly contract with reasonable prior notice (At least 14 days before the end of the current term).

_____(Parent/guardian initials) I understand that I am liable for the entire monthly payment for which my child is enrolled. Should I choose to withdraw my child from the program at The Aquatic Center at Hazel Creek Montessori, I am still liable for the balance of the monthly contract.

Parent/Guardian Signature: ______________________________

Date: ______________

*Hazel Creek Montessori does not pro-rate or make up days due to weather, sickness, pandemics, vacations or otherwise. Should Hazel Creek Montessori remain open and you decide to withdraw for ANY reason, you will remain responsible for the balance of the monthly contract.

** Check websites for aquatic center usage fee rates and swim lesson rates

Individual Care Plan for Child in Child Care

Plan must be updated annually or when there is a change in the child's special need

FOOD ALLERGY and/or SPECIAL DIETARY REQUIREMENTS

This page must be completed and signed by the child's health care provider and parent or guardian.

Child's Full Name:	Today's Date:

Food the child must not consume (list each food separately)	Appropriate substitute food(s)

Describe allergic reactions and symptoms associated with this child's particular allergies.
Describe the treatment plan for the early learning provider to follow in response to child's allergic reaction (include names of medication, dosage amount, and directions for how to administer medication).
Other special dietary requirements due to a health condition.

_______________________________________ ________________________________

Health Care Provider Signature Date

_______________________________________ ________________________________

Parent or Guardian Signature Date

Individual Care Plan for Child in Child Care

Plan must be updated annually or when there is a change in the child's special need

Child's Full Name	Today's Date
CONTACT INFORMATION	
Parent's/Guardian's Name	Telephone
Parent's/Guardian's Name	Telephone
Primary Health Care Provider	Telephone
Specialist (if applicable)	Telephone
Specialist (if applicable)	Telephone
CHILD'S SPECIAL NEEDS	
Diagnosis, if known:	
Known symptoms and triggers:	
Describe activity, behavioral, or environmental modifications that are needed for the child:	
Allergies (other than food allergy):	
For food allergies or special dietary needs due to a health condition - must obtain written instructions from child's health care provider (use page 3 of this form or health care provider's form)	
MEDICATIONS *(Medication Authorization Form must be completed for each medication.)*	
List medication to be given at **scheduled times**, and how medication is to be given.	
List medication to be given during an **emergency**, and how medication is to be given. Describe symptoms that would trigger emergency medication.	

Individual Care Plan for Child in Child Care

Plan must be updated annually or when there is a change in the child's special need

EMERGENCY RESPONSE PLAN

List the steps and procedures the early learning provider should perform during an emergency related to your child's special need.

SUGGESTED TRAINING FOR STAFF

List suggested special skills training/education for the early learning program staff.

SUPPORTING DOCUMENTATION

Please attach supporting documentation to this Individual Care Plan, including any existing individual educational plan (IEP), individual health plan (IHP), 504 plan, or individualized family service plan (IFSP). WAC 110-300-0300 requires an early learning provider to have supporting documentation of the child's special needs provided by the child's licensed or certified:

(i) Physician or physician's assistant
(ii) Mental health professional
(iii) Educational professional
(iv) Social worker with a bachelor's degree or higher with a specialization in the individual child's needs; or
(v) Registered nurse or advanced registered nurse practitioner.

SIGNATURES

________________________________	________________________________
Parent or Guardian Signature	Date
________________________________	________________________________
Early Learning Provider Signature	Date
________________________________	________________________________
Health Care Provider Signature *(recommended)*	Date

This section to be completed by child's parent or guardian, if applicable:

I hereby give permission for ________________________________ *to provide*

(name of visiting health professional or specialist)

services to my child at this early learning program.

________________________________ ________________________________

Parent or Guardian Signature Date

Child Care Medication Authorization Form

An early learning or school-age provider must not give medication to any child without written and signed consent from that child's parent or guardian, must administer medication pursuant to directions on the medication label, and must use appropriate cleaned and sanitized medication measuring devices.

Child's full name (first and last):		Child's Birthdate:
Name of Medication (as it appears on medication container):		
Dosage:	Start Date:	End Date:
To be given at the following times:		
Reason for Giving Medication to Child/Medical Need:		
Possible Side Effects of Medication:		
Additional Information:		

Prescription medication must only be given to the child named on the prescription. Prescription medication must be labeled with: child's first and last name, the date the prescription was filled, the name and contact information of the prescribing health professional, the expiration date, dosage amount, length of time to give the medication, and instructions for administration and storage.

Nonprescription (over-the-counter) medication must be brought to the early learning or school-age program by the child's parent or guardian in the original packaging with expiration date and labeled with the child's first and last name. It must only be given to the child named on the label provided by the parent or guardian. Instructions on the label must be followed, unless the parent or guardian provides a medical professional's note.

If the packaging label does not include expiration date, dosage amount, age, and length of time to give the medication, then written authorization from a health care provider with prescriptive authority is required, as well as the written and signed consent from the child's parent or guardian. This includes: vitamins, herbal supplements, fluoride supplements, homeopathic or naturopathic medication, and teething gels or tablets (amber bead necklaces are prohibited).

I hereby give permission for the staff of ____ *to give my child the medication as prescribed above.* *(name of early learning or School age provider/program)*

____ __________________________

Parent/Guardian Signature *Date*

This section to be completed by child's parent or guardian, if applicable:

*I, or my appointed designee, have provided training about specialized medication administration procedures for my child specific to this medication to the following staff member(s):*_______________________________________

____ ____

Parent/Guardian (or Designee) Signature *Date* *Early Learning or School-ageProvider Signature* *Date*

Public Health
Seattle & King County

Sunscreen Authorization Form

(Sunscreen Brought from Home)

Child's Name:	**Date of Birth & Age:** (Do not apply on infants 6 months and younger without written permission from health care provider)
Name of Sunscreen & SPF:	**Expiration Date:** _____/____/______
Active ingredient:	
Start Date: ____/___/____	**Stop Date: (up to 12 months after 'Start Date')** ____/___/____
Possible Side Effects:	
Special Instructions: (Include previous sunscreen reactions)	

Reason for medication: Protection from sun
Amount to be given: Cover exposed areas of skin
Route: Topical
Times to be applied: 30 minutes before exposure to the sun and reapplied every two hours if remaining outdoors.
Storage: Room temperature

______________________________ ______________________
Parent/Guardian Signature **Date**

New Parent Guide

What to Bring to Kids Country Barn After-School Program

- Your child should bring the following items every day to school:
- Backpack/bag with at least 2 changes of extra clothing (shirt, pants, underwear,
- socks)
- Water bottle with child's name labeled clearly
- A hearty snack
    - **Please note**, we are a nut-free facility, so snacks should not include sandwiches with tree nuts, peanut butter, peanut granola bars, trail mix or other items with nuts/nut products.
    - Soy/Sun butter and seeds are acceptable in lunches.
- A warm jacket, raincoat/rainsuit, and sturdy (water-resistant), closed-toe shoes for outside play. We do require rain boots during the winter/rainy months as we still go outside to play every day.
- Hats, mittens, scarves, and layers should be packed when months are very cold (November-March)
- Please refer to our website for important policies including our:
    - Sick Policy
    - COVID-19 Policy
    - Medication Policy
    - Lice Policy