



Kids Klub Bellevue
 Infants ☆ Preschool ☆ School Age

Dear Parents,

Welcome to Kids Klub Child Development Centers! Enclosed, is a membership application packet containing important information. At Kids Klub, we have a mutual concern for the well being of your child. These forms will help us to understand your child better and allow us to provide him/her with the proper care. Please complete and return them to us as soon as possible along with the one time enrollment fee per child of either \$250.00 (weekdays) or \$50.00 (evenings & weekends) per child.

Because we are required by the Washington State Department of Children, Youth and Families to have completed records on all children, we ask that you take the time to fill out the attached documents completely and accurately.

ONLY COMPLETED APPLICATIONS WILL BE ACCEPTED. IF A REQUIRED DOCUMENT IS MISSING, YOU WILL BE ASKED TO HANG ON TO THE APPLICATION UNTIL ALL COMPLETED DOCUMENTS CAN BE HANDED IN TOGETHER WITH INITIATION FEE. **EXCEPTION IS MADE FOR UNBORN INFANTS TO BE PLACED ON WAITING LIST ONLY

All Children:

- Enrollment Application & Parent Information
- Membership Contract & Payment Method
- Health History and Emergency Information
- Field Trip / Sunscreen / Photo Permission
- Infant or Child's Needs Form
- UPDATED Certificate of Immunization Status

School Age (After School & Camp) Only:

- After School Contract OR Camp Registration **(NOT INCLUDED IN PACKET)**

For children starting our Evening/Weekend Program: Once your completed application has been received, you may start using us within 24 hours. Pending certain circumstances, you may be asked to attend an Orientation for the Evening/Weekend Program prior to acceptance.

For children starting one of our Weekday Programs: A Parent Orientation is required with you to discuss any particular needs your child may have. An appointment will be made for your family 1-3 weeks prior to your start date. Please be prepared to pay for your first month's tuition at that time. You may start using the Evening/Weekend program within 24 hours of your completed application has been received.

Please read the Membership Handbook thoroughly to understand all of the Kids Klub Policies & Procedures. If you have any questions, we will be happy to answer them.

Catherine House
 Center-Wide Director

Kids Klub Bellevue

Exclusive Premier Membership

Available exclusively for families that sign up prior to opening date.

Cost: \$500.00 per child (\$250 towards the initiation fee and \$250 deposit on first months tuition).

Fully refundable: the \$500 is fully refundable at any time by contacting Kids Klub prior to 90 days after our opening date, provided no childcare services have been provided.

After the 90 days the \$250 initiation fee is non-refundable and the \$250 deposit towards the first months tuition is fully refundable with no expiration date, provided enrollment in a day-time program has not started.

Benefits:

1. Premier Membership Status for the family, for life.
2. Priority wait list access for all current and future children. Enrollment will be prioritized by Premier Members in date of application order, first over all non-Premier members.
3. 20% discount off your first month tuition for a child enrolled in a day-time program.
4. \$100.00 in Evening/Weekend child care that can be used after opening, with no expiration date.
5. Premier Member Referral Benefits - as a Premier Member your referral bonus is double our normal bonus. (See complete referral bonus program rules and benefits).

Kids Klub's Premier Membership is being offered with such incredible value to those families that see our vision, and value the services and quality standards that we stand for. For 25 years, Kids Klub has been the Premier Child Care Center in every location we operate, setting the standards for innovation and excellence in everything we offer. The largest source of new members come from the word-of-mouth from our members. We have every confidence that our KK Bellevue Premier Members will set a new bar for referrals and spread the word about our venture into the Pacific Northwest. The Premier Membership is our way of thanking you in advance. Welcome to the Kids Klub Family!

Note: For each child in the family, a fully completed application will need to be submitted along with a \$500 payment in order to gain the Premier Membership benefits and placed on the wait-list. Future children added to the family will only need the current initiation fee paid to be placed on the wait-list.

Early Bird Evening / Weekend Membership

Kids Klub Bellevue will be open on evenings and weekends starting in fall 2019. We are here to care for your children during the hours when other childcare facilities are closed.

Special Early Bird Offer available exclusively for Evening / Weekend Only families that sign up prior to opening date.

Cost: \$50.00 per child (Fully Refundable - See Below for Details)

1. The \$50 is fully refundable at any time by contacting Kids Klub prior to 90 days after our opening date, as long as no childcare services have been provided.
2. A \$25 Gift Card: A \$25 Gift Card will be given to you for Evening/Weekend child care that can be used after opening with no expiration date. (Net cost per child for evening weekend membership is \$25 per child instead of \$50).

Note: For each child in the family a fully completed application will need to be completed and a \$50 payment will need to be made to benefit from the Early Bird Evening Weekend Membership.

Kids Klub Bellevue

ENROLLMENT APPLICATION

Today's date: _____

Referred By: _____

Main Billing Address: _____, WA _____
(Street) (City) (Zip)

Membership Choice	Age Group	Services Desired (check all that apply)
Premier Membership	Infant/ Toddler (4 weeks 29 mos)	
Early Bird Evening/Weekend Membership	Preschool (30mos - PreKindergarten)	
	School Age (Kinder - up to 13 years)	

Please complete and return the following application form and include the \$500 Premier Membership per child (see previous page for details), or the \$50.00 per child for Evening/Weekend members. These fees cover administrative costs for establishing a membership as well as costs for earthquake kits, mats, sheets, etc. We look forward to being able to meet your childcare needs.

CHILD'S INFORMATION

Shaded area to be filled in by Kids Klub

First Name	Last Name	Birth Date	Sex	Soc. Sec #	Program Code	Days of the Week	Lunch	Start Date
						M Tu W Th F	Y N	

MOTHER'S INFORMATION

Name: _____
 Address: _____
(if Different from _____, WA Billing
Address) (City) (Zip)

Employer: _____
 Occupation: _____
 Address: _____
_____ , WA _____
(City) (Zip)

Contact Information:
 Home: () - -
 Work: () - -
 Cell: () - -
 Email: _____
 Soc. Sec #: - -
 Drivers Lic: _____

FATHER'S INFORMATION

Name: _____
 Address: _____
(if Different from _____, WA Billing
Address) (City) (Zip)

Employer: _____
 Occupation: _____
 Address: _____
_____ , WA _____
(City) (Zip)

Contact Information:
 Home: () - -
 Work: () - -
 Cell: () - -
 Email: _____
 Soc. Sec #: - -
 Drivers Lic: _____

**FORM REQUIRED
FOR ALL CHILDREN**

MEMBERSHIP CONTRACT & PAYMENT METHOD

AGREEMENT TO FOLLOW KIDS KLUB POLICIES

My signature below certifies that I have read, understand and agree to all of the conditions and policies (pre-admission, Admissions and fees) of a Kids Klub Membership. I understand that Kids Klub reserves the right to refuse membership or terminate an existing membership to anyone whom does not comply with our Policies as outlined in the Membership Handbook.

Failure by the provider to enforce one or more terms of the contract does not waive the right of the provider to enforce any other terms of the contract.

X

PARENTS NAME

PARENT/GUARDIAN SIGNATURE

DATE

PAYMENT METHOD

Standard Payment Method:

- Tuition will be paid by ACH withdrawal (see below), PayPal, check, cash or money order on the 1st of each month. ~~\$25.00 withdrawal late charge~~ if payment is not received by the 10th of each month. All returned checks will be charged a \$10 returned check fee.

Optional Automatic Withdrawal Payment Method:

If you would like your tuition automatically withdrawn from your checking or credit card each month, please fill out this section of the application. Your total monthly charges will be deducted on the 3rd of the month and you will receive a statement three week prior with details of your charges and notifying you of the upcoming withdrawal. We accept MasterCard, Visa, Discover Cards & Amex.

- Tuition will automatically be charged to my credit card on the 3rd of each month:

(circle applicable credit card type) MasterCard Visa Discover Amex

Card Number: _____ Expiration Date: _____ CID: _____

3 OR 4 DIGIT CODE ON BACK

PRINT NAME ON CARD: _____

AUTHORIZED SIGNATURE: _____

OR

- Tuition will be automatically deducted from my checking account on the 3rd of each month.

**ATTACH VOIDED CHECK
OR DEPOSIT SLIP HERE**

AUTHORIZED SIGNATURE: _____

For office use only:

Initiation Fee Received: \$ _____ Date: _____ Check #: _____

First Payment Received: \$ _____ Date: _____ Check #: _____

**FORM REQUIRED
FOR ALL CHILDREN**

HEALTH HISTORY AND EMERGENCY INFORMATION

CONSENT FOR MEDICAL TREATMENT

As the parent, agency representative or legal guardian, I hereby give consent to Kids Klub CDC to seek all emergency dental or medical care prescribed by a duly licensed Physician (M.D.) Osteopath (D.O.) or Dentist (DDS) for

_____ This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Child has the following medication/food allergies*: _____

X

PARENT/DOMESTIC PARTNER /GUARDIAN SIGNATURE

DATE

PHYSICIAN OR DENTIST TO BE CALLED IN EMERGENCY

DATE CHILD WAS LAST SEEN BY PHYSICIAN FOR A PHYSICAL EXAM: _____

PHYSICIAN / DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE
PHYSICIAN / DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL OTHER EXPLAIN : _____

NAMES OF PERSONS WHO MAY BE CALLED IN AN EMERGENCY AND ARE AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR GUARDIAN)

NAME	RELATIONSHIP	TELEPHONE

MEDICAL CONDITIONS / SPECIAL NEEDS / SPECIAL CIRCUMSTANCES

Does your child have any special needs OR special circumstances that Kids Klub should be aware of? if Yes, please explain**:

Yes No

Kids Klub Child Development Centers are licensed by the State of Washington. Some children with medical conditions, special needs or special circumstances may not be able to be accommodated due to the nature of their individual situation. As such any child that has a unique need or situation will need to be evaluated to determine if their needs can be met and that all licensing requirements are met. This applies for both day-time and Evening/Weekend programs.

*** IF YOUR CHILD HAS FOOD ALLERGIES YOU WILL BE REQUIRED TO FILL OUT ADDITIONAL ALLERGY FORMS TO COMPLETE FILE**

****IF YOUR CHILD HAS A MEDICAL CONDITION OR REQUIRES MEDICATION TO BE TAKEN AT SHOOOL YOU WILL BE REQUIRED TO FILL OUT A MEDICAL AUTHORIZATION FORM TO COMPLETE FILE**

**FORM REQUIRED
FOR ALL CHILDREN**



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:
<p>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.</p> <p></p>		<p>I certify that the information provided on this form is correct and verifiable.</p> <p></p>		
<p>_____ Parent/Guardian Signature Required</p>		<p>_____ Parent/Guardian Signature Required</p>		
Date		Date		

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

Date
Date
Date
Date
Date
Date

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, DT (Diphtheria, Tetanus, Pertussis)						
◆ Tdap (Tetanus, Diphtheria, Pertussis)						
◆ Td (Tetanus, Diphtheria)						
◆ Hepatitis B <input type="checkbox"/> 2-dose schedule used between ages 11-15						
● Hib (<i>Haemophilus influenzae</i> type b)						
◆ IPV / 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)						
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.**

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Mumps	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Polio	_____
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Rubella	_____
<input type="checkbox"/> Hib	<input type="checkbox"/> Tetanus	
<input type="checkbox"/> Measles	<input type="checkbox"/> Varicella	

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

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: waisrecords@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	<i>Haemophilus influenzae</i> 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		

FIELD TRIP / SUNSCREEN / PHOTO PERMISSION

WALKING FIELD TRIP PERMISSION

- I hereby give Kids Klub CDC my consent and permission to take my child from the center on local walking field trips close to Kids Klub.
- I DECLINE to give Kids Klub CDC my permission for walking field trips.

In either case, you will always be notified of an upcoming remote field trip where the children will be transported from the center by van, bus or car. For each trip, you will receive details of the trip, and you will need to give your permission for each trip. Only children with signed authorizations will be allowed to go on field trips.

X

(CHILD'S NAME)

PARENT/DOMESTIC PARTNER /GUARDIAN SIGNATURE

(DATE)

SUNSCREEN PERMISSION

- I hereby give the staff of Kids Klub CDC permission to apply sunscreen on my child as needed. I understand that it is my responsibility to provide sunscreen and keep it in my child's cubby. Due to the potential of allergic reactions to certain sunscreens, Kids Klub cannot provide the sunscreen for me.
- I DECLINE to give Kids Klub CDC my permission for Sunscreen.

X

(CHILD'S NAME)

PARENT/DOMESTIC PARTNER /GUARDIAN SIGNATURE

(DATE)

PHOTOGRAPIC RELEASE PERMISSION

- Full PhotoPermission: I hereby give Kids Klub CDC permission to use photographs of my child on the photo boards, website and /or in brochures, etc. I understand that these photographs will not be sold by Kids Klub, and that my child may appear individually or in a group setting. Other than on our hallway photo boards, the name of my child will not be published in conjunction with these photographs without additional written consent from the parent.
- Partial Photo Permission: I hereby give Kids Klub CDC permission to use the photographs of my child for in house use (photo boards, personal portfolios, holiday gifts) and **WiMLO Private** (just sent to parent's of child only).
- WiMLO Private:** Any group shots sent to the class parents involving a "private" child will be blurred out or not include the child. The "private" child's parents can received either group shots including the child and/or individual pictures of the "private" child – these will be sent exclusively to just the child's parents.
- I DECLINE to give Kids Klub CDC my permission for Photographs in any form.

X

(CHILD'S NAME)

PARENT/DOMESTIC PARTNER /GUARDIAN SIGNATURE

(DATE)

**FORM REQUIRED
FOR ALL CHILDREN**

KIDS KLUB INFANT & CHILD'S NEEDS

The purpose of this information is to help your caregiver have a better understanding of your child's history. The information contained on these pages will aid in planning for your child's individual needs.

Childs Name: _____	Child's Age: _____	Today's Date: _____
Date Child was last seen for a physical exam: _____		
<u>ALLERGIES ONLY: List all Foods / Medications / Environmental allergies-</u>		

Has an Epi-Pen been prescribed by a doctor for your Child?:	YES	NO
If Yes, please tell us what it has been prescribed for: _____		
<u>SPECIAL CIRCUMSTANCES: IE. FOOD PREFERENCES / DIETARY RESTRICTIONS, SPECIAL NEEDS, MEDICAL CONDITIONS, ETC:</u> Please list any foods / drinks that you would like for Kids Klub to avoid feeding your child. This is for preferences only not allergies, please list any true allergies above:		

<input type="checkbox"/> Updated in Computer		
<input type="checkbox"/> Allergy Paper Work Given to Parents _____ (initials)		

PART A: FOR CHILDREN UNDER 2 YEARS OF AGE – OVER 2 YEARS OLD, PLEASE SKIP TO PART B

INFANT INDIVIDUAL FOOD AND FEEDING PLAN:

We warm formula or breast milk in a bottle warmer. Our care giving staff wants to be able to greet each family and exchange information as well as check for any illness upon arrival.

Breastmilk /type of formula or combination of? _____.

My child usually has a bottle about every _____ hours, and takes approximately _____ ounces.

Is your child on a special diet? YES / NO If yes, please describe _____.

Is child on solid foods? YES / NO If yes, please describe _____.

My child is usually COMFORTABLE / UNCOMFORTABLE after eating. If uncomfortable, I usually _____.

My child's sleep schedule is as follows: _____.

My child naps for approximately _____ hours/minutes between _____ & _____ a.m. and _____ & _____ p.m.

How does your child get to sleep? ROCKING EATING PACIFIER FUSS A LITTLE?

In what position does he/she sleep best? BACK OR SIDE?

What does child sleep with? _____.

DIAPERING/TOILETING

Does your child have a tendency to get diaper rash? YES NO

If yes, what do you do to alleviate it? _____.

What words are used at home in reference to toileting?

What are your goals/desires regarding toilet training?

Parent's Signature: _____ Date: _____

Director's Signature: _____ Date: _____

PART B FOR CHILDREN OVER 2 YEARS ON SECOND PAGE

**FORM REQUIRED
FOR ALL CHILDREN**

Childs Name: _____ Child's Age: _____ Today's Date: _____

PART B: FOR CHILDREN OVER 2 YEARS OF AGE

Circle one: My child is a: good moderate picky eater.

Are there any special dietary needs? Please Explain:

Has your child had any regular caregivers outside the immediate family, or any prior group experience? If yes, describe.

Please note any distinguishing physical and / or emotional characteristics which you feel may affect your child's total behavior (e.g. high activity level, sensitive, large for age, tires easily, etc.....)

Does your child have any fears that we should be aware of? How do you deal with these fears?

Has your child had any serious accidents, serious illnesses, operations, hospitalizations, disabilities, or convulsions? Describe those or any other pertinent medical facts.

Any major domestic type of events that may have affected your child?

How does your child relate to strangers?

What makes your child angry or upset?

Does your child nap? YES NO How long do they normally nap for? _____

Does your child use a pacifier, suck their thumb or cling to a blanket? If so, please describe when it is needed.

Is any other language than English spoken at home?

If your child has words or sounds that are not commonly used by others, please list their meaning:

Are there any areas of your child's speech / language development that concerns you? If so, has it been professionally diagnosed?

Parent's Signature: _____ Date: _____

Director's Signature: _____ Date: _____

PERIODIC UPDATES ON INFANT & CHILD'S NEEDS MAY BE REQUIRED

**FORM REQUIRED
FOR ALL CHILDREN**