

Liberty Learning Centers Inc.

Enrollment Form

Child's Information (One form per child)

CHILD'S FIRST and MIDDLE NAME		CHILD'S LAST NAME	
DATE OF BIRTH	AGE	LAST MEDICAL EXAM / PHYSICAL (Child required to have exam within the last 12 months)	GENDER
HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR
BLOOD TYPE			
OPERATIONS / CHRONIC ILLNESSES			
LANGUAGES SPOKEN AT HOME		CHILD'S ETHNICITY/ RACE ___Asian/Pacific Islander___Hispanic ___Native American___African-American___Caucasian___Other	
ALLERGIES TO FOOD OR DRUGS _____NO _____INITIAL _____YES _____INITIAL (List allergies and fill out CHILD HEALTH PLAN FOR FOOD ALLERGY/INTOLERANCE)			
WHAT SCHOOL DOES YOUR CHILD ATTEND	WHAT GRADE IS YOUR CHILD IN	LAST TETANUS SHOT	
PHSICAL, EMOTIONAL, PSYCHOLOGICAL, OR BEHAVIORIAL NEEDS/CONSIDERATIONS _____NO _____INITIAL _____YES _____INITIAL (List needs and considerations and fill out an INDIVIDUAL PLAN OF CARE)			
DOES YOUR CHILD TAKE ANY MEDICATIONS ON A REGULAR BASIS? _____NO _____INITIAL _____YES _____INITIAL (List medications and dosages)			
WILL STAFF NEED TO ADMINISTER ANY MEDICATION DAILY? _____NO _____INITIAL _____YES _____INITIAL (Fill out medical authorization form at the center and turn in with medication in original prescription bottle and a doctor's note)			

Medical Contact Information

FAMILY PHYSICIAN	PRIMARY PHONE NUMBER
ADDRESS	
FAMILY DENTIST	PRIMARY PHONE NUMBER
ADDRESS	
HOSPITAL OF CHOICE	PRIMARY PHONE NUMBER
ADDRESS	
INSURANCE COMPANY	PRIMARY PHONE NUMBER
POLICY HOLDER	POLICY NUMBER

Liberty Learning Centers Inc.

Enrollment Form

PARENT / GUARDIAN INFORMATION (One per family)

PARENT / GUARDIAN FULL NAME		AUTHORIZED TO PICK UP CHILD? _____ YES _____ NO	
FULL ADDRESS		PLACE OF EMPLOYMENT	
CELL NUMBER	WORK NUMBER		HOME NUMBER
EMAIL	RELATIONSHIP TO CHILD	SOCIAL SECURITY NUMBER	
PARENT / GUARDIAN FULL NAME		AUTHORIZED TO PICK UP CHILD? _____ YES _____ NO	
ADDRESS		PLACE OF EMPLOYMENT	
CELL NUMBER	WORK NUMBER		HOME NUMBER
EMAIL	RELATIONSHIP TO CHILD	SOCIAL SECURITY NUMBER	
IF APPLICABLE, WHO IS THE CUSTODIAL PARENT/GUARDIAN?			
IF APPLICABLE, WHO IS NOT AUTHORIZED TO PICK UP YOUR CHILD(REN)? (Must provide legal documentation to center director)			

EMERGENCY CONTACTS (Local contacts only. Minimum of three emergency contacts required. Contacts must be at least 18 years old and must be able to provide photo identification.) All contacts must be able to provide photo identification at pick up.

EMERGENCY CONTACT FULL NAME	
ADDRESS	
CONTACT PHONE NUMBER	AUTHORIZED TO PICK UP CHILD? _____ YES _____ NO
EMERGENCY CONTACT FULL NAME	
ADDRESS	
CONTACT PHONE NUMBER	AUTHORIZED TO PICK UP CHILD? _____ YES _____ NO
EMERGENCY CONTACT FULL NAME	
ADDRESS	
CONTACT PHONE NUMBER	AUTHORIZED TO PICK UP CHILD? _____ YES _____ NO

PARENT/GUARDIAN SIGNATURE

DATE

Liberty Learning Centers Inc.

Enrollment Form

PARENT / GUARDIAN ACKNOWLEDGEMENT (read and initial each statement)

Initial	By choosing to enroll at Liberty Learning Centers Inc, I attest that I am having my child brush their teeth at home 2x per day.
Initial	With my signature I understand and accept my responsibility to read and follow the procedures and policies stated in the Parent/Guardian Handbook located at www.libertylearningcenters.com
Initial	I understand Liberty Learning Centers Inc ways of communication. Including but not limited to: email, phone call, text, procare app, postings / flyer, Facebook, calendar, website, & verbal. It is my responsibility to check and keep up with program communications. I am also responsible to communicate any messages with pertinent people in my child's life.
Initial	I understand and know that a copy of Liberty Learning centers Inc. Disaster/Emergency Plan and Healthcare Policy is located online at www.libertylearningcenters.com
Initial	I understand that as the enrolling parent/guardian, it is my responsibility to ensure that any persons picking up or dropping off my children are aware of, and follow all program policies.
Initial	I will talk with the center director, program supervisor, or the Liberty Learning Centers Inc. office for assistance or if I have any questions.

PARENT/GAURDIAN SIGNATURE	DATE
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INDIVIDUAL PLAN OF CARE

There are times that every child may be in need of different classroom environments to help encourage his/her learning/emotional needs. This may include a smaller, quieter environment or an environment with more stimulation. Parents and staff have decided that it would be best for their child to have the ability to transition to whatever classroom the teachers find is needed each day that their child is in care. The staff will make the decision as needed based on the child's needs on a daily basis. Special Materials/Equipment Needed: The ability to go to a different classroom or group as mentioned above. The staff and parents will communicate verbally as well as share documentation to evaluate the progress of the child.

PARENT/GAURDIAN SIGNATURE	DATE
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PAYMENT POLICIES AND PROCEDURES

ANNUAL HOUSEHOLD INCOME (Please select from the following)
 ___ Less than \$15,000 ___ Less than \$30,000 ___ Less than \$45,000 ___ Less than \$60,000 ___ More than \$60,000

MILITARY INFORMATION
 Is your child a military dependent? ___ Yes ___ No
 Do you have a military affiliation? ___ Active Duty ___ Retired/Veteran ___ DOD/Civil Service ___ Reserve
 If you are have a military affiliation, have you applied for NACCRRRA? ___ Yes ___ No

HOW DID YOU HEAR ABOUT OUR PROGRAM? ___ Website ___ Phone Book ___ Friend ___ Mailer
 ___ ACCYN/Military ___ Mailer ___ Store Posting ___ Childcare Aware ___ Other _____

PRIMARY PERSON RESPONSIBLE FOR PAYMENTS
 Name (First) _____ (Last) _____

SECONDARY PERSON RESPONSIBLE FOR PAYMENTS
 Name (First) _____ (Last) _____

Completion of registration packet, immunization form, registration fee paid, and full payment for the month officially enrolls your child in Liberty Learning Centers Inc. program. Your child will begin care two business days following completed registration and payment processing. It is your responsibility to update all information in these forms as needed. Childcare contracts auto-renew every school year with the annual registration fee.

Liberty Learning Centers Inc. is open to all, regardless of gender, race, age background, income, or physical or mental ability.

Liberty Learning Centers Inc.

Enrollment Form

STATEMENT OF UNDERSTANDING, PERMISSION, AND COMPLIANCE (Read and initial each statement)

Initial	My child(ren) has permission to participate in program based activities and assistance as requested by a teacher or designated center personnel, including field trip for activities in the multi-purpose room.
Initial	I am aware and I approve of my child(ren) having an opportunity to participate in program activities and hereby release Liberty Learning Centers Inc. from any and all responsibility and liability of any nature resulting from my child's participation in Liberty Learning Centers Inc. activities and transportation as required.
Initial	In the event that my child(ren) is injured, I give Liberty Learning Centers Inc. first-aid and CPR certified staff the authority to provide basic first-aid and CPR as the situation requires including splinter removal, if necessary, and/or if they become seriously ill or injured and I cannot be reached.
Initial	I authorize any emergency transportation, hospitalization, x-ray, medical, dental, and/or emergency surgical treatment advisable by the circumstances by any member of the medical staff or medical facility.
Initial	I understand it is my responsibility to provide my own accident and health insurance while participating in all Liberty Learning Centers Inc. activities, and that Liberty Learning Centers Inc. do not provide any health or accident coverage for its participants.
Initial	I grant permission for photographs / videos which include my child(ren) in Liberty Learning Centers Inc. records, program, projects, marketing, and public relations to be used in media releases and benefit the center to be taken.
Initial	I recognize participants are expected to follow all safety instructions, remain in areas designated by staff, and refrain from behavior harmful to oneself or others. I understand that failure to adhere to the program and behavior policies could be cause for participant's dismissal without refund of program fees. Please see Parent/ Guardian Handbook for more information.
Initial	I understand it is my responsibility to have someone available to pick up my child from care at Liberty Learning Centers Inc. within 30 minutes of a phone call, email, text, or other means of communication.
Initial	I understand that I must provide a one month written notice submitted to the center director for termination of contract, schedule change, or account information.
Initial	I understand that Liberty Learning Centers Inc. does not use pesticides, and if they do, they will post notices about what pesticides will be used and when they will be used.
Initial	With my signature below, I agree to the policies and procedures outlined in this form, and the Parent/Guardian Handbook. Including but not limited to inclement weather policies, termination of care due to any reason listed above or in the parent handbook, behavior, and refund policies.
Initial	I understand and agree that I am responsible for any/ all charges and fees that my child(ren) acquire while in care at Liberty Learning Centers Inc., and understand that any costs required to collect my payments current or past due will be charged to me the person signing up for care at Liberty Learning Centers Inc.
Initial	I understand that I am fully responsible for the terms of this agreement as stipulated, and understand that Liberty Learning Centers Inc. reserves the right to change any of the above information including the rates, with no less than 10 business days' notice to our clients.

PARENT/GUARDIAN SIGNATURE	DATE
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PANDEMIC AND COMMUNICABLE DISEASES RELEASE AND WAIVER OF CLAIMS ADDENDUM ("Release")

The undersigned, in my capacity as parent or legal guardian, hereby acknowledge the health risks and dangers associated with the transmission of the Pandemic virus, and other communicable diseases, and recognize that exposure to the Pandemic virus, or other communicable diseases, could occur while my child is in the care of Liberty Learning Centers Inc. As such, and in consideration for child care services to be provided by the Liberty Learning Centers Inc., the undersigned, for myself and my minor children enrolled in the Program fully assume all of the risks associated with participation in Liberty Learning Centers Inc, including the possibility of Pandemic and communicable disease community spread.

I, AS PARENT AND/OR LEGAL GUARDIAN, HAVE READ AND FULLY UNDERSTAND AND ACKNOWLEDGE THE CONTENTS OF THE RELEASE AND AGREE THAT I AM VOLUNTARILY WAIVING, RELEASING, INDEMNIFYING AND DISCHARGING LIBERTY LEARNING CENTERS INC AND ITS OWNERS, DIRECTORS, EMPLOYEES AND VOLUNTEERS FROM ANY AND ALL LIABILITY, DAMAGES, AND EACH AND EVERY ACTION (COLLECTIVELY, "CLAIMS") BY PARTICIPATION IN AND/OR ASSOCIATED WITH THE PROGRAM INCLUDING, BUT NOT LIMITED TO EXPOSURE OR TRANSMISSION OF THE PANDEMIC VIRUS. I represent that I have full authority to sign on behalf of my child(ren) and that my signature binds each other person having authority to make decisions on behalf of the child(ren). MY SIGNATURE BELOW IS CONFIRMATION THAT I HAVE READ AND FULLY UNDERSTAND AND ACKNOWLEDGE THE CONTENTS OF THE RELEASE AND AGREE THAT I AM VOLUNTARILY WAIVING, RELEASING, INDEMNIFYING AND DISCHARGING LIBERTY LEARNING CENTERS INC AND ITS OWNERS, DIRECTORS, EMPLOYEES AND VOLUNTEERS FROM THE CLAIMS.

Tuition Policy for covid incidents:

- 1.Liberty Learning Centers Inc. staff will continue to work and be paid during the times when we are closed. We will use the time to do additional cleaning before we reopen. Therefore, although we would prefer to adjust tuition, there will be no reduction in tuition during closures should they occur. We want to be sure our beloved team can be here for you as soon as we reopen.
- 2.Regular tuition is due in full for closures due to a child or parent testing positive for covid, or if a child quarantines because of a positive exposure in the family.
- 3.All other absences or closures are considered paid and part of the monthly tuition just as they have always been.

PARENT/GAURDIAN SIGNATURE	DATE
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Liberty Learning Centers Inc.

Child Physical Form

Pre-Participation Physical Evaluation Form

Please have the top portion completed by a Licensed Health Care Provider

Dear Health Care Provider,

Your Patient _____ is enrolled at Liberty Learning Centers Inc. which requires a Pre-participation Physical Evaluation. Please complete the following. **Health Care Provider Information:**

Office: _____ Physician: _____

Address: _____

Phone #: _____ Fax #: _____

Child's Information:

Child's Name: _____ D.O.B. _____ Gender _____

() Cleared without restrictions.

() Cleared with recommendations: _____

() Not Cleared, reason: _____

Allergies: _____

Treatment / Preventative Plan: _____

Immunizations: () Up to date () Not to date: Specify: _____

Recreational Activities: The child may participate in recreational activities. () YES () NO

Recreational Activity Restrictions: () NONE () Some Restrictions

(Description of Restrictions) _____

Physician Signature _____ **Date** _____

Parent(s) Legal Guardian(s) Please Complete the Following

Name:	Name:
Relationship to Child:	Relationship to Child:
Address:	Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Signature:	Signature:

Liberty Learning Centers Inc.

Family Door Code Policy

Parent/ Guardian Name: _____

Parent/ Guardian Name: _____

Graham Location Families: Door code of your choice: _____ (6 digits)

Orting Location Families: Door code of your choice: _____ (4 digits)

Door Code Policy:

*I understand that the door code above is unique to me. **I understand that this code is not to be given to anyone else, including my children and anyone authorized to pick up my children.** This is for the safety of the children enrolled in the center. (Authorized pick ups will wait in the lobby or at the front door for a staff member. Please feel free to call the center to inform someone you are there, ring the door bell, or use the center phone to call back to a classroom.) If children or anyone else uses this code, you will be asked to change your code. **Please do not allow anyone to "tailgate" (follow you in) to the center area.** Again, for the safety of the children.*

Signature

Date

Signature

Date

Office Use Only

Door Position: _____

Liberty Learning Centers Inc.

Emergency Information

Child's Name: _____ Birthdate: _____

Address: _____ Home Phone: _____

Mother's Name: _____ Cell #: _____

Work #: _____ Place of work: _____

Father's Name: _____ Cell #: _____

Work #: _____ Place of work: _____

Doctor's name, #, address: _____

Hospital of choice: _____ Allergies: _____

Emergency / Pick Up List:

1. _____ Phone #: _____

Relationship to child: _____ Pick Up Emergency

2. _____ Phone #: _____

Relationship to child: _____ Pick Up Emergency

3. _____ Phone #: _____

Relationship to child: _____ Pick Up Emergency

People who MAY NOT pick up your child:

1. _____ Reason: _____

Relationship to child: _____

2. _____ Reason: _____

Relationship to child: _____

Date of last physical: _____

Health History / Info: If none check box and initial: _____

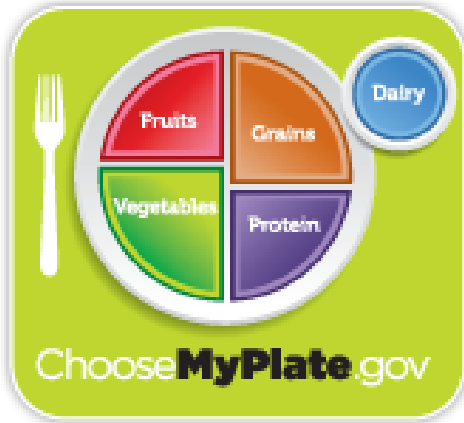
Medical Release:

In case of emergency, I understand that Liberty Learning Centers Inc. will try to contact me first if there is time. If there is no time, Liberty Learning Centers Inc. will call 911 (who then sends emergency vehicle, medic, or etc.) Unless otherwise requested the center will transport to Good Samaritan Hospital. I hereby give my consent for my child's doctor (or the hospital's consulting physician if the child's doctor isn't available) to conduct any x-rays, give blood tests, or give any and all treatment that the doctor may deem necessary in the event of an emergency. I also authorize the staff of Liberty Learning Centers Inc. to give minor first aid and CPR.

I understand that any charges due to medical attention are my responsibility to pay.

Parent's Signature: _____ Date: _____

Liberty Learning Centers Inc. does not provide any meals or beverages. Parents / Guardians are responsible for packing and sending all meals and beverages.



Please provide your child with balanced foods and beverages that will cover breakfast, lunch, and 1 snack in the afternoon. Each child must have 1 re-usable water bottle filled with water from home brought daily to be used at the center.

- When you are packing your child's meals, ensure that the meals do not need refrigeration or heating. *The teachers do not have access to refrigeration or microwave.*
- Meals need to include: Fruits, vegetables, and protein.
- Water bottles must be non-leaking, and children must be able to open and close them on their own.
- Please send any utensils needed for meals.
- Peanut / nut products may not be allowed depending on allergies in the classroom. A note will go out if/when that may happen.
- www.choosemyplate.gov has ideas and more info on what children need to keep healthy and properly nourished!
- Infant families must provide water from home for infants' daily needs.



If you have any other questions, please see the center director.

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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Liberty Learning Centers Inc.

Child Health Plan For Food Allergy / Intolerance

Child's Name: _____ Date: _____

If there are no known allergies check box and sign below: NOT APPLICABLE

Parents Signature: _____

To be completed by parent/guardian:

My child is allergic to/has intolerance to (list all foods):

1. _____ Diagnosed by a doctor? Yes No
2. _____ Diagnosed by a doctor? Yes No
3. _____ Diagnosed by a doctor? Yes No

Which of the following happens during a reaction? (Check all that apply)

******Call parent immediately for any reaction and refer the child to a doctor******

- Hives (describe) _____
- Rash (describe) _____
- Itching (describe) _____
- Swelling (describe) _____
- Redness (describe) _____
- Tingling (describe) _____
- Stomach pain or cramps (describe) _____
- Nausea and vomiting (describe) _____
- Diarrhea (describe) _____
- Gas or bloating (describe) _____
- Other (describe) _____

CALL 911 THEN GUARDIAN FOR ANY OF THE FOLLOWING SYMPTOMS:

Two or more of the above signs
Signs above spread or worsen
Coughing or wheezing
Very warm or very cold
Trouble breathing
Weakness
Trouble swallowing or talking
Sweating
Hoarse Voice
Dizziness
Becomes pale
Confusion
Seems anxious or fearful

Passes out
Becomes unconscious
Complains of "metal" taste
Red, watery eyes
Congested, runny nose or sneezing
Head ache
Complains of chest hurting
Vomiting/diarrhea > twice
Turns blue or gray
After giving EpiPen®
If you are not sure
Other (describe)

How does your child describe the reaction when it happens?

Liberty Learning Centers Inc.

Child Health Plan For Food Allergy / Intolerance

What can we do to prevent the reaction at school/child care?

What ingredients should be avoided? (if applicable)

If your child is exposed to or eats an avoided food/ingredient, staff should:
(check one) _____ call parent _____ send note home with my child

What medication(s) does your child take at home?

Name: _____ Dose: _____ Time: _____ Side Effects: _____
Name: _____ Dose: _____ Time: _____ Side Effects: _____

What medication(s) will your child need at school/child care? (see MD Statement)

Name: _____ Dose: _____ Time: _____ Side Effects: _____
Name: _____ Dose: _____ Time: _____ Side Effects: _____

Do you want other families to know about your child's allergy? ____ Yes ____ No

Does your child have any of the following conditions? (Please circle all that apply)

Asthma Allergies (other than food) Eczema

Please describe:

What else should we know about your child's allergy/intolerance?

Parent/Guardian Signature: _____ Date: _____

Teacher/TA Signature: _____ Date: _____

Teacher/TA Signature: _____ Date: _____

Center Director Signature : _____ Date: _____

Copies to file, classroom, and backpack

Liberty Learning Centers Inc.

Parental Consent Form for Sunscreen Application

As the parent or guardian of my child(ren) listed below, I recognize that too much sunlight may increase my child's risk for skin cancer later in life.

Child's Name: _____ D.O.B. _____

Child's Name: _____ D.O.B. _____

Child's Name: _____ D.O.B. _____

Child's Name: _____ D.O.B. _____

Sunblock is provided by the family, the sunblock must be spray on and not need to be rubbed in by the teaching staff.

- Therefore, I give my permission for the staff at Liberty Learning Centers Inc. to apply

_____ to my child(ren), as specified
Name of sunscreen _____ SPF _____
below, when he or she will be playing outside, especially during the months of April through September and between the hours of 8am - 6pm.

I further understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose, bare shoulders, arms, and legs.

Parent's Signature: _____

Date: _____

I do not wish for Liberty Learning Centers to apply sunscreen to my children, and I know the risk of not applying sun protection.

_____ Date _____
Parent Signature

I will apply sunscreen to my child before I send them to school each day.

Emergency Comfort Kits

Natural hazards, disasters, and emergencies can happen at any time. Liberty Learning Centers Inc has an emergency plan in place in the case of an emergency occurring during the school day. As we plan for possible scenarios every child is required to have an **Emergency Comfort Kits** for your child. Comfort kits would be the first line of resources to be used in any scenario when students are sheltered at the school longer than the school day. The items in the comfort kits will provide them with foods that are familiar and palatable to them and items that would help them stay calm.

Comfort kit items should be sent in a **one-gallon, Ziploc bag** and clearly marked with your child's name. We are asking for a **2 day supply** with approximately **2400 calories** in each bag.

We ask that all students bring a "comfort kit" to school as part of their supplies for the school year. Please bring in your kits no later than **the 1st day of attendance**.



Non-perishable food **Also in the bag** **Infant**
item ideas:

- *Granola bars
- *Jerky
- *Hard candies
- *Cookies
- *Canned fruit with flip top
- *Fruit roll-ups
- *Tuna fish packets
- *Dried fruits,
- *Raisins
- *Crackers
- *Canned juice

- *Bottle of water
- *Space blanket or large plastic trash bag,
- *Non-toxic chemical emergency light stick

- *Bottle
- *Formula
- *Bottle of water
- *Diapers
- *Wipes



These are "suggested" items. Please tailor your child's comfort kit to their likes, dislikes and any specific needs.

Sample Comfort Letters – Write on the back of the form

Dear _____

Since you are reading this letter, there must have been an emergency while you were at school. Emergencies can be scary. The good thing is that they usually don't last very long. Things will get better. Please try to be brave, and even helpful if you can. We are trying to get to you as soon as we can. Please be patient and remember that we love you and are thinking of you.

Love, _____

Dear _____

We love you very much and want you to know that this is a time to be brave and helpful. Please don't worry about your family. We know that you will be safe at school. We will all be making the safest choices wherever we are, and someone will be there to pick you up as soon as possible. In the meantime, stay calm and follow the directions you are given.

Love, _____

Child's Name: _____ Child's Birthdate: _____

Allergies: _____

Parent/Guardian Name: _____ Phone #: _____

Parent/Guardian Name: _____ Phone #: _____

Other contact: _____ Phone #: _____

Anything Else? _____



2024-2025 SCHOOL SUPPLY LISTS

Your child's school supplies are due before their first day of school

Infants

- Tissue x1
- Roll paper towels x2
- 2 black permanent markers
- 2 dry erase markers
- Gallon zip lock bags
- 1 Roll of painters tape
- Emergency kit**
- Gallon of water

Preschool / K-Prep

- Tissue x1
- Roll paper towels x2
- 2 Black permanent markers
- 4 Dry erase markers
- 24 Box of Crayola crayons
- 4 Glue sticks
- 1 Liquid glue
- 1 Pack of multi-colored construction paper
- Quart zip lock bags
- Lysol spray
- Disinfectant wipes
- Child scissors
- #2 Pencils (12ct)
- Gallon of water
- Pencil box
- 10ct washable markers
- Emergency kit**

Toddlers

- Tissue x1
- Roll paper towels x2
- Watercolor paints
- Fat Crayola crayons
- 2 glue sticks
- 1 pack of multi-colored construction paper
- Gallon zip lock bags
- Lysol spray
- Disinfectant wipes
- Emergency kit**
- Gallon of water

School Age

- Tissue x1
- #2 Pencils (12ct)
- Pack of lined paper
- Pack of copy paper
- 10ct washable markers
- Disinfectant wipes
- Lysol spray
- Gallon of water
- Emergency Kit**
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-