New Student Registration Form Today's Date _____

(Please Print)

STUDENT NAME: **LEGAL** Last Name	**LEGAL** First Name	**LEGAL** Middle Name	Also Known As

Date of Birth (Month/Day/Year)	Gender □Male □Female	Birthplace: City	State

Scouts, Path Finders, Trail Blazers, Scholars

Name of Last School Student Attended	Grade completed	City and State of Last School Attended

For Students enrolling in Kindergarten:
Did your child attend a Pre-School Program? □ Yes □ No If so, Where?

Household #1 Primary Household Guardian Information

Last Name First Name Middle Name	Active in:	Primary Phone (include area code) / Cell Phone (include area code) / Cell Phone Carrier / Work Phone (include area code)	Relationship
Date of Birth (Mo/Day/Yr):	□U.S. Armed Forces □U.S. Reserves □Wash. Nat. Guard		□Father □Mother □ Foster Guardian □Other (specify)

Last Name First Name Middle Name	Active in:	Cell Phone (include area code) / Cell Phone Carrier / Work Phone (include area code)	Relationship
Date of Birth (Mo/Day/Yr):	□U.S. Armed Forces □U.S. Reserves □Wash. Nat. Guard		□Father □Mother □Foster Guardian □Other (specify)

Household #1 address (Street, Apt#, City, Zip)

Mailing *Address (If different from above – Street/PO Box#, City Zip)*

Email Address:

Household #2 Secondary Household if applicable (Parent not residing with student)

Last Name First Name Middle Name	Active in:	Home Phone (include area code) / Cell Phone (include area code) / Cell Phone Carrier / Work Phone (include area code)	Relationship
Date of Birth (Mo/Day/Yr):	□U.S. Armed Forces □U.S. Reserves □Wash. Nat. Guard		□Father □Mother □Other (specify)

Last Name First Name Middle Name	Active in:	Cell Phone (include area code) / Cell Phone Carrier / Work Phone (include area code)	Relationship
Date of Birth (Mo/Day/Yr):	□U.S. Armed Forces □U.S. Reserves □Wash. Nat. Guard		□Father □Mother □Other (specify)

Household #2 address (Street/PO Box, Apt#, City, State, Zip)	School Mailings Requested □Yes □No
Email Address:	

Parenting Plan/Custody Information

*Is there a joint-custody or parenting plan in effect? □Yes □ No
*Is there a restraining order against anyone pertaining to your student? □Yes □ No
(If yes to either of these questions; a certified copy of most recent plan must be on file with the school for enforcement)
*Restraining order is against: □Mother □ Father □ Other _____

Initial:

_____I agree and understand that as a participant of Liberty Learning Centers Inc part day preschool and k-prep, I am required to monitor email, text, and social media page to stay informed of cancellations, changes, or important information.

_____ With my signature I understand and accept my responsibility to read and follow the procedures and policies stated in the Parent/Guardian Handbook, orientation, and posted updates.

Emergency Contact Information:

	(other than guardian)	Relationship to Student	Phone Number (include area code)
	(other than guardian)	Relationship to Student	Phone Number (include area code)
	(Optional)	Relationship to Student	Phone Number (include area code)
	(Optional)	Relationship to Student	Phone Number (include area code)

Other Siblings

	Legal Last Name	**Legal** First Name	School / Grade	**Age**

STUDENT RELEASE AUTHORIZATION: In the event that the school is unable to contact the parent/guardian. I authorize that my child may be released to the person (s) checked above… *(Please place a check next to either emergency contacts and/or other siblings' names)*

Parent/Guardian Signature _____Date:_____

Childcare:

Would you like Liberty Learning Centers Inc to provide extended care? □Yes □ No

Photograph consent and waiver:

During the time that my child or ward is a student in Liberty Learning Centers Inc, I understand that he/she may be the subject of photographs for Liberty Learning Centers Inc. to explain and support education via school brochures, television, social media, slides and the web site. I give my consent for these and similar uses of my child's/ward's photographic likeness, waiving any liability for Liberty Learning Centers Inc. or employees.

PANDEMIC AND COMMUNICABLE DISEASE 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 communicable disease incidents:
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.
Regular tuition is due in full for closures due to a child or parent testing positive for communicable disease, or if a child quarantines because of a positive exposure in the family. All other absences or closures are considered paid and part of the monthly tuition just as they have always been.

PARENT/GAURDIAN SIGNATURE	DATE

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:_____

Emergency Kit

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 Kit** 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.

Emergency 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 item ideas:	Also in the bag	Infant
*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? _____

_____

_____

_____

Liberty LEARNING CENTERS INC

back to school

SCHOOL SUPPLY LIST

PRESCHOOL & KINDERGARTEN PREP

- **Emergency Kit / Gallon of water**
- Pencil box
  10ct washable fat markers
- 10 ct washable skinny markers
- Roll paper towels x2
- Weather appropriate change of clothes: underwear, socks, pants, shirt
- 12 Box of Crayola crayons
- 12 colored pencils
- 4 glue sticks
- Child scissors
- 1 Pack of multi-colored construction paper
- Re-usable water bottle
- Backpack

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		