



# Amazing Day Preschool

play • learn • grow

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## 2023-2024 Enrollment Checklist

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Thank you for your interest in having your child attend **Amazing Day Preschool**. To enroll your child in one of our purposeful, play-to-learn active learning classes, please complete all the enclosed forms and return them along with Registration Fees and Classroom Supply Fees to the Church Office between 8:30 and 4:30 Monday through Friday. Our professional curriculum is aligned to Washington State Department of Early Learning Developmental Guidelines and focuses on Kindergarten readiness.

### Parent/Guardian Enrollment Checklist:

- Student Registration with payment of registration and supplies fee
- Enrollment Application
- General Admissions Policies
- Photo Release
- Remind Notification Opt-In
- Family Responsibility Agreement
- Certificate of Immunization Status (or attach a copy of immunization records)

For Amazing Day Preschool use:

Rec'd Date/Time: \_\_\_\_\_

Fees Paid: \$\_\_\_\_\_

Cash or Check #\_\_\_\_\_

# Amazing Day Preschool

Located at *Spokane Valley Church of the Nazarene*  
15515 E 20th Ave, Spokane Valley, WA 99037 Phone: (509) 926-1545



## 2023-2024 Student Registration

Please print clearly.

Child's Name \_\_\_\_\_

Name (or nickname) used \_\_\_\_\_ Birthdate \_\_\_\_\_  Male  Female

Home Address \_\_\_\_\_

Street

City

State

Zip Code

Student's home address above is also the address of his/her: (Check all that apply)

Mother  Father  Stepmother  Stepfather  Other (specify) \_\_\_\_\_

Student is registering for:

Early Learners Classroom - 3 day (T/W/TH) program (age 3 by August 31, 2023)

Pre-K Classroom - 4 day (M/T/W/TH) program (age 4 or 5 by August 31, 2023)

All classes meet from 9:00-11:30 a.m.

Drop off 8:45-9:00 Pick up 11:30-11:45 a.m.

Parent/Guardian Information:

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail \_\_\_\_\_ E-Mail \_\_\_\_\_

Other children and their ages:

**Registration and supplies fees are non-refundable** unless there are no openings available for the class requested. If you wish, your paid registration can be retained to keep your child on a waiting list should a space become available. Make checks payable to **Amazing Day Preschool**.

Registration fee for all Classrooms **\$50**  
Early Learners Classroom supplies fee **\$100**  
Pre-K Classroom supplies fee **\$110**

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2023-2024

## Enrollment Application

Student Name \_\_\_\_\_

Registering for  Early Learners Class  Pre-Kindergarten Class

**AUTHORIZED PICK- UP INDIVIDUALS:** Please list all individuals authorized to pick up your child. At least one name in addition to the primary parent or guardian is required. Photo ID must be presented at time of pick up. The name listed must match the ID. No one but the names on this list will be able to pick up your child without advance written

| Name (First and Last) | Relationship to Child | Phone Numbers Wk/Hm/Cell |
|-----------------------|-----------------------|--------------------------|
|                       |                       |                          |
|                       |                       |                          |
|                       |                       |                          |
|                       |                       |                          |
|                       |                       |                          |
|                       |                       |                          |

**ALLERGIES/SENSITIVITIES/MEDICATIONS:** Please list any allergies or sensitivities your child may have and/or medications your child is taking. Attach additional sheets if necessary.

| Allergy/Sensitivity/Medication | Details/Comments |
|--------------------------------|------------------|
|                                |                  |
|                                |                  |
|                                |                  |

**EMERGENCY CONTACTS:** Please list at least three names of persons to contact in case of emergency.

| Name (First and Last) | Relationship to Child | Phone Numbers Wk/Hm/Cell |
|-----------------------|-----------------------|--------------------------|
|                       |                       |                          |
|                       |                       |                          |
|                       |                       |                          |

### FAMILY OR STUDENT CONCERNS

Are there any restraining orders in effect?  Yes  No WA SSID# \_\_\_\_\_

Restraining order is against  Mother  Father  Other

Is there a parenting plan in effect?  Yes  No WA SSID# \_\_\_\_\_

If yes for restraining order or parenting plan, plan must be on file with school.

### OTHER CHILDCARE OR PRESCHOOL(S) APPLICANT HAS ATTENDED

Name of School: \_\_\_\_\_ City/State: \_\_\_\_\_

### HOME CHURCH INFORMATION

Does your family regularly attend church?  Yes  No

If yes, church name: \_\_\_\_\_ City/State: \_\_\_\_\_

### PERSON RESPONSIBLE FOR PAYMENT OF TUITION AND FEES

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

### CHILD'S PHYSICIAN

Name \_\_\_\_\_ Insurance Company \_\_\_\_\_

Address \_\_\_\_\_ Office Phone \_\_\_\_\_

Group or Policy # \_\_\_\_\_

*Verification of Information: The information on this form is true and accurate as of this date.*

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Father (or Legal Guardian)

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother (or Legal Guardian)

### LIMITED POWER OF ATTORNEY FOR EMERGENCY MEDICAL CARE

TO WHOM IT MAY CONCERN: I, \_\_\_\_\_ (the parent or legal guardian) hereby give permission that my/our child, \_\_\_\_\_ may be given emergency treatment to include first aid and CPR by a qualified staff member at **Amazing Day Preschool**. I/We further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by my child's regular physician, or when that physician cannot be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health and I cannot be contacted. I waive my right of informed consent to such treatment. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. This consent covers the school year from September 2023 - June 2024.

Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

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2023-2024

## General Admissions Policies

**Prerequisite:** Students must be potty trained and able to care for all aspects of their personal hygiene needs in the bathroom. Teachers may assist with snaps and zippers if necessary.

**Class Placement:** Placement is made by age. If an exception is requested, placement will be determined by assessment of the Amazing Day Preschool staff.

**Non-Discrimination:** Amazing Day Preschool will admit students of any race, color, religion, or national origin to all the rights, privileges, programs, and activities generally accorded or made available to its students.

**Special Needs:** We are not equipped with specialists to educate every child with special physical or behavioral needs, but we desire to make every effort to help any child wishing to enroll in our school. We may recommend assessment by the Central Valley School District Early Learning Professionals to help us determine whether a particular child can be best served by our program.

**Faith:** If a parent/guardian does not personally ascribe to the Amazing Day Preschool's Statement of Faith but still wants to enroll his/her child, he/she must agree to have his/her child receive the basic teachings of the Christian faith while at school and agree to keep any discussion of doctrinal controversy or denominationalism out of the school classroom. Our Church or school staff would be happy to answer questions about our Statement of Faith by scheduling an appointment through the Director.

### Statement of Faith

#### We believe:

1. In one God—the Father, Son, and Holy Spirit.
2. The Old and New Testament Scriptures, given by plenary inspiration, contain all truth necessary to faith and Christian living.
3. Man is born with a fallen nature, and is, therefore, inclined to evil, and that continually.
4. The finally impenitent are hopelessly and eternally lost.
5. The atonement through Jesus Christ is for the whole human race; and that whosoever repents and believes on the Lord Jesus Christ is justified and regenerated and saved from the dominion of sin.
6. Believers are to be sanctified wholly, subsequent to regeneration, through faith in the Lord Jesus Christ.
7. The Holy Spirit bears witness to the new birth, and also to the entire sanctification of believers.
8. Our Lord will return, the dead will be raised, and the final judgment will take place.

### Goals

#### We aspire to:

1. Support every student's developmental progress toward Kindergarten readiness in eight major areas: social-emotional, physical (gross and fine motor), the arts, critical thinking, language, pre-reading/literacy, Bible and mathematics.
2. Provide a comfortable, nurturing, safe environment where kindness and respect is practiced.
3. Encourage students toward an understanding of Jesus' love for them and what the Bible teaches.
4. Partner with each student's parent(s)/guardian(s) to optimize his/her learning experience at Amazing Day Preschool.

I/We have read and agree to the above General Admissions Policies.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Father or Legal Guardian

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Mother or Legal Guardian

STUDENT NAME \_\_\_\_\_

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## 2023-2024 Student Photo Release

I/We hereby give the following selected permissions for my/our child's photo and/or video to be used in:

Yes  No

### Classroom communications

Communications between parents and families involved in the school.  
(Examples: Class Dojo and newsletters)

Yes  No

### Communications with the sponsoring church

Spokane Valley Church of the Nazarene, including posting pictures and or video for the purposes of informing church attendees of the activities of the school.

Yes  No

**Promotional media** (print, video, website) for the purpose of promoting Amazing Day Preschool. Director will ask for approval with specific images prior to advertising.

STUDENT NAME \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Father or Legal Guardian

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Mother or Legal Guardian



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2023-2024

## Family Responsibility Agreement

**STANDARDS OF CONDUCT** - I/We will appreciate and uphold the standards of the preschool which does not tolerate profanity, obscenity (in word, action or appearance), dishonoring God or the Bible, or disrespect toward the personnel of the Church and/or preschool. The preschool reserves the right to dismiss any child who continually fails to comply with the established behavioral expectations or whose parent is not in support of the philosophy of the school and its behavior policies.

**FINANCIAL RESPONSIBILITY** - I/We understand:

- Registration and supplies fees must be paid to complete the enrollment process. They are non-refundable. Should the class be full, these fees can be retained to ensure a place on a waiting list.
- All monthly payments are due by the 1st of each month. If payment is received after the 5th, a \$25 late fee will be assessed. A \$35 fee will be assessed for checks returned for insufficient funds.
- Tuition Fees are as follows:
  - Early Learners Class: \$2,160 annual payment OR \$265/month September-May
  - Pre-Kindergarten Class: \$2,500 annual payment OR \$305/month September-May
- I/We will not receive a monthly bill unless the school has not received my/our payment by the 5th of each month, at which time late fees will be assessed.
- The Preschool's strong preference is that monthly payments are made using a Bill Pay service. However, cash or check payments may be given directly to the Director or submitted to the church office by the due date.
- My/Our child will be withdrawn on the first day of the calendar month following a month where the financial obligation was not met and/or special arrangements for payment were not made with the director.
- If I/we withdraw a child during any given month after tuition is paid, that month's financial payment is non-refundable. Also, I/we must notify the Preschool Director before the fifth of any month in which I/we plan to withdraw my/our child or that month's tuition will still be due.
- Late Pick-up Fee: Please value our teachers' time and other responsibilities beyond the classroom. A late fee for students not picked up within 15 minutes of the end of each school day is \$10 for any portion of a 15-minute increment of time beyond the normal pickup time. Such late fee must be paid in the same month that it is accrued. We don't like to do this, so please be on time!

**ACCESS TO SCHOOL** - School and Church doors are always locked unless there is an activity going on. I/We understand that children will be dropped off at the east entrance to Spokane Valley Church of the Nazarene where the doors will be unlocked and supervised by school staff from 8:45 - 9:00 a.m. each day of school. During this time, I/we are welcome to walk into the school from the east entrance and leave again before 9 a.m., unless prior arrangements have been made with the teacher to stay and volunteer. If I/we arrive after the class session begins, I/we must enter at the Church's main office door and escort my/our child to the classroom *and* be sure the teacher is made aware of their arrival. I/We further agree to follow the Standards of Conduct, Financial Responsibility, and Access to School policies explained above.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Father or Legal Guardian

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Mother or Legal Guardian

STUDENT NAME \_\_\_\_\_





# Certificate of Immunization Status (CIS)

For Kindergarten-12<sup>th</sup> Grade / Child Care Entry

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:** \_\_\_\_\_

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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.

I certify that the information provided on this form is correct and verifiable.

**Parent/Guardian Signature Required** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature Required** \_\_\_\_\_ **Date** \_\_\_\_\_

|   | Date     | Date     | Date     | Date     | Date     | Date     |
|---|----------|----------|----------|----------|----------|----------|
|   | MM/DD/YY | MM/DD/YY | MM/DD/YY | MM/DD/YY | MM/DD/YY | MM/DD/YY |
| <b>Required Vaccines for School or Child Care Entry</b>                   |          |          |          |          |          |          |
| ♦ 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               |          |          |          |          |          |          |
| <b>Recommended Vaccines (Not Required for School or Child Care Entry)</b> |          |          |          |          |          |          |
| 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](mailto: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 Guide 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 / PPSV23      | 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     | Hib TITER® | 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                | Vaqtal®    | 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              |            |                 |

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711).