



23515 Old Owen Road  
Monroe, WA 98272  
360-794-7953  
[www.sonshineschool.org](http://www.sonshineschool.org)  
joannek@sonshineschool.org

# SonShine Preschool & Kindergarten

Dear SonShine Preschool & Kindergarten Parents,

Subj: **Enrollment Packets ~ School Year 2011-2012**

Thank you for choosing SonShine Preschool for your child. Your choice in schools is an important one for both you and your child.

At SonShine Preschool, your child's health, safety, social and spiritual education is our first priority. Be assured that we will do all that we can, working together with you, to support and meet your child's needs.

**Please complete, sign, and return ALL five (5) forms listed below.**

- **Parent Contract**
- **Help Us Get To Know Your Child**
- **Emergency Information/Court Order**
- **Certificate of Immunization**
- **Photo & Directory Permission Form**

Most forms have information on both sides, please be sure to fill in ALL the blanks. There may be some information that we request on two or more forms, this is because they are stored in different locations. Thank you for your assistance in completing this information on time.

You may mail your packet to:

- SonShine Preschool, 23515 Old Owen Road, Monroe, WA 98272
- Or drop it off in the front church office in my mailbox.  
Church office hours are: Tuesday 9am-4pm & Thursday/Friday, 9am-1pm.

If you have any questions about SonShine Preschool's policies, please feel free to contact me at 360-794-7953. If I am busy, please leave a message; I will return your call as quickly as I can. I will be out town several times over the summer, so please be patient.

Sincerely,

Joanne Krepela  
Director

**P.S. ALL FORMS TO BE RETURNED ON OR BEFORE AUGUST 1<sup>st</sup> WITH TUITION PAYMENT #1**

*Train a child in the way he should go, and when he is old he will not turn from it. Proverbs 22:6*

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# SonShine Preschool & Kindergarten

## **PARENT CONTRACT - Four-day Pre-K class**

*Enrolling in the SonShine Preschool & Kindergarten is done so in agreement with all of the following provisions. Please read the items carefully.*

The SonShine Preschool & Kindergarten is a developmentally appropriate early childhood education school. Experienced and knowledgeable teachers provide nurturing, secure care in an environment that is specifically designed to foster all areas of the child's development.

The SonShine Preschool & Kindergarten is a Christian program. Children may attend chapel and our teachers will speak about Christian values, beliefs, and teachings.

I understand that my annual tuition of \$2,000 will be paid by the 1<sup>st</sup> of each month. Please see payment plan schedule in your parent handbook. **There will be a \$25 late charge for payments received after the 1<sup>st</sup> of the month and a \$25 charge for NSF checks.** If tuition is not paid for two consecutive months with no effort made to work out and follow a director approved payment plan, my child's care will be terminated.

Tuition is due in full each month regardless of when I choose or choose not to have my child attend school. There can be no refunds, credits, or trading of days or hours when my child is absent for any reason or for any length of time.

A non-refundable registration fee is required when enrolling. This will secure a space in the classroom for your child.

If you withdraw your child from the SonShine Preschool PLEASE notify us one month in advance. This will allow us to enroll a child who is on our waiting list.

Preschool hours are 9:15 am – 11:45 am for the three-day class. **A fee of \$25 per 10 minutes will be added to my yearly tuition each time I arrive more than 10 minutes before class or I am late to pick up my child more than 10 minutes.**

Parents/legal guardians are welcome to visit the SonShine Preschool at any time during the hours of operation.

Staff is to be made aware of any changes in the child's life including moving, a change in parents' marital status, or significant events in the child's life.

**(Turn over and complete the reverse side of this contract)**

All articles of clothing, toys, or belongings are to be labeled with your child's name. The SonShine Preschool is not responsible for lost, stolen, or damaged items.

SonShine Preschool & Kindergarten follows the Monroe School District schedule for snow days and inclement weather. If the Monroe School District is closed for the day, we will be closed. If the school district is running late, we will be closed for the entire day.

Our discipline policy strictly prohibits the use of spanking or any corporal punishment for any reason. We require that all center staff, volunteers, and parents/guardians respect this policy while on the premises.

A child with a fever, vomiting, or a communicable condition will not be admitted to the school until the symptoms have been treated for the recommended period of time and the child is no longer contagious. Parents are required to promptly pick up their children under these conditions. Please refer to your parent handbook for the state guidelines.

It is necessary for parents/guardians to inform the center each time a child will be late or absent for any reason.

Do not allow children to sit in your lap during drop-off/pick-up time while driving through church parking lot. Please be sure children in your vehicle are always placed properly in a car seat or appropriate seat belt while driving.

Dedicating time and interest in your child's preschool experiences is a crucial part of his/her education. Your encouragement and active participation helps your child to learn the importance of school, their work, and to know that you value his/her increasing independence and ability. Ongoing communication between parents and staff is the only way to provide the best possible care.

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**Parent Signature**

**Date**



# SonShine Preschool & Kindergarten

## Help Us Get To Know Your Child

Child's name \_\_\_\_\_

Child's nickname, or name he/she goes by: \_\_\_\_\_

How old is your child? AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SEX: M F

How many siblings does your child have? \_\_\_\_\_

Names and ages of siblings \_\_\_\_\_

Marital Status of Parents \_\_\_\_\_

Custody/Visitation Arrangements (if applicable) \_\_\_\_\_

What is your email address: \_\_\_\_\_

School/Childcare History – School/Center \_\_\_\_\_ Age when attended \_\_\_\_\_

How long did he/she attend? \_\_\_\_\_

Describe child's last school/childcare experience \_\_\_\_\_

Can your child write his/her name? \_\_\_\_\_

Does your child recognize most/all/none of his/her letters? \_\_\_\_\_

Does your child know phonemic sounds of letters? \_\_\_\_\_

How far can your child count without any help? \_\_\_\_\_

Does your child know his/her colors? \_\_\_\_\_ Does your child know his/her shapes? \_\_\_\_\_

What are some of your child's favorite activities? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your child most looking forward to about preschool/kindergarten \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your child's learning style? \_\_\_\_\_

\_\_\_\_\_

Does your child have any fears about coming to preschool/kindergarten? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How does your child respond when angry, sad or frustrated? \_\_\_\_\_

\_\_\_\_\_

How do you discipline at home? \_\_\_\_\_

Anything else you can tell us about your child? \_\_\_\_\_

Why did you choose a Christian School? \_\_\_\_\_

What would you like to see your child accomplish this school year? \_\_\_\_\_

SonShine Preschool & Kindergarten requests the following information regarding your child's health so that we may provide care for each individual child.

**Please check the following items that your child has or has had in the past:**

<input type="checkbox"/>	<b>Frequent headaches</b>	<input type="checkbox"/>	<b>Fainting spells</b>	<input type="checkbox"/>	<b>Chicken pox</b>
<input type="checkbox"/>	<b>Frequent colds</b>	<input type="checkbox"/>	<b>UTI/bladder infections</b>	<input type="checkbox"/>	<b>Hay fever</b>
<input type="checkbox"/>	<b>Frequent stomach aches</b>	<input type="checkbox"/>	<b>Vision problems</b>	<input type="checkbox"/>	<b>Color blindness</b>
<input type="checkbox"/>	<b>Frequent nose bleeds</b>	<input type="checkbox"/>	<b>Speech problems</b>	<input type="checkbox"/>	<b>Poor appetite</b>
<input type="checkbox"/>	<b>Frequent ear aches</b>	<input type="checkbox"/>	<b>Hearing problems</b>	<input type="checkbox"/>	<b>Other</b>
<input type="checkbox"/>	<b>Frequent sore throats</b>	<input type="checkbox"/>		<input type="checkbox"/>	

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

Describe the allergic reaction: \_\_\_\_\_

Is medication needed? \_\_\_\_\_

**Medical Condition(s)** Does your children have (circle any applicable or write in) asthma, diabetes, seizures, etc.

Will this condition affect your child at school? \_\_\_\_\_ How? \_\_\_\_\_

**Medications** that your child takes on a regular basis: \_\_\_\_\_

Does this need to be taken at the school? \_\_\_\_\_ When? \_\_\_\_\_ How often? \_\_\_\_\_

(See parent handbook for required procedures regarding medication at our school.)

Has your child had any speech, behavior, or development evaluations that we should be aware of? Please explain:

\_\_\_\_\_

Special Needs aside from health issues; does your child have any special needs that we should know about? (Add additional paperwork if needed such as copies of any assessments from therapists or doctors.)

**Parent/Guardian Signature**

**Date**



**SonShine Preschool & Kindergarten  
Emergency Information Card 2011-2012**

Child's Full Name		Date of Birth
Address - Street		Home Phone (    )
City, State, Zip		Email
Parent (Father)	Home phone (    )	Cell Phone (    )
Work Place (Father)	Work phone (    )	
Parent (Mother)	Home phone (    )	Cell Phone (    )
Work Place (Mother)	Work phone (    )	

**AUTHORIZED ESCORTS**

The following people are authorized to pick up my child and/or are to be called if the parent/guardian is not available in the event of an emergency.

Name	Relationship to child	Phone

**Under no circumstances will a child be released to anyone without authorization. We will check ID when meeting an authorized escort for the first time. Please contact the school each time someone different will pick up the child (even if they are listed above).**

<b>PERSON NOT TO PICK UP MY CHILD:</b> There is an official court order that states the following person(s) are NOT to pick up or have access to my child. (Attach copy of court order.)	
<b>NAME</b>	<b>Relationship to child</b>

**MEDICAL INFORMATION**

Allergies \_\_\_\_\_

Medical Condition(s) \_\_\_\_\_

Medication (dosage, time, frequency) \_\_\_\_\_

Physician & Phone # \_\_\_\_\_

Dentist & Phone # \_\_\_\_\_

I hereby give permission for my child to:

1. Receive emergency treatment (CPR, first aid) at the SonShine Preschool if necessary.
2. Have his/her photo taken and posted during SonShine Preschool activities.
3. Receive medical, surgical, and hospital care and treatment by a licensed physician or hospital when such care is immediately necessary for my child's health and is not advisable to take the time to contact me in advance. I elect not to be informed in advance about the nature and character of the proposed treatment, non-treatment, or alternatives.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# SonShine Preschool & Kindergarten

At times we would like to post photos on our website from our field trips or special activities in the classrooms. Names will not be published with pictures on websites or publications. School and class directories will not be published on website; these will be distributed only to currently enrolled families.



### PHOTO/QUOTE AGREEMENT:

I/we hereby grant permission for SonShine Preschool & Kindergarten to take photos of my/our children and use their photo or their quotations in school promotional materials. I understand that the school will not post photos with my child's name attached to the school website or other public advertising.

Yes       No

### CONTACT INFORMATION PUBLISHED:

Please mark all items we may include in our school directory:

Home phone     Email address     Home address     Children's names

Permission granted by:

\_\_\_\_\_  
Parent's Name



# Certificate of Immunization Status (CIS)

DOH 348-013 January 2010

Please print. See back for instructions on how to fill out this form or get it printed from the Immunization Registry.

**Child's Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_ **Birthdate (mm/dd/yyyy):** \_\_\_\_\_ **Sex:** \_\_\_\_\_  
**Parent/Guardian Name (please print):** \_\_\_\_\_

**Symbols below:** ◆ Required for School and Child Care/Preschool ● Required for Child Care/Preschool Only

Vaccine	Dose	Date		
		Month	Day	Year
◆ Hepatitis B (Hep B)	1			
	2			
	3			
or Hep B - 2 dose alternate schedule for teens				
◆ Rotavirus (RV1, RV5)	1			
	2			
	3			
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)	1			
	2			
	3			
	4			
	5			
◆ Tetanus, Diphtheria, Pertussis (Tdap, Td)	1			
	2			
● Haemophilus influenzae type b (Hib)	1			
	2			
	3			
	4			
● Pneumococcal (PCV, PPSV)	1			
	2			
	3			
	4			

Vaccine	Dose	Date		
		Month	Day	Year
◆ Polio (IPV, OPV)	1			
	2			
	3			
	4			
Influenza (flu, most recent)				
◆ Measles, Mumps, Rubella (MMR)	1			
	2			
◆ Varicella (chickenpox) or verify disease 1-4	1			
	2			
◆ Hepatitis A (Hep A)	1			
	2			
● Meningococcal (MCV, MPSV)	1			
	2			
● Human Papillomavirus (HPV)	1			
	2			
	3			
Office Use Only: Immunization information updated and verified with parent/guardian permission:				
Printed Staff Name	Date	Printed Staff Name	Date	
Printed Staff Name	Date	Printed Staff Name	Date	

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

If the child named on this CIS had chickenpox disease (and not the vaccine), disease history must be verified. **Mark option 1, 2, 3, OR 4 below - see, back #5.**

**1)  Chickenpox disease verified by printout from CHLD Profile Immunization Registry**  
 Must be marked by printout (not by hand) to be valid.

**2)  Chickenpox disease verified by Health Care Provider (HCP)**  
 If you choose this box, mark 2A OR 2B below.  
 2A)  Signed note from HCP attached OR  
 2B)  HCP signed here and print name below: \_\_\_\_\_

Licensed health care provider (HCP) Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (MD, DO, ND, PA, ARNP)  
 HCP Printed Name: \_\_\_\_\_

**3)  Chickenpox disease verified by school staff from CHLD Profile Immunization Registry**  
 If you choose this box, staff must initial that parent or guardian approves: \_\_\_\_\_ (initial) \_\_\_\_\_ (date)

**4)  Chickenpox disease verified by parent\***  
 If you choose this box, fill in the date or child's age when he or she had the disease: \_\_\_\_\_  
 Age/Date of disease: \_\_\_\_\_  
 \*Can ONLY verify for some grades, see back #5 (4).

If the child can show immunity by blood test (titer) and hasn't had the vaccine, ask your HCP to fill in this box.

**Documentation of Disease Immunity**  
 I certify that the child named on this CIS has laboratory evidence of immunity (titer) to the diseases marked. **Signed lab report(s) MUST also be attached.**

Diphtheria  Mumps  Other: \_\_\_\_\_  
 Hepatitis A  Polio  
 Hepatitis B  Rubella  
 Hib  Tetanus  
 Measles  Varicella

Licensed health care provider (HCP) Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (MD, DO, ND, PA, ARNP)  
 HCP Printed Name: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signed Cert. of Exemption on file?  Yes  No

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

**Instructions for completing the Certificate of Immunization Status (CIS): printing it from the Immunization Registry or filling it in by hand.**

**#1 To print with info filled in:** First, ask if your health care provider's office puts vaccination history into the CHILD Profile Immunization Registry (Washington's statewide database). If they do, ask them to print the CIS from CHILD Profile and your child's information will fill in automatically. Be sure to review all the information, **sign and date the CIS** in the upper right hand box, and return it to school or child care. If your provider's office does not use CHILD Profile, ask for a copy of your child's vaccine record so you can fill it in by hand using steps #2-7 (below): **EXAMPLE**

Vaccine	Dose		Date	
	Month	Year	Month	Year
◆ Diphtheria, Tetanus (DTaP, DTP, DT)				
DTaP	1	01	12	2011
DTaP	2	03	20	2011
DTaP	3	06	01	2011

**#2 To fill in by hand:** Print your child's name, birthdate, sex, and your own name in the top box.  
**#3** Write each vaccine your child received under the correct disease. Write the vaccine type under the "Vaccine" column and the date each dose was received in the "Month," "Day," and "Year" columns (as mm/dd/yyyy). For example, if DTaP was received Jan 12, March 20, June 1, '11, fill in as shown here ►  
**#4** 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.

- #5** If your child has had chickenpox (varicella) disease and not the vaccine, use only one of these four options to record this on the CIS:  
 1)  If your child's CIS is printed directly from the CHILD Profile Immunization Registry (by your health care provider or school system), and disease verification is found, box 1 is automatically marked. To be valid, this box must be marked by the Immunization Registry printout (not by hand).  
 2)  If your health care provider (HCP) can verify that your child has had chickenpox, mark box 2. Then mark either 2A to attach a signed note from your HCP, or 2B if your HCP signs and dates in the space provided. Be sure your HCP's full name is also printed.  
 3)  If school staff access the CHILD Profile Immunization Registry and see verification that your child has had chickenpox, they will mark box 3. Then, they must initial and date that they got parent or guardian approval to mark this box (i.e. make this change) to the CIS.  
 4)  If your child started kindergarten in the 2008-2009 school year or later, you **CANNOT** use this box. If your child started kindergarten before the 08-09 school year, mark this box if you know he or she has had chickenpox. If you mark box 4, you must also write the approximate age or date your child had chickenpox. To find out which grades require chickenpox vaccine (or history), visit: <http://www.doh.wa.gov/cfr/immunize/schools/vaccine.htm>  
**#6** Documentation of Disease Immunity: If your child can show immunity by blood test (titer) and has not had the vaccine, have your health care provider (HCP) fill in this box. Ask your HCP to mark the disease(s), sign, date, print his or her name in the space provided, and **attach signed lab reports**.  
**#7** Be sure to **sign and date the CIS** in the upper right hand box, and return to school or child care.  
**#8** If a school or child care makes a change to your CIS, staff will print their name in the middle bottom box and date to show that you gave approval.

**Vaccine Trade Names in alphabetical order** (For updated lists, visit <http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/us-vaccines-508.pdf>)

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActiHib	Hib	Engerix-B	Hep B	Pol	IPV	Pentavalente	DTaP + Hep B + Hib
Adacel	Tdap	Fluarix	Flu (TIV)	Infanrix	DTaP	Pneumovax	PPSV or PPV23
Afluria	Flu (TIV)	FluMist	Flu (TIV)	Kinrix (Kinrix)	DTaP + IPV	Prenar	PCV or PCV7 or PCV13
Boostrix	Tdap	FluMist	Flu (LAIV)	Menactra	MCV or MCV4	ProQuad (ProQd)	MMR + Varicella
Cervarix	HPV2	Fluarix	Flu (TIV)	Menomune	MPSV or MPSV4	Quadriacel (Qdrel)	DTaP + IPV
Comvax (Cmvax)	Hep B + Hib	Fluzone	Flu (TIV)	Pediarix (Pdurx)	DTaP + Hep B + IPV	Recombivax HB	Hep B
Daptacel	DTaP	Gardasil	HPV4	PedvaxHB	Hib	Rotarix	Rotavirus (RV1)
Decavac	Td	Havrix	Hep A	Pentacel (Pncl)	DTaP + Hib + IPV	RotaTeq	Rotavirus (RV5)

**Vaccine Abbreviations in alphabetical order** (For updated lists, visit <http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/us-vaccines-508.pdf>)

Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus, acellular Pertussis	Hep A (HAV)	Hepatitis A	Rotavirus	Rotavirus
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hep B (HBV)	Hepatitis B	(RV1 or RV5)	(RV1 or RV5)
DTP	Diphtheria, Tetanus, Pertussis	Hib	<i>Haemophilus influenzae</i> type b	Td	Tetanus, Diphtheria
Flu (TIV or LAIV)	Influenza	HPV	Human Papillomavirus	Tdap	Tetanus, Diphtheria, acellular Pertussis
HBIG	Hepatitis B Immune Globulin	IPV	Inactivated Poliovirus Vaccine	TIG	Tetanus immune globulin
		MCV or MCV4	Meningococcal Conjugate Vaccine	VAR or VZV	Varicella



If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388).



**SonShine Preschool & Kindergarten**  
**FALL 2011**

SUPPLY LIST for:  
Kindergarten & Pre-K 4 days/week

**Please bring with you on "Meet the Teacher Day", Thursday, September 8**

**Last Name starts with A through J**

- 1 package Crayola fine-tip markers
- 1 lb bag M & M's (plain)
- \$10 dollars worth of small treasures for our treasure box (Dollar Store, Oriental Trading).
- 12 glue sticks\*
- 1 quart-size Ziploc baggies
- 1 package of baby wipes
- 1 Ziploc bag with a change of clothes for your child ~ please label this item only.
- 1 Bottle of hand sanitizer
- 1 Disposable camera
- Back pack (full size to carry home school work)
- 2 packages of stickers ~ holiday, bugs, plants, etc.
- 1 spiral notebook (for Science Journal)

**Last Name starts with K through Z**

- 1 package Crayola broad-tip markers
- 1 lb bag gummy bears
- \$10 dollars worth of small treasures for our treasure box (Dollar Store, Oriental Trading).
- 12 glue sticks\*
- 1 gallon-size Ziploc baggies
- 1 package of Costco disinfectant wipes
- 1 box of Kleenex
- 1 Ziploc bag with a change of clothes for your child ~ please label this item only.
- Back pack (full size to carry home school work)
- 2 packages of stickers ~ holiday, bugs, plants, etc.
- 1 spiral notebook (for Science Journal)

**\*PLEASE ~ NO ROSE ART PRODUCTS**

**GLUE STICK BRANDS TO BUY: Staples, Avery and Elmer's brand** are the best!

(Please DO NOT purchase Ross, Rose Art or the purple Staples glue sticks ~ they just don't work.)

You do not need to label any of these items. They will be shared and enjoyed by all!  
(Remember to label only your child's change of clothes.)



# SonShine Preschool & Kindergarten

Tuition for the SonShine Preschool & Kindergarten is an **ANNUAL FEE** which has been divided into **10 equal payments** for your convenience. Please keep this payment schedule, as we do not issue monthly invoices.

## SCHOOL YEAR 2011-2012 PAYMENT PLAN

	<b>TUITION Due Date*</b>	<b>3's &amp; 4's Class 2 days/week</b>	<b>Pre-K AM Class 3 days/week</b>	<b>Pre-K PM Class 3 days/week</b>	<b>Pre-K Class 4 days/wk</b>	<b>Kinder- garten</b>
Payment 1	August 1	\$120	\$150	\$130	\$200	\$235
Payment 2	September 1	\$120	\$150	\$130	\$200	\$235
Payment 3	October 1	\$120	\$150	\$130	\$200	\$235
Payment 4	November 1	\$120	\$150	\$130	\$200	\$235
Payment 5	December 1	\$120	\$150	\$130	\$200	\$235
Payment 6	January 1	\$120	\$150	\$130	\$200	\$235
Payment 7	February 1	\$120	\$150	\$130	\$200	\$235
Payment 8	March 1	\$120	\$150	\$130	\$200	\$235
Payment 9	April 1	\$120	\$150	\$130	\$200	\$235
Payment 10	May 1	\$120	\$150	\$130	\$200	\$235
	<b>Total Yearly Tuition</b>	<b>\$1,200</b>	<b>\$1,500</b>	<b>\$1,300</b>	<b>\$2,000</b>	<b>\$2,350</b>

**\*A late charge of \$25 will be added to your account if paid after the due date.  
Second child discount is 10% off second child's tuition.**

**There are no credits for sick or vacation time.**