



**SMART
START**
CHILDCARE AND
LEARNING CENTER
ESTABLISHED 1989

Smart Start Childcare and Learning Center

Enrollment Packet

Website: <https://www.smartstartchildcarefw.com/>

Address: 29928 Pacific Hwy S, Federal Way, WA 98003

Phone: 253-839-4900

Established 1989

Enrollment

We enroll on a first come, first served basis. Our enrollment times are from 10am to 4pm, Monday through Friday only.

How We Enroll

It will take 1 full day or more to ensure everything is in place and complete.

- If you enroll on a Monday, your start date will be Wednesday.
- If you enroll on a Tuesday, your start date will be Thursday.
- If you enroll on a Wednesday, your start date will be Friday.
- If you enroll on a Thursday, your start date will be Monday.
- If you enroll on a Friday, your start date will be Tuesday.

These start days are based on if everything is completed which includes, but not limited to, your enrollment forms completed and signed, immunization forms completed and signed, and approval in writing from DCYF if qualified.

*Enrollment means you have completed the enrollment papers completely, there are no missing items in the paperwork.

Smart Start Checklist for Students

Starting on your child's first day at Smart Start Childcare, please be sure your child has the following items each day in attendance.

Infants:

- Diapers and wipes (for entire day)
- Bottles (enough to last the entire day, not just one bottle)
- Formula/breast milk
- Food (if applicable)
- Several changes of clothes
- Bibs and sippy cup (when developmental appropriate)

Toddlers/Pre 1

- Diapers/pull-ups and wipes
- Full set of spare clothing (more than one set when potty training)
- Sheet and blanket or two small blankets for naptime
- **Pleasedonotbringbinkiesorbottlesforchildrenover1year of age**

Pre 2

- Full set of spare clothes
- Sheet and blanket or two small blankets

School-age

- Each child is required to have a complete change of clothes, just in case

Child Care Registration Form		Date child entered care	Date child left care
Child's name (Last, First, Middle)		Name used (Nickname)	Birth date
Street address		City	Zip code
Child's parent/guardian name	Circle the best number to contact you at when your child is in our care		
	cell phone #	home phone #	alternate phone #
Street address		City	Zip code
Child's parent/guardian name	Circle the best number to contact you at when your child is in our care		
	cell phone #	home phone #	alternate phone #
<i>I give my permission for any of the following individuals to be contacted and my child may be released to any of them</i> Parent/Guardian signature: _____ Date: _____			
In an emergency, if you are not able to contact me, contact the following:			
Name (first and last)	cell phone #	home phone #	alternative phone #
These individuals also have permission to pick up my child:			
Name (first and last)	cell phone #	home phone #	alternative phone #
Child's health information			
Child's medical care provider or parent's/guardian's preferred medical facility for treatment Name: _____ Phone: _____ Street Address: _____			Child's last physical exam, if available
Child's dental care provider or parent's/guardian's preferred dental facility for treatment Name: _____ Phone: _____ Street Address: _____			Child's last dental exam, if available
Known health conditions (An individual care plan from child's health care provider is required for any food allergies or special dietary requirement due to a health condition.)			

Consent to medical care and treatment of minor children

I give permission that my child, _____ may be given first aid/emergency treatment by the child care licensee and or qualified staff at: Name of Licensee: S_m_a_r_t
S_t_a_r_t

Address of Licensee: 2_9_9_2_8_ P_a_c_i_f_i_c H_w_y_ S._ F_e_d_e_r_a_l W_a_y_, _ W_A_.

Parent/guardian signature	Date	Parent/guardian signature	Date

When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid care attendant to safeguard my child's health. I waive my right of informed consent to such treatment.

I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

I certify under penalty of perjury under the laws of the State of Washington that this information is true and correct.

Parent/guardian signature	Date	Parent/guardian signature	Date

CHILD CARE AGREEMENT

Child's name:							
First		Middle			Last		
Parent or Guardian name:							
First		Middle			Last		
Days and times my child will receive care:							
Check days of care	<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
Arrival time							
Departure time							
FEE: \$ _____ per: <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month				Date payment due:			
				Source of payment: <input type="checkbox"/> Parent <input type="checkbox"/> Other (specify):			
Overtime rate: \$ _____ per:				Late fee: \$ _____ per:			
I agree to promptly notify the child care provider of any changes of the above information. I understand that I am fully responsible for the terms of this agreement as stipulated.							
I have read, understand and agree to comply with the policy and procedures and information for parents given to me by:							
_____ Name of Licensee							
Parent or guardian signature				Parent or guardian signature			
Date				Date			
I agree to provide child care services according to the above plan. I agree to promptly notify the parents or guardians of any changes to above information.							
Licensee signature						Date	
Street Address			City		State		Zip code
Comments							



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):		
Parent/Guardian Signature		Date		Parent/Guardian Signature Required if Starting in Conditional Status				Date
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.		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

Required Vaccines for School or Child Care Entry							
▲ 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 (<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)	
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:			
<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"/> Varicella
<input type="checkbox"/> Hib			
<input type="checkbox"/> Rubella			
<input type="checkbox"/> Polio (all 3 serotypes must show immunity)			
▲			
Licensed HealthCare ProviderSignature Date			
▲			
Printed Name			

I certify that the information provided on this form is correct and verifiable.	HealthCare ProviderorSchool Official Name: _____ If verified by schoolorchild care staff the medical immunization records must be attached to this document.	Signature: _____ Date: _____
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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.myrir.net>. If your provider doesn't use the IIS, email or call the Department of Health to get acopyofyourchild'sCIS.wa@records@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 received in the date columns (as MM/DD/YYYY). 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 no other 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 Internet 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	Trade Name	Vaccine
ActHIB	Hib	Fluarix	Flu Flu	Havrix	Hep A	Menveo	Pediarix	Meningococcal	Rotarix	Rotavirus (RV1)	
Adacel	Tdap	Flucelvax	Flu Flu	Hiberix	Hib	PedvaxHIB		DTaP + Hep B + IPV	RotaTeq	Rotavirus (PV5)	
Afluria	Flu	FluLaval	Flu Flu	HibTITER	Hib	Pentacel		Hib	Tenivac	Td	
Bexsero	MenB	FluMist	4vHPV	Ipol	IPV	Pneumovax		DTaP + Hib + IPV	Trumenba	MenB	
Boostrix	Tdap	Fluvirin	9vHPV	Infanrix	DTaP	Prevnar ProQuad		ppSV	Twinrix	Hep A + Hep B	
Cervarix	2vHPV	Fluzone		Kinrix	DTaP + IPV	Recombivax HB		PCV	Vaqta	Hep A	
Daptacel	DTaP	Gardasil		Menactra	MCV or MCV4			MMR + Varicella	Varivax	Varicella	
Engerix-B	Hep B	Gardasil 9		Menomune	MPSV4			Hep B			

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



Child Care Parent/Guardian Permission

Child's Name (First Middle Last)	Licensee's Name																																																			
Transportation and off-site activity I give my permission for the licensee or the licensee's staff to take my child: <table style="width: 100%;"><thead><tr><th></th><th style="text-align: center;">Yes</th><th style="text-align: center;">No</th></tr></thead><tbody><tr><td>To and/or from school:</td><td></td><td></td></tr><tr><td> By a personal vehicle</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td> By riding with my child on public transportation</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td> By walking with my child</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>On field trips (a written notice about the field trip will be given at least 24 hours before the field trip is taken):</td><td></td><td></td></tr><tr><td> By a personal vehicle</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td> By riding with my child on public transportation</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input checked="" type="checkbox"/></td></tr><tr><td> By walking with my child</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>On occasional errands:</td><td></td><td></td></tr><tr><td> By a personal vehicle</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input checked="" type="checkbox"/></td></tr><tr><td> By riding with my child on public transportation</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input checked="" type="checkbox"/></td></tr><tr><td> By walking with my child</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input checked="" type="checkbox"/></td></tr><tr><td>Other (specify here: _____):</td><td></td><td></td></tr><tr><td> By a personal vehicle</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input checked="" type="checkbox"/></td></tr><tr><td> By riding with my child on public transportation</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input checked="" type="checkbox"/></td></tr><tr><td> By walking with my child</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr></tbody></table>			Yes	No	To and/or from school:			By a personal vehicle	<input type="checkbox"/>	<input type="checkbox"/>	By riding with my child on public transportation	<input type="checkbox"/>	<input type="checkbox"/>	By walking with my child	<input type="checkbox"/>	<input type="checkbox"/>	On field trips (a written notice about the field trip will be given at least 24 hours before the field trip is taken):			By a personal vehicle	<input type="checkbox"/>	<input type="checkbox"/>	By riding with my child on public transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	By walking with my child	<input type="checkbox"/>	<input type="checkbox"/>	On occasional errands:			By a personal vehicle	<input type="checkbox"/>	<input checked="" type="checkbox"/>	By riding with my child on public transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	By walking with my child	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other (specify here: _____):			By a personal vehicle	<input type="checkbox"/>	<input checked="" type="checkbox"/>	By riding with my child on public transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	By walking with my child	<input type="checkbox"/>	<input type="checkbox"/>
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Water activities including swimming pools and other bodies of water I give my permission for the licensee or the licensee's staff to: <table style="width: 100%;"><thead><tr><th></th><th style="text-align: center;">Yes</th><th style="text-align: center;">No</th></tr></thead><tbody><tr><td>Take my child swimming or play in a swimming pool or other body of water</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input checked="" type="checkbox"/></td></tr></tbody></table>			Yes	No	Take my child swimming or play in a swimming pool or other body of water	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																													
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Photo, video, or surveillance activity

I give my permission for the licensee or the licensee's staff to:

	Yes	No
Take photographs of my child	<input type="checkbox"/>	<input type="checkbox"/>
Take video of my child	<input type="checkbox"/>	<input type="checkbox"/>
Capture my child's image on surveillance video used at this child care facility	<input type="checkbox"/>	<input type="checkbox"/>

I have reviewed the licensee's written policies and have had the opportunity to discuss with the licensee the policies pertaining to the items listed on this permission form.

Parent or guardian signature

Date

Parent or guardian signature

Date



Smart Start Childcare and Learning Center
29928 Pacific Highway S, Federal Way, WA 98003
(253) 839-4900

Child Photo Release Form

There will be times when your child may have the opportunity to be photographed, either for use in the center or for the childcare's social media. We understand that some families would prefer their child's photograph to remain private. Please indicate below which option you would like.

I, _____, hereby give my permission to Smart Start Childcare and Learning Center to:

- ☐ photograph my child for use inside the center & on social media
- ☐ photograph my child for use ONLY inside the center itself
- ☐ photograph my child for use ONLY for social media
- ☐ do NOT give permission for my child to be photographed

Name(s) _____ of _____ Child(ren): _____

Signature of Guardian: _____ Date: _____

Guardian's Name (Printed): _____

Thank you!

Smart Start Learning Center

29928 Pacific Hwy S.

Federal Way, WA. 98003

253-839-4900

Price Sheet

ALL FEES ARE DUE ON MONDAY MORNING OF EACH WEEK

Infants (1mo.-12 mo.)

Daily\$115.00

Weekly \$575.00

Preschools (2 ½ yrs. – 5 ½ yrs.)

Daily\$88.00

Weekly\$440.00

Toddlers(1yr–2 ½yrs.)

Daily \$103.00

Weekly \$515.00

School Age (kg – 5th gr.)

Daily\$80.00

Weekly\$400.00

Before/after.....\$300.00

*Hourly rate for each classroom is \$ 24.00 per hour. *Additional fee of \$25.00 per non-school rate or early release. *\$75.00 enrollment fee per child. \$50.00 annual fee per child. *All meals are included unless your child is on a special diet, or a religious/cultural diet. Please fill out the appropriate forms.

*There is a 3-hour minimum per child.

*Daily rates are based on 10 hours per day. Any time over 10 hours is considered overtime care and is based on hourly rate. We do not roll over hours from one day to the next.

*All overtime fees are to be paid daily at pick up time.

* We are not responsible for transporting children to or from school for field trips, sports, after school classes, summer classes or special events.

***If you are on a program to help pay your childcare, please inform the director.**

*Transportation fee for hourly care is \$5.00 per day.

I have been instructed regarding all payment and daycare policies and procedures. I understand and agree to abide by all policies and procedure.

Parent/Guardian Signature: _____

Date: _____

Smart Start Childcare

DCYF Co-pay Policy

I, _____ understand that by being on a state funded program, I am responsible to pay my participation fee (co-pay) upon enrollment and on or before the 5th (fifth) of each month there after according to my DCYF program. I also understand that if I do not pay my co-pay on or before the 5th of each month, not only will I be charged a \$10.00 late fee every Wednesday until paid in full, but I will not have childcare privileges until my account is paid in full, including late fees. (All non-paid copays are reported to DCYF which can cause you to lose the use of childcare until paid in full even if you are to change to another childcare.)

Parent Signature: _____

Date: _____

Private Paid Tuition Policy

I, _____ understand that my tuition is due every Monday per my contract with the center. If my tuition is not paid in full by 10 am on Wednesday, there will be a \$10.00 late fee applied to the balance due on my account. If my account is not paid in full by Friday, I understand that my child will not be allowed to stay that upcoming Monday unless I pay that week and the past week's tuition plus all late fees.

Parent Signature: _____

Date: _____

I UNDERSTAND THAT THIS IS A LEGALLY BINDING CONTRACT BETWEEN MYSELF AND SMART START CHILDCARE.

SMART START CHILDCARE

(Please initial each paragraph after reading)

Payment Policies:

1. **ALL FEES AND TUITION ARE PAYABLE IN ADVANCED:** Contact charges are due every Monday regardless of whether the child is present, as we are reserving the space for them and staffing for every child that has contracted for that space. There will be a \$10.00 late fee for tuitions paid after 10am on Wednesday and every week that the bill remains unpaid. If tuition is more than one week late, you will not be allowed to leave your child until tuition is paid in full. Initial _____
2. The center will be open each Monday through Friday through the year with the exceptions of the following holidays: New Years Day, Martin Luther King Jr. Day, Presidents Day, Memorial Day, Juneteenth Day, Independence Day, Labor Day, Veterans Day, Thanksgiving Day, National Native American Heritage Day, Christmas Day and any designated snow days or designated staff training days. On evenings before a holiday or holiday weekend the center will close at 5pm except for Christmas Eve when the center will close at 4pm. Parents will be billed regardless of holidays if the child is scheduled for the day on the previous week. Initial _____
3. Full tuition is charged for all weeks, regardless of attendance, illness, holidays or staff training days. Initials _____
4. You will be charged based on the number of days and/or the hours per week you have contracted for, regardless of whether your child is in attendance. You may not arbitrarily switch the number of days or scheduled hours, due to staffing requirements by state licensing. Initial _____
5. The registration and tuition fee are non-refundable. Initial _____
6. There is an NSF fee for check returned to the center. Check with the office for this fee. This fee, plus the amount of the returned check must be paid in cash or money order only. After 2nd returned check we will no longer accept a check for payment on your account. Initial _____
7. You will be granted one-week vacation break per tuition, per year: days must be consecutive and will include the number of days you are currently contracted for only. If your child is part time, we will average the number of days you contracted for in the previous month. We must have two weeks' written notice due to staffing requirements. Initial _____
8. In cases of siblings, the youngest child will be charged the full rate, and any additional children will be given a 10% reduction. This is only for full-time care. This does not apply to drop-ins or part-time care. Initial _____
9. The daycare is open from _____am to _____pm, Monday through Friday only. We close at _____pm sharp or when the last scheduled child leaves. **Any parent arriving after closing time automatically pays \$1.00 per minute, per child directly to the staff working to compensate for their time.** You will not be able to return until the late fees are paid in full. Should a child's care be paid for by any other program, you will be responsible for all fees that the program doesn't cover, such as enrollment fees, transportation fees, field trip fees, overtime fees and any hours used that your program will not cover. Initial _____

SMART START CHILDCARE

10. The director is to be notified, in writing **TWO WEEKS IN ADVANCE** before a child is to be withdrawn. This includes all parents on a state program or any other program. You will be required to pay for the 2 weeks prior to leaving your child, with no exceptions. You will not be allowed to leave your child until the last two weeks are paid in full. Parents are required to pay for those two weeks regardless of when the child leaves the center. Initials _____
11. Suspension/Expulsion; If after a reasonable period of time, it is found that a child is unable to adjust to the center, or if the child endangers or causes unreasonable harm to other children or staff, the Center reserves the right to request the withdrawal of the child. If the child does exhibit inappropriate behavior, or does not follow the center's rules and regulations, the center again reserves the right to request the withdrawal of the child. Certain situations may require immediate withdrawal; however, we will try and give the parent as much notice as possible. Be assured we will work with parents in first alleviating any problems before withdrawal. The decision is left to the discretion of the director. Initial _____
12. All schedule change forms must be turned in by Friday at noon for the upcoming week, due to state licensing staffing requirements. A two-week written notice is required to go drop-in care. All change orders must be approved by and hand delivered to the director. Due to state licensing staffing requirements, we may not be able to accommodate such changes; however, we will do our best to accommodate. This is a service very few centers allow. Each change order will be based on first come, first served basis. Thank you for your cooperation. Initial _____
13. I authorize SMART START to provide care for my child, _____. In the event of a collection of any costs incurred, including attorney fees and collection fees over and above the amount owed will be the responsibility of the party contracting these services. Initial _____
14. I agree to allow my child to be photographed and videotaped while in the care of Smart Start. I allow the center to use my child's photograph to be used for cubbies, art or to be taken during group activities. These photographs will only be used at the center only. **No photographs will be posted on the internet unless a permission form is signed by the parents/guardians.** Initial _____
15. I have read and agree with the center's operation and financial policies of Smart Start and agree to abide by those policies and pay accordingly, and understand that this is a legally binding contract. Initial _____

Program Policies & Procedures

To assure that new parents clearly understand the procedures of our center, we ask all new parents to read the following policies and abide by them.

1. I understand that: All changes in this contract must be in writing only.
 - A. DROPOFF: I must walk into the building with my child each day and make certain the teacher knows she/he is there. No one under the age of 18 is allowed to drop off your child. I agree to sign my child into the center each day according to the state licensing regulations (Full legal signature and time child entered the center) We do not accept children after 10am.
Initial _____
 - B. PICKUP: I or any person I have listed on my enrollment form for pickup (Must be 18 years or older) will walk into the building to pick up your child and inform the teacher they are leaving. Your child must be signed out as you enter the center not on your way out.
Initial _____
2. TRANSPORTATION: I give my consent for my child to ride the center's van to go on field trips or to a public school and my child will be instructed by myself about appropriate behavior. Should the road have hazardous conditions, the center may elect not to provide transportation to and from public schools, to keep the children safe from potential danger. If a written change order is not provided regarding my child's school schedule and if my child is not in the designated pick-up spot immediately after school, the center cannot be held responsible for picking up my child.
Initial _____
3. SICKNESS: Keep your child and siblings at home with the following: Those who have lice, covid/flu, eye drainage, diarrhea, vomiting or a fever in the last 24 hours. Children too sick to participate in our full program, including outside play, need to be kept at home.
Initial _____
4. EXTRA CLOTHING: All children regardless of age, need to have at least one complete change of clothing including shoes and if they are not in KG or above, they need blankets for nap time. (Infants do not need blankets as we are not allowed by licensing regulations to have blankets or any other items in the cribs) All items need to be labeled with the child's full name. Parents are responsible for providing all diapers/pull ups and wipes for their child. Please check your child's extra clothes often to make sure they will still fit your child if needed. The center does have some extra clothing for emergency situations. (We will use any clothing we have available, some parents may not appreciate the color or style but if this is all we have we will use it so it's important to always have extra clothes that belong to your child, so they feel more comfortable in them) (Please take your child's blanket home every Friday to be laundered and return them on Monday for the week. (Infant room only do we supply all sheets for the cribs and they are laundered by the center)
Initial _____
5. CHANGES: Parents need to inform the center of any changes in their schedule, address, phone numbers, emergency information, pick up list or any changes in their family situation. This all must be in writing only we do not take verbal authorizations. Should parents not keep us informed of any changes, we reserve the right to withdraw your child or suspend care until all information is up to date. Changes can be made directly on your enrollment form, or a written change can be submitted but must be signed and dated by the parent who signed the enrollment form.
Initial _____

Program Policies & Procedures

6. MEDICATION: No medication can be administered to any child without a medication form completed first. (This includes but is not limited to sunscreen, diaper rash medication, chap stick, lotion of any kind etc....) If it is a prescription medication it must be in the original container with the printed label from the hospital or pharmacy. We can only follow the directions on the bottle; no changes will be made on dose or how often to be given. This is the same for over-the-counter drugs, we will only follow what the instructions state for the child's age group. All medication must be labeled with the child's full name and date and will only be given by the staff that the parent has trained to do so. Please do not leave any medication in any backpacks or cubbies. Any controlled medication will be locked up and highly supervised for the safety of all. We will only give prescription medication to the child it is subscribed for, please do not ask us to give it to a sibling. Initials _____
7. TOYS AND OTHER OBJECTS FOR HOME: Parents are asked to help their child understand that it is not wise to bring to the center toys and other objects that may get lost, stolen or broken. We do not allow toys from home for this reason. We do not take any responsibility for any item that is brought from home that should not be at our center. Initial _____
8. IMMUNIZATION: The parents are responsible for providing their child's immunization form to the center as well as keeping it updated after each time your child receives a new immunization. If your family does not immunize your child due to Personal/Philosophical or religious preference, then a Certificate of Exemption form must be on file. (If any outbreak was to happen at the center your child would not be allowed back to the center until it was safe for them to attend.) Initial _____
9. SNOW DAYS: During snow days or days with hazardous conditions we will not be responsible for transporting children to public schools. On these days we are still required to staff according to state licensing regulations. We will make every effort to remain open, however, should some of our employees not be able to get to work, we may have to make some adjustments, so be sure to call the center before heading this way to assure we are open and have space available for your child. Initials _____
10. FOOD and REST PERIOD: We do not allow any outside food at the center. Please do not bring your child in with any food or drink. (except water) We provide healthy meals/snacks throughout the day. Our menu is posted by the blue security door up front. There may be an occasion where we are asking for donations or going on a field trip. For those reasons we will allow outside food. Any meal packed for a field trip must not contain soda, candy or any other item high in sugar. Please pack your child a healthy lunch. Parents are to supply as many bottles as their child will need for feedings each day, we will not reuse a dirty bottle. Used bottles will be returned to the parents to be washed and sanitized for the next day's use. There will be a quiet time each day from 12:00pm to 2:00pm for all children 1year to 5 years in age. If after 45 minutes of rest time a child is showing no need for sleep or if they wake up early, we will provide a quiet activity based on the child's age for the duration of the naptime. Mats are provided by the center and are sanitized after each use. Initial _____
11. FIELD TRIPS: Field trips are generally done during summer months, but we may do them on spring or winter break. Any child who would like to attend a field trip must be at least 3 years of age and fully potty trained with no accidents. (If the center has a hard time with your child following directions, wandering off, being aggressive both physically or verbally or any other concern that would make us uncomfortable taking your child outside of the center, we will not be able to offer your child to attend.) There would be a sign in sheet for any field trip that you must sign for your child to attend. The sign in sheet will have the date, time, supplies needed and cost for that field trip. Children must have on appropriate shoes. (No flip flops, sandals or crocs. Or any other shoe that may be inappropriate) Safety is very important to us for your child while in our care. Please do not give extra money to your child unless we state it's ok for them to have it. Initials _____

Program Policies & Procedures

12. VISITING AND CONFERENCES: We invite you to visit the center at any time, we have an open-door policy, feel free to ask questions. Should a problem arise, please contact the director. We welcome your involvement as a parent, particularly in following your child's progress. We invite you to participate in any of your child's activities and you can volunteer for any of our field trips. (Ask the director what is involved to do so) We welcome your ideas to help us improve and change the quality of our program. Initials _____
13. NON-DISCRIMINATION POLICY: We practice a policy of open enrollment. This institution is an equal opportunity provider. Initials _____
14. NON-PROFIT ORGANIZATION: We are a not for profit, public benefit corporation. All donations are totally tax deductible and are very much appreciated, they help benefit the equality of care we provide. Initial _____
15. ABUSE OR NEGLECT: Staff personnel are required by Washington State Law to report suspected incidents of abuse or neglect. (RCW 26.44.030). In doing so, they have a civil immunity under the law for good faith reporting. Failure to report can result in a gross misdemeanor charge. Initial _____
16. HANDBOOK: Upon enrollment you will receive an enrollment handbook that covers in detail all the centers' rules and regulations and that are mandatory for you to abide by while your child is enrolled at our center. Initials _____
17. RATES: DCYF participation fees are due in full by the end day on the 5th of each month. Private paid fees are due every Monday in full. Late fees are applied to any account that has an outstanding balance every Wednesday at 10am. Initials _____
18. PROBLEMS OR CONCERNS: If you should have a problem or concerns with any policy, quality of care or anything pertaining to this contract, I agree to discuss them with the Director of the center as it occurs, and as soon as possible. Let us assure you that we will do our best to provide you child with a safe, loving, learning environment and an atmosphere where your child can feel both secure and free to grow at their own pace under our love and positive guidance. You can help us achieve these goals by giving us our comments, suggestions, and your daily involvement. Thank you for entrusting your child to us. We are looking forward to working with you and your child. Initials _____
19. CPS: Is cps involved with your family? Yes _____ No _____ If yes for what reason?

_____.
20. PESTICIDE POLICY: RCW:17.31.405 (2) states "A school shall provide written notification annually or upon enrollment to parents or guardians of students and employees describing the school's pest control policies and methods, including the posting and notification requirements of this section.
*Smart Start will notify parents and employees at least 48 hours in advance of a pesticide application to our center.
*A notification of any pesticide application will be posted on the front door as well as on each classroom door.
*A pesticide application notice will contain the following information:
>Notice: Pesticide application
>The product name and pesticide to be applied & the intended date and time of application
>The location of which the application will be applied

Program Policies & Procedures

>The pest to be controlled

>The name and phone number of a contact person at the center

Initial _____

21. HEALTH AND DISASTER PLANS: I understand that the centers Health and Disaster plans are in a binder in each classroom and in a binder in the front entry area. (Marked Disaster/Health Plans). I also understand that they are available for me to review at any time and that it is my responsibility to do so. I furthermore understand that a brief oral orientation of the content will be given to me upon enrollment into our center. Initial _____

22. FIELD TRIP PERMISSION: I hereby request that my child _____, be permitted to participate in field trips to the park or any other extra activities that would involve taking the child outside of the center for their benefit in attendance at the facility. I also hereby expressly waive any claims for injury or damage to such child arising out of such field trip and expressly agree to hold Smart Start harmless and its employees, against any such claims, now and in the future. Due to Washington State Law, we will not transport any child under 4 foot 9 inches without a booster or car seat. For school age children only, the center does have booster seats available, but there is a limited amount of them, so check with the director to see if one would be available for your child or if you will need to bring one in. For infants and toddlers, we do not have the correct car seats for them and do not transport them for any reason.
Initials _____

I UNDERSTAND AND AGREE TO THAT THIS IS A LEGALLY BINDING CONTRACT BETWEEN THE CLIENT AND THE CENTER.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

DATE ENTERED INTO THE COMPUTER: _____

STAFF MEMBER WHO ENTERED: _____