

Wonders of Learning Preschool

Student Registration 2024-2025

7555 Old Military Road NE
Bremerton, WA 98311
(360) 337-1978
E-mail: wol@crossroadscma.com

For Office Use:
Date Reg. Paid _____
\$Amount _____
Cash/Check/Online _____
Class _____
Teacher _____
Immunization form

Child's Information

Given Name: _____ First Name to be Taught: _____

Date of Birth: _____ Male Female Handed: Left Right Unsure

Address: _____
Street City Zip

Previous Group Experiences/School Attended: _____

Primary Caregiver #1:

Full Name: _____

Relationship: _____

Primary Phone: _____

Work Phone: _____

Occupation: _____

Email: _____

Address: Same as Above

Primary Caregiver #2:

Full Name: _____

Relationship: _____

Primary Phone: _____

Work Phone: _____

Occupation: _____

Email: _____

Address: Same as Above

Living Situation:

Child primarily lives with: _____

Siblings in the home and ages: _____

Primary language spoken at home: _____

Is there anything else we need to know? (any siblings that do not live with child, shared custody, deployed parent, other adults living in the home, a different caregiver will be doing pick up/drop off)

How did you learn about Wonders of Learning? _____

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Emergency/Medical Information

*We are required to have complete immunization records or a signed exemption form for each enrolled student.

Allergies:

Does your child have any food, medication or environmental allergies?

NO _____ YES _____ Select all that apply: Food _____ Medication _____ Environmental _____

If yes, please explain: _____

Does your child require an EpiPen*? NO ___ YES ___ *If yes, then please provide the teacher with EpiPen.

Medical Conditions:

• Does your child have any special health or medical conditions?

NO ___ YES ___ If yes, please explain _____

• Is your child being seen/has been seen for any medical or psychological reason?

NO ___ YES ___ If yes, please explain _____

• Is your child receiving/has received special services? (eg: speech, OT, PT)

NO ___ YES ___ If yes, please explain _____

• Is your child currently on any medications?

NO ___ YES ___ If yes, please explain _____

• Has your child been diagnosed with any special needs?

NO ___ YES ___ If yes, please explain _____

*Please note that school personnel are unable to administer medication or perform medical procedures that require a nurse/medical practitioner.

Medical Release:

In the unlikely event that your child has an injury or medical emergency at school, every effort to reach both parents and the emergency contact will be made. If parent/guardian or emergency contact cannot be immediately contacted, I hereby authorize the WOL staff to provide my child with basic first aid, including CPR and to obtain emergency medical treatment to be performed by a licensed physician at the hospital in order to safeguard the health of my child. I further give my permission to have my child transported by ambulance/aid car and taken to an emergency center/hospital for treatment as necessary.

Parent Signature _____ Printed Name _____ Date _____

LOCAL Emergency Contact:

This person needs to be someone local, other than the primary caregivers, who is authorized to pick up your child in the event primary caregivers cannot be reached.

Name _____ Relationship to child _____

Phone# _____

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Permissions

Persons that are authorized to pick up your child: (Students will not be released to anyone not listed. Persons will be asked to present a photo ID. List as many as necessary. A separate piece of paper may be attached.)

Name _____ Relationship to child _____ Phone _____

Name _____ Relationship to child _____ Phone _____

Name _____ Relationship to child _____ Phone _____

Name _____ Relationship to child _____ Phone _____

Name _____ Relationship to child _____ Phone _____

Name _____ Relationship to child _____ Phone _____

Photo Release:

- Yes** **No** **Website/Social Media:** I allow my child's photo to appear on the WOL website and social media. I understand that pictures are *ONLY* used to inform and educate families and professionals about our early childhood curriculum and program.
- Yes** **No** **In-School Photos:** I allow my child's picture to be taken in class for classroom projects and Wonders Sunday video presentation.
- Yes** **No** **Neighborhood Walks:** I allow my child to participate in organized walks in the immediate neighborhood of the school. (i.e.: Fire Station field trip)

ClassDojo allows us to keep you up-to-date and involved in your child's class and at WOL. We would love to share photos/videos of what the children are doing at school, but also want to respect your privacy. Please let us know where we can share photos/videos of your child on ClassDojo. Check all that apply.

- School Newsfeed Classroom Newsfeed Private Message None

I understand all changes to the registration packet must be done in writing by one of the primary caregivers. I will notify the WOL office in writing as soon as possible of any changes in my child's living situation, health, or permissions.

Print Name: _____

Signature: _____

Date: _____

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Class Selection & Tuition Information

ALL STUDENTS MUST BE POTTY TRAINED. WE ARE NOT LICENSED TO HAVE DIAPERS OR PULL-UPS.

2024-2025 Class Options: (Check your first choice)

PreK (for children who are 4 years old by 8-31-24)

- Mon-Fri AM 9:00-12:00 - \$465/month
- Mon-Thurs PM 12:30-3:00 - \$315/month

3Day (for children who are 3 years old by 8-31-24)

- MWF AM 9:00-12:00 - \$270/month
- MWTh PM 12:30-3:00 - \$230/month

2Day (for children who are 3 years old by 12-31-24)

- TTh AM 9:00-12:00 - \$190/Month

Registration Fee:

A **Non-Refundable** registration fee of **\$180** is required to complete the registration process.

Please include cash, money order, or check made out to **Crossroads Neighborhood Church (CNC)** with your registration packet. Online payments available. See FAQ's for instructions.

Immunization Record:

We are required to have complete immunization records or a signed exemption form for each enrolled student before the first day of school. A sample is attached. However, a print out from your doctor's office will fulfill the requirement. The immunization record/exemption can be a physical copy or emailed to wol@crossroadscma.com.

Because of the high interest in the **PreK AM** class, the immunization record or exemption is required at time of registration.

Ask the WOL coordinator for an exemption form if needed.

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Tuition FAQ's

When is tuition due?

Tuition is due by the 5th of each month. If the school is closed on the 5th, then it is due at your next class session.

Where do I write my check to?

Please make your tuition checks payable to Crossroads Neighborhood Church or CNC.

Does WOL take Credit Card or Debit cards?

Credit or Debit Card payments can only be made online through our website www.wondersoflearning.com under "Make a Payment." Online payments are through a third-party service and do charge a small fee. Payments made with Cash, Check, or Money Order can be made in the preschool office.

Is there a tuition late fee?

Yes. A \$20.00 late fee will be charged after the 10th. Special arrangements may be made to avoid late charges in times of financial hardship, but only if the office is notified prior to the 5th of the month. An explanation and the proposed payment date will be required in writing for consideration.

Is there a multiple child discount?

Yes. We offer a 10% discount if you have more than one child enrolled in our program. The oldest child will be charged full tuition; each additional child will receive a 10% discount.

Why do I pay the same amount each month even when there's no school (eg: Christmas Break)?

The tuition dollar amount is based on the total number of school days in the year divided by the number of the months in session. All school breaks and holidays have been accounted for. There is no tuition payment for the month of June.

What if I'm late to pick up my child?

All children must be picked up at dismissal. Late fees will be applied at the rate of \$10.00 for the first 15min. and \$20.00 for every additional 30 minutes unless previous arrangements have been made.

How much notice should I give if I need to withdraw my child?

A 30-day notice of withdrawal is required to allow us time to fill the vacancy. Families are responsible for the final 30 days of payment regardless if their child is in attendance during that time.

Do you prorate tuition?

Families enrolling after the 15th of the month will pay 50% of the monthly tuition. Families withdrawing before the 15th of the month (with 30-days' notice given) will pay 50% of the monthly tuition.

Is there a refund for snow days?

Refunds are not given for snow days. The first three classes missed due to inclement weather, power outages, etc, will not be made up and have been factored into our tuition costs. After three classes are missed, we will attempt to make them up. Three make up days are scheduled into our school calendar, and the week following the scheduled last day of school are available as make up days. Please see our school calendar.

Do you offer before or after school care?

These are not services we offer. Our doors open 10 minutes before class starts. Caregivers must stay with their child until the teacher opens the door at 9:00am (for morning classes) or 12:30pm (for afternoon classes). Children are to be picked up at dismissal time: 12:00pm (for morning classes) or 3:00pm (for afternoon classes).

What if I am unable to make tuition payments?

We understand life happens. Please communicate with the WOL Coordinator as soon as possible to work out payment arrangements. In certain situations, Wonders of Learning and Crossroads Neighborhood Church have funds available to assist families in need. Continued non-payment of tuition, without payment arrangements in place, *could* result in unenrollment of your child.

My signature indicates I have read and understand the above information.

Print Name: _____

Signature: _____

Date: _____



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.

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	Day	Year
◆ Hepatitis B (Hep B)				
	1			
	2			
	3			
or Hep B - 2 dose alternate schedule for teens				
	1			
	2			
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				
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

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 CHILD 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 CHILD 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.**

- | | | |
|--------------------------------------|------------------------------------|---------------------------------------|
| <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 health care provider (HCP) Signature _____ Date _____
(MD, DO, ND, PA, ARNP)
HCP Printed Name: _____

#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/cfh/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. a

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

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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	Trade Name	Vaccine
ActHIB	Hib	Engerix-B	Hep B	Ipol	IPV	Pentavalente	DTaP + Hep B + Hib	TriHIBit	DTaP + Hib
Adacel	Tdap	Fluarix	Flu (TIV)	Infanrix	DTaP	Pneumovax	PPSV or PPV23	Tripedia	DTaP
Afluria	Flu (TIV)	FluLaval	Flu (TIV)	Kinrix (Knrx)	DTaP + IPV	Prennar	PCV or PCV7 or PCV13	Twinrix (Twnrx)	Hep A + Hep B
Boostrix	Tdap	FluMist	Flu (LAIV)	Menactra	MCV or MCV4	ProQuad (PrQd)	MMR + Varicella	Vaqta	Hep A
Cervarix	HPV2	Fluvirin	Flu (TIV)	Menomune	MPSV or MPSV4	Quadracel (Qdrcl)	DTaP + IPV	Varivax	Varicella
Comvax (Cmvx)	Hep B + Hib	Fluzone	Flu (TIV)	Pediarix (Pdrx)	DTaP + Hep B + IPV	Recombivax HB	Hep B		
Daptacel	DTaP	Gardasil	HPV4	PedvaxHIB	Hib	Rotarix	Rotavirus (RV1)		
Decavac	Td	Havrix	Hep A	Pentacel (Pntcl)	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	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus	Hep A (HAV) Hep B (HBV)	Hepatitis A Hepatitis B	MPSV or MPSV4	Meningococcal Polysaccharide Vaccine	Rota (RV1 or RV5)	Rotavirus
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hib	<i>Haemophilus influenzae</i> type b	MMR / MMRV	Measles, Mumps, Rubella / with Varicella	Td	Tetanus, Diphtheria
DTP	Diphtheria, Tetanus, Pertussis	HPV	Human Papillomavirus	OPV	Oral Poliovirus Vaccine	Tdap	Tetanus, Diphtheria, acellular Pertussis
Flu (TIV or LAIV)	Influenza	IPV	Inactivated Poliovirus Vaccine	PCV or PCV7 or PCV13	Pneumococcal Conjugate Vaccine	TIG	Tetanus immune globulin
HBIG	Hepatitis B Immune Globulin	MCV or MCV4	Meningococcal Conjugate Vaccine	PPSV or PPV23	Pneumococcal Polysaccharide 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).