

Hazel Creek Montessori Admissions Package

Student Name			
Parent/Guardian Name(s)			
Email			
Address			
Home Phone		Cell Phone	
Date Information Sent		Date Observed	
Student's Start Date		Class	

Student Admissions List

- Given information packet about the school, program, and curricula
- Tour of the facility and grounds
- Observed classroom & met teachers
- Shown sign-in/sign-out sheet
- Shown where to put lunches
- Shown child's cubby
- Given schedule for the room, start times, circle, lunch, etc.
- Given information about extended day program
- Given information about meal support program
- Admissions form turned in and signed
- Student in office system
- Processing fee received
- One month deposit received (non-refundable)
- Payment contract complete
- Start date confirmed
- Immunization form complete
- Emergency form complete
- Shown allergy and medication forms
- Shown disaster plan

Parent/Guardian Signature	
Date	

Child Care Registration Form		Date child entered care	Date child left care
Child's name (Last, First, Middle)		Name used (Nickname)	Birthdate
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 #
<p><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></p> <p><i>Parent/Guardian signature: _____ Date: _____</i></p> <p>In an emergency, if you are not able to contact me, contact the following:</p>			
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		Child's last physical exam, if available	
Name:	Phone:		
Street Address:			
Child's dental care provider or parent's/guardian's preferred dental facility for treatment		Child's last dental exam, if available	
Name:	Phone:		
Street Address:			
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: _____

Address of Licensee: _____

Parent/guardian signature	Date	Parent/guardian signature	Date
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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
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PARENT PAYMENT CONTRACT

Tuition will be charged through your ACH account that is set up at the time of registration. Hazel Creek Montessori will charge your account by the first of every month. Upon registration to enroll or register for our waitlist, a \$175 non-refundable registration fee is due. If we are able to enroll your child, it is required that you pay a one-month deposit that is used for the last 30 days of enrollment. At the point at which your 12-month contract ends, your deposit will be used for the last 30 days of enrollment. This deposit is non-refundable.

I, , understand that I am liable for the monthly tuition when it is due. My child will attend for 12 months a year, and I shall give a 30-day notice when my child will no longer be attending.

FULL DAY 12 MONTH CONTRACT

(Parent/guardian initials) I am signing my child up for a 12-month contract. Some months are shorter, and some months are longer, but I will pay the same monthly amount that is due each month.

Parent/guardian initials) I understand that I am liable for the entire annual payment over the 12-month period for which my child is enrolled. Should I decide to withdraw my child from the program at Hazel Creek Montessori, or change their original schedule, I am still liable for the balance of the 12-month contract.

Parent/Guardian Signature	
Date	

***Hazel Creek Montessori does not pro-rate or make up days due to weather, sickness, pandemics, vacations or otherwise. Should Hazel Creek Montessori remain open, and you decide to withdraw for ANY reason, you will remain responsible for the monthly payments to complete your 12-month contract.

Hazel Creek Montessori Days and Hours: Monday – Friday from 7:00 AM – 5:30 PM

Days Attending: M Tu W Th F

Daily Drop Off Time: _____AM

Daily Pick Up Time: _____PM

Total Daily Hours: _____

*See website for tuition rates

Family Background (Confidential)

Child's Name		Nickname	
Interests			
Habits			
Siblings/Age			
Parent/Guardian Marital Status			
Primary Care Provided by			
Previous Childcare			
Reasons for Leaving			
Reasons for applying to Kids Country Barn			
Referred by		Intended Length of stay	
Naps/Nap Schedule		Nap Habits	

Health Information	
Childhood Diseases	
Allergies	
Necessary Accommodations	

Goals you wish for your child to achieve	
Comments	

Hazel Creek Montessori Release Form

The undersigned have enrolled to attend Hazel Creek Montessori activities and participate in the programs and activities offered. In consideration, the undersigned releases, and discharges Hazel Creek Montessori, its officers and employees from liability of any kind to the child or the undersigned for any loss or injury to the child while participating in school or extended day program activities. The undersigned agrees that this release is intended to be as broad as permitted under the law of the State of Washington and if any part of the application is found unenforceable the remainder shall be enforced in full.

Parent/Guardian Signature	
Date	
Parent/Guardian Signature	
Date	
Director Signature	
Date	

Medical Release

In case of an emergency, I understand the center will try to contact me first. If there is not time, the Hazel Creek Montessori will call 911 (Who then send an emergency vehicle, medic, etc.). Unless otherwise requested, the center will transport to the Virginia Mason Clinic. I hereby give my consent for my child's doctor (Or the center's consulting physician, if the child's doctor is not available) to conduct x-rays, blood tests, or give any and all treatments that may be deemed necessary in the event of an emergency.

Parent/Guardian Signature	
Date	
Parent/Guardian Signature	
Date	

Permission Release

I grant permission for my child to use all program equipment, participate fully in activities, for my child to leave the premises under supervision for hikes and field trips, for my child to be included in evaluations and to be used in photographs and videos for publicity.

Parent/Guardian Signature	
Date	
Parent/Guardian Signature	
Date	

Emergency Information

Child's Name		DOB		Date Enrolled	
Home Address					
Parent/Guardian Name		Work Location			
Primary Phone		Secondary Phone			
Parent/Guardian Name		Work Location			
Primary Phone		Secondary Phone			
Email(s)					
Child's Allergies					
Persons to be notified in case of an emergency (Including phone numbers)	<ol style="list-style-type: none"> 1. 2. 3. 4. 				
Doctor Name		Phone			
Dentist Name		Phone			
Insurance Carrier		Plan #			
Hospital of Choice		Phone			
List of people who may pick up your child (Including phone numbers)	<ol style="list-style-type: none"> 1. 2. 3. 4. 				

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: Hazel Creek Montessori

Company Tax ID Number: 91-1500-566

I (we) hereby authorize Hazel Creek Montessori, Inc., hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account/ Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name:		
Branch:		
City:	State:	Zip:
Routing Number:		Account Number:
Dollar Amount (\$): Monthly Tuition		Transaction Starting Date:
Parent/Guardian Names		
Child's Name:		Class:
Weekly Schedule:		
Deposit Amount Paid (\$):		Monthly Tuition Amount (\$):

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. All notifications of termination must be made prior to the 1st of the month for a 30 day notice per PARENT PAYMENT CONTRACT.

Name(s):	ID Number:	N/A:
Signature:	Date:	

NOTE: SIGNATURE MUST BE AN AUTHORIZED SIGNER ON THE ABOVE ACCOUNT.

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

The Aquatic Center at Hazel Creek Montessori Aquatic Release, Waiver, Hold Harmless, Defend, and Indemnification Agreement

This document affects your legal rights — Please read carefully before signing

The undersigned, as a Participant/Spectator/Student/Guardian/Visitor (Collectively “**Participant**”), on their own behalf, if applicable, as the Parent/Guardian of a minor Participant, for good and valuable consideration, agrees to the terms and conditions of this Release, Waiver, Hold Harmless, Defend, and Indemnification Agreement (“**Release**”).

“**Released Parties**” herein includes Hazel Creek Montessori, Kids Country Barn, Janice Pedersen, Oliver “Ollie” Pedersen, and their respective family members, heirs, agents, trustees, beneficiaries, employees, officers, volunteers, independent contractors, and others acting on their behalf.

I (we) give my (our) child (The Participant) _____ permission to participate in the aquatic program the Aquatic Center at Hazel Creek Montessori. In consideration, the undersigned releases, and discharges the Released Parties from liability of any kind to the Participant for any illness, injury, death, damage, or other loss (Collectively “**Loss**”) incurred by the Participant or to the Participant’s property even if such Loss is caused in part or in whole by the negligence or other fault of the Participant or Released Parties (Except gross negligence or willful and wanton conduct). This Release shall not expire and shall remain in full force and effect in perpetuity.

1. **Agreement to Follow Facility Rules and Employee Directions:** The Participant agrees to observe and obey all posted rules and warnings, and agrees to follow any verbal instructions or directions given by Hazel Creek Montessori and/or Kids Country Barn officers and employees.
2. **Agreement to Fulfill Cleansing Shower Requirement:** The Participant agrees to take a cleansing shower the day that they are swimming at the Aquatic Center at Hazel Creek Montessori to help eliminate a sufficient amount of impurities before swimming. A cleansing shower includes soap, water and a thorough washing of the entire body. Unshowered swimmers contribute to the chemistry of pool water by adding dirt, perspiration, cosmetics, body oils, and traces of urine and fecal matter to pool water. The more these impurities are added to pool water, the more the free chlorine is bound up in what are known as “combined chlorine” compounds. This leaves less free chlorine available to destroy pathogens and puts swimmers at greater risk of waterborne illness. If the Participant did not take a cleansing shower that day, if Hazel Creek Montessori and/or Kids Country Barn officers and employees reasonably believe that the Participant did not take a cleansing shower that day, or that they are sick, then the Participant will not swim that day.
3. **Assumption of Risk and Release:** The Participant recognizes that there are certain inherent risks associated with aquatic program activities and being at the aquatic program facility. The Participant assumes full responsibility for personal injury, and further releases and discharges the Released Parties for any illness, injury, death, damage, or other loss, arising out of the Participant’s use, or presence at the facility, whether caused by the fault of the Participant, Released Parties, or other third parties.
4. **Indemnification:** The Participant agrees to indemnify Released Parties against all claims, causes of action, damages, judgements, costs, or expenses, including attorney fees and other litigation costs, which may in any way arise from the Participant’s activities or presence at the facility.

5. **Fees:** The Participant agrees to pay for all damages to the facilities caused by any negligent, reckless, or willful actions of the Participant.
6. **No Duress:** The Participant agrees and acknowledges that they are under no pressure or duress to sign this agreement and that they have been given a reasonable opportunity to review it before signing. They agree and acknowledge that they are free to have their own legal counsel review this agreement. They agree and acknowledge that Hazel Creek Montessori and/or Kids Country Barn has offered to refund any fees they have paid for the activity if they choose not to sign this agreement.
7. **Arms Length Agreement:** This Release and each of its terms are the product of an arm's length negotiation and agreement between the parties. In the event any ambiguity is found in the interpretation of this Release or any of its provisions, the parties, and each of them, explicitly reject the application of any legal or equitable rule of interpretation which would lead to a construction either 'for' or 'against' a party based upon their status as the drafter of a specific term, language, or provision giving rise to such ambiguity.
8. **Governing Law, Jurisdiction, Time/Liability Limitation, Attorneys' Fees, Jury Waiver:** This Release shall be construed and enforced in accordance with the laws of the State of Washington.
9. **Enforceability, Modification:** If any provision of this Release is deemed invalid or unenforceable, whether standing alone or as applied to a particular occurrence or circumstance, the remaining provisions shall be valid and enforceable to the fullest extent of the law. The undersigned agrees that this Release is intended to be as broad as permitted under the law of the State of Washington and if any part of the application is found unenforceable, the remainder may be enforced in full.
10. **Dispute Resolution:** The parties will attempt to resolve any dispute arising out of or relating to this Release through friendly negotiations amongst the parties. If the matter is not resolved by negotiation, the parties will resolve the dispute using the following Alternative Dispute Resolution (ADR) procedure: Any controversies or disputes arising out of or relating to this Release will be submitted to mediation. If mediation does not successfully resolve the dispute, then the parties may proceed to seek an alternative form of resolution in accordance with any other rights afforded them by law.
11. **Certification:** The Participant acknowledges that they have read and fully understand all of the information contained in this Release, and that they are bound by the terms and conditions contained herein.

Print Name of Participant: _____

I have fully read the Aquatic Center at Hazel Creek Montessori Release of Liability and I understand that by signing my name below, I effectively sign this release and surrender certain legal rights

Print Name of Parent or Guardian _____
 Parent or Guardian Signature _____ Date ___/___/___
 Phone Number (_____) _____ - _____

Print Name of Parent or Guardian _____
 Parent or Guardian Signature _____ Date ___/___/___
 Phone Number (_____) _____ - _____

The Aquatic Center at Hazel Creek Montessori Payment Contract

A monthly aquatic center usage fee will be charged through your ACH account that is set up at the time of registration. Hazel Creek Montessori will charge your account by the first business day of every month.

I, _____, understand that I am liable for the monthly aquatic center usage fee when it is due.

MONTHLY CONTRACT

_____(Parent/guardian initials) I am signing my child up for a monthly aquatic center usage fee Payment Contract. Each term shall automatically renew for subsequent months, unless either party terminates this monthly contract with reasonable prior notice (At least 14 days before the end of the current term).

_____(Parent/guardian initials) I understand that I am liable for the entire monthly payment for which my child is enrolled. Should I choose to withdraw my child from the program at The Aquatic Center at Hazel Creek Montessori, I am still liable for the balance of the monthly contract.

Parent/Guardian Signature: _____

Date: _____

*Hazel Creek Montessori does not pro-rate or make up days due to weather, sickness, pandemics, vacations or otherwise. Should Hazel Creek Montessori remain open and you decide to withdraw for ANY reason, you will remain responsible for the balance of the monthly contract.

** Check websites for aquatic center usage fee rates and swim lesson rates

Individual Care Plan for Child in Child Care

Plan must be updated annually or when there is a change in the child's special need

FOOD ALLERGY and/or SPECIAL DIETARY REQUIREMENTS

This page must be completed and signed by the child's health care provider and parent or guardian.

Child's Full Name:		Today's Date:
Food the child must not consume (list each food separately)	Appropriate substitute food(s)	
Describe allergic reactions and symptoms associated with this child's particular allergies.		
Describe the treatment plan for the early learning provider to follow in response to child's allergic reaction (include names of medication, dosage amount, and directions for how to administer medication).		
Other special dietary requirements due to a health condition.		

Health Care Provider Signature

Date

Parent or Guardian Signature

Date

Individual Care Plan for Child in Child Care

Plan must be updated annually or when there is a change in the child's special need

Child's Full Name	Today's Date
CONTACT INFORMATION	
Parent's/Guardian's Name	Telephone
Parent's/Guardian's Name	Telephone
Primary Health Care Provider	Telephone
Specialist (if applicable)	Telephone
Specialist (if applicable)	Telephone
CHILD'S SPECIAL NEEDS	
Diagnosis, if known:	
Known symptoms and triggers:	
Describe activity, behavioral, or environmental modifications that are needed for the child:	
Allergies (other than food allergy):	
For food allergies or special dietary needs due to a health condition - must obtain written instructions from child's health care provider (use page 3 of this form or health care provider's form)	
MEDICATIONS <i>(Medication Authorization Form must be completed for each medication.)</i>	
List medication to be given at scheduled times , and how medication is to be given.	
List medication to be given during an emergency , and how medication is to be given.	
Describe symptoms that would trigger emergency medication.	

Individual Care Plan for Child in Child Care

Plan must be updated annually or when there is a change in the child's special need

EMERGENCY RESPONSE PLAN

List the steps and procedures the early learning provider should perform during an emergency related to your child's special need.

SUGGESTED TRAINING FOR STAFF

List suggested special skills training/education for the early learning program staff.

SUPPORTING DOCUMENTATION

Please attach supporting documentation to this Individual Care Plan, including any existing individual educational plan (IEP), individual health plan (IHP), 504 plan, or individualized family service plan (IFSP). WAC 110-300-0300 requires an early learning provider to have supporting documentation of the child's special needs provided by the child's licensed or certified:

- (i) Physician or physician's assistant
- (ii) Mental health professional
- (iii) Educational professional
- (iv) Social worker with a bachelor's degree or higher with a specialization in the individual child's needs; or
- (v) Registered nurse or advanced registered nurse practitioner.

SIGNATURES

Parent or Guardian Signature

Date

Early Learning Provider Signature

Date

Health Care Provider Signature
(recommended)

Date

This section to be completed by child's parent or guardian, if applicable:

I hereby give permission for _____ to provide
(name of visiting health professional or specialist)
services to my child at this early learning program.

Parent or Guardian Signature

Date

Child Care Medication Authorization Form

An early learning or school-age provider must not give medication to any child without written and signed consent from that child's parent or guardian, must administer medication pursuant to directions on the medication label, and must use appropriate cleaned and sanitized medication measuring devices.

Child's full name (first and last):	Child's Birthdate:	
Name of Medication (as it appears on medication container):		
Dosage:	Start Date:	End Date:
To be given at the following times:		
Reason for Giving Medication to Child/Medical Need:		
Possible Side Effects of Medication:		
Additional Information:		

Prescription medication must only be given to the child named on the prescription. Prescription medication must be labeled with: child's first and last name, the date the prescription was filled, the name and contact information of the prescribing health professional, the expiration date, dosage amount, length of time to give the medication, and instructions for administration and storage.

Nonprescription (over-the-counter) medication must be brought to the early learning or school-age program by the child's parent or guardian in the original packaging with expiration date and labeled with the child's first and last name. It must only be given to the child named on the label provided by the parent or guardian. Instructions on the label must be followed, unless the parent or guardian provides a medical professional's note.

If the packaging label does not include expiration date, dosage amount, age, and length of time to give the medication, then written authorization from a health care provider with prescriptive authority is required, as well as the written and signed consent from the child's parent or guardian. This includes: vitamins, herbal supplements, fluoride supplements, homeopathic or naturopathic medication, and teething gels or tablets (amber bead necklaces are prohibited).

I hereby give permission for the staff of _____ to give my child the medication as prescribed above. (name of early learning or School age provider/program)

Parent/Guardian Signature

Date

This section to be completed by child's parent or guardian, if applicable:

I, or my appointed designee, have provided training about specialized medication administration procedures for my child specific to this medication to the following staff member(s): _____

Parent/Guardian (or Designee) Signature Date

Early Learning or School-age Provider Signature Date



Sunscreen Authorization Form

(Sunscreen Brought from Home)

Child's Name:	Date of Birth & Age: (Do not apply on infants 6 months and younger without written permission from health care provider)
Name of Sunscreen & SPF:	Expiration Date: ____ / ____ / ____
Active ingredient:	
Start Date: ____ / ____ / ____	Stop Date: (up to 12 months after 'Start Date') ____ / ____ / ____
Possible Side Effects:	
Special Instructions: (Include previous sunscreen reactions)	

Reason for medication: Protection from sun

Amount to be given: Cover exposed areas of skin

Route: Topical

Times to be applied: 30 minutes before exposure to the sun and reapplied every two hours if remaining outdoors.

Storage: Room temperature

Parent/Guardian Signature

Date

Diaper Cream/Ointment Authorization Form

Child's Name:	Date of Birth/Age:
Name of Medication:	
	Expiration Date: ___ / ___ / ___
Start Date: ___ / ___ / ___	Stop Date: (up to 12 months after 'Start Date') ___ / ___ / ___
Times to be applied: <input type="checkbox"/> when rash is present <input type="checkbox"/> with every diaper change <input type="checkbox"/> other:	Amount to be applied:
Possible side effects:	
Above information consistent with label*? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Special Instructions:	

Reason for medication: For diaper rash prevention or treatment

Route: Topical

Storage: Room temperature

I authorize the use of the above diaper cream/ointment on my child.

Parent/Guardian Signature

Date

Health Care Provider Signature**

Date

(_____)_____
Health Care Provider Phone Number

** Most diaper ointment labels indicate that rashes that are not resolved, or reoccur, within 5-7 days should be evaluated by a health care provider.*

*** Necessary only for diaper creams/ointments not labeled for use in the diaper area. (Pharmacist label on prescription medication indicates consent of health care provider.)*

New Parent Guide



What to Bring to Hazel Creek Montessori

- Your child should bring the following items every day to school:
- Backpack/bag with at least 2 changes of extra clothing (shirt, pants, underwear, socks)
- Water bottle with child's name labeled clearly
- A hearty lunch with ice pack if necessary
 - **Please note**, we are a nut-free facility, so lunches should not include sandwiches with tree nuts, peanut butter, peanut granola bars, trail mix or other items with nuts/nut products.
 - Soy/Sun butter are acceptable in lunches.
- A warm jacket, raincoat, and sturdy (water-resistant), closed-toe shoes for outside play. We do require rain boots during the winter/rainy months as we still go outside to play every day.
- Hats, mittens, scarves, and layers should be packed when months are very cold (November-March)
- Please refer to our website for important policies including our:
 - Sick Policy
 - COVID-19 Policy
 - Medication Policy
 - Lice Policy