



Child Registration

Child's Legal Name: _____ Middle Initial: _____ Birthdate: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Child Lives with: Both Parents Mother Father Other: _____

Other family members or siblings who live in the home: _____

Child's Primary Language: _____

PARENT GUARDIAN INFORMATION

Parent/Guardian Legal Name: _____ Name Used: _____

Email Address: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Work Phone: _____

Employer Name & Address: _____

Employer Phone Number: _____ Work Hours: _____

Parent/Guardian Legal Name: _____ Name Used: _____

Email Address: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Work Phone: _____

Employer Name & Address: _____

Employer Phone Number: _____ Work Hours: _____

In the event of an emergency, it is imperative that we can reach you. Please list the parent/guardian we should contact first, and the best phone number.

Name

Phone Number

AUTHORIZED EMERGENCY CONTACT & PICK-UP

In the space below please list anyone who is authorized to pick up your child and/or who we may contact in case of an emergency, in the event you are unable to be reached.

Full Legal Name: _____ Relationship to Child: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number(s): _____

Type of Authorization: Contact in case of an emergency Authorized to pick-up Both

Full Legal Name: _____ Relationship to Child: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number(s): _____

Type of Authorization: Contact in case of an emergency Authorized to pick-up Both

Full Legal Name: _____ Relationship to Child: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number(s): _____

Type of Authorization: Contact in case of an emergency Authorized to pick-up Both

Start Date: _____ Drop-off Time: _____ AM Pick-up Time: _____ PM

Days Attending: Monday Tuesday Wednesday Thursday Friday

How did you hear about us? Friend, website, Drive by, Referral, Online, Other: _____

ADDITIONAL INFORMATION

Do you have a parenting plan or restraining order pertaining to your child? Yes No

If yes, document type: _____

Document Issue Date: _____ Document Expiration Date: _____

Medical Information

Child's Physician: _____ Phone: _____
(First and Last Name)

Address: _____ City: _____ State: _____ Zip Code: _____

Date of Last Physical Exam: _____
(MM/DD/YYYY)

Please list all known allergies and possible reactions below:

Allergies
(environmental & food):

Special Diet:

Milk Allergy
or Intolerance:

Other (please explain):

Is an Individual Care Plan Needed for your child? Yes No

Current Medications: _____

Health or Developmental Concerns: _____

*****If The Creative Kids Academy needs to administer medication,
then a separate medication form will need to be completed*****

Child's Dentist: _____ Phone: _____
(First and Last Name)

Address: _____ City: _____ State: ____ Zip Code: _____

Date of Last Dental Exam: _____
(MM/DD/YYYY)

Is your child seeing a speech therapist, physical therapist, nutritionist, or any other specialist?

Yes No

If yes:

Name: _____ Job Title: _____

Phone Number(s): _____

Address: _____ City: _____ State: ____ Zip Code: _____

Does your child have birth marks or Mongolian spots: Yes No

If yes, please provide details on appearance and physical location:

Is your child potty trained? Yes No

TOOTH BRUSHING

The Creative Kids Academy will provide students with the opportunity for developmentally appropriate tooth-brushing activities. This dental hygiene activity is not meant to replace parent/guardian tooth brushing at home. The goal is to enhance good oral health habits while attending our program. Would you like your child to participate in tooth brushing while in our care?

*****If yes, a separate tooth-brushing document will need to be completed.*****

Yes (Families provide toothbrush with cover and toothpaste) No

Out-of-Area Contact Information

During a disaster, communication could become challenging. Often, it is easier to contact an out-of-area phone number than a local or cell number. Our facility has established an out-of-area contact to relay information throughout a disaster. Please provide the following information for our records:

OUT-OF-AREA CONTACT (100+ MILES AWAY)

Name: _____ Relationship: _____
(First and Last Name)

Phone Number(s): _____

Address: _____ City: _____ State: ____ Zip Code: _____

LOCAL CONTACT (NEAREST ACQUAINTANCE)

Name: _____ Relationship: _____
(First and Last Name)

Phone Number(s): _____

Address: _____ City: _____ State: ____ Zip Code: _____

Permission for Emergency Medical Treatment

I, _____, the parent or guardian hereby give permission that my child, _____, may be given emergency treatment to include First Aid/CPR by a qualified staff member at The Creative Kids Academy. I also give permission for my child to be transported by ambulance, treated by aid car personnel, and/or transported to an emergency center/hospital for treatment. In the event that I cannot be contacted, I further authorize and consent to medical, surgical, and hospital care, treatment, and procedures to be performed on my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health.

Parent/Guardian Signature: _____ Date: _____

Preferred Hospital Name: _____ Phone: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Insurance Provider: _____ Group Number: _____

ID Number: _____ Contact Information: _____

Primary Insured's Name (or Insured Contract Holder): _____

Agreement for Medical Expenses

I am the parent, custodian, or legal guardian of _____ ("Child"). I understand that as a condition of enrolling my child in The Creative Kids Academy program, I am required to ensure that my child has health insurance. I authorize The Creative Kids Academy to make emergency medical decisions, authorize emergency medical procedures and seek appropriate medical care or treatment that The Creative Kids Academy determines to be necessary at the sole discretion of The Creative Kids Academy. I agree to accept full responsibility and liability for the cost of any treatment, medical care, dental care, or transportation authorized or ordered for my child while at or participating in The Creative Kids Academy Programs, except to the extent that The Creative Kids Academy is legally liable for the injury.

Parent/Guardian Signature: _____ Date: _____

Release and Agreement

I, _____, acknowledge that The Creative Kids Academy is not an insurer against injury, and that The Creative Kids Academy offers its services at a cost which reflects the fact that The Creative Kids Academy will not and cannot be financially responsible for personal injuries which might occur anywhere on The Creative Kids Academy premises. I agree to release and hold harmless The Creative Kids Academy and its employees, administrators and owner from and against any liability for damage or injury arising out of personal injuries sustained by my own child as a result of the intentional act or omission to act of the child-care center employees, students or any other individual for whose acts the school might otherwise be liable except through gross negligence or willful misconduct on the part of The Creative Kids Academy or its agents. I accept this limitation with the knowledge that I am free to enroll my child at another childcare facility if I decline to accept this release.

Child's Name: _____
(First and Last Name)

Parent/Guardian Signature: _____ Date: _____

Outside Food Policy

At The Creative Kids Academy, we are a Nut-Free Facility. To continue this, we require that families bring in foods with nutrition labels (when available) and nut-free products ONLY. This includes birthday parties and special events. Please check with your management team if you need suggestions. When treats are brought into the center, they must go to the office for approval, with your child's first/last name and nutrition label. Unfortunately, due to allergies, we are not allowed to have treats that are homemade in the center.

Children are served breakfast, lunch, snack, and PM snack. Families provide breakfast and lunch for their children; we provide snack and PM snack. Families may provide all meals and snacks if they wish to do so. The food served is nutritious and has variety. All meals conform to the USDA guidelines. Any meals and snacks that you choose to supply must meet the meal and snack pattern specified by the USDA and ensure licensing requirements are met for meals times.

I understand that if I bring outside food, it must meet The Creative Kids Academy Outside Food Policy standards. I understand that this is implemented to ensure the safety of all children in the childcare center.

Parent/Guardian Signature: _____ Date: _____

Photo, Video, and Social Media Release

The Creative Kids Academy will occasionally use photographs of our students to appear on (website, Facebook, Newsletter, Instagram, or other The Creative Kids Academy social media pages). Please indicate below if you will allow us to do so.

Yes No

Parent/Guardian Signature: _____ Date: _____

Digital Monitoring Video/Audio Release

I, _____, understand that while I am on The Creative Kids Academy property, I am being audio and video recorded. I am aware that I am being audio and video recorded while on the premises, and I am aware that my child/children and/or anyone I bring on the premises are being audio and video recorded. This includes making know to anyone that drops off or picks up my child/children they are also being audio and video recoded, and it is my sole responsibility to convey this information to these people. In the event that it is necessary, audio and video recordings will be made available to state and local authorities. Recordings will not be made available to parents/guardians or teachers.

Parent/Guardian Signature: _____ Date: _____

Enrollment and Policies Agreement

This Enrollment Agreement is effective this _____ (day) of _____ (month), _____ (year), is between The Creative Kids Academy, an independent private child care center located at: 20833 67th Ave W Lynnwood, WA 98036, and the Parent/Guardian/Subsidy Agency.

- There is an Annual Program/Registration fee of \$150.00 for (1 child) and \$200.00 for (2 or more children) that must be paid at the time of initial registration; and is nonrefundable. If a child disenrolls and then reenrolls, the registration fee is due again at time of re-registration.
- A tuition deposit of \$ _____ (your child's first week's tuition) is required to guarantee/reserve enrollment space for your child; and is nonrefundable. (Please refer to our tuition policy, as weekly tuition varies by classroom.)
- A \$10 fee upon enrollment for the purchase of Emergency Disaster Kit that will be stored on site for my child in the event of an emergency.
- A \$27 Tadpoles App fee is due upon enrollment.
- An additional \$5 per week will be assessed if you would prefer your child to consume Organic Milk only.
- I understand that a written 30-day notice must be given to the Director by email to withdraw my child. Tuition is then required to be paid through the end of the notice. If a 30-day notice is not received, a 30-day tuition charge will be incurred from the last day of attendance.
- If receiving a child care subsidy from the State or other provider, I agree to pay my copayment no later than the 1st business day of each month. I understand that late charges will apply. I understand that I am responsible to pay The Creative Kids Academy Standard Tuition Rates for any time not covered and/or contracted by the subsidy provider.

TUITION

- Weekly Tuition is due every Monday. There is a grace period that ends 12:00 pm (noon) on Tuesday each week; then, a \$25 late fee will be charged on your tuition payment. If weekly tuition fees (including any applicable late fees) are not received by Thursday that week, care will be terminated.
- There is a \$25 fee for nonsufficient funds.
- Tuition at any time under this contract is nonrefundable regardless of holidays, closures, late starts, early dismissal, vacation, professional development/Inservice, inclement weather, emergencies, illness, unexpected closures. Please refer to your parent handbook for further information.
- A \$2 late pick-up fee will be charged per minute for every minute you are late picking up after 5:30pm (i.e., 5:31 and so on, until you leave the building with your child). Our teachers' time at the center must be appreciated and respected. This fee will be added to your next weekly tuition payment and is due immediately, or care will be terminated.
- The Creative Kids Academy reserves the right to deny, cancel, or suspend a child's enrollment at any time at its sole discretion.
- If a child will be absent for the day, the center must be notified by email or phone call before 9:30am.
- All children must be dropped off to school by/before 9:30am for the day; no late drop-offs will be accepted without prior approval by the school Director.
- Please see posted dates on the parent board and social media pages for scheduled In-Service Days and Closures.
- Parents will be given 30 days notice prior to tuition increases. Tuition rates will typically increase each September but may vary at The Creative Kids Academy's sole discretion.

Parent/Guardian acknowledges that this agreement is by and between Parent/Guardian and the Creative Kids Academy. The Parent/Guardian understands that from time to time The Creative Kids Academy may update its policies at any time, and that by keeping your child enrolled at The Creative Kids Academy after any update to any policy is made, this will be considered consent to any updates.

If The Creative Kids Academy is compelled to take legal action to collect unpaid tuition, the responsible party agrees to pay The Creative Kids Academy reasonable attorney's fees and costs incurred.

The undersigned Parent/Guardian understands the terms and agreement and agree to be bound by them. All policies can be reviewed in the Parent Handbook.

I agree that my payment is for the services outlined, and I agree to the terms and conditions of this contract and the payment due dates.

Parent/Guardian Signature: _____

Print Legal Name: _____

Date: _____

Management Signature: _____

Printed Management Name: _____

Date: _____

Enrollment Deposit Receipt

Date of Registration: _____

Child's Start Date: _____

Annual Family Registration Fee: ***\$150 for 1 child or \$200 for 2 or more children***

Annual Disaster Kit Fee: ***\$10 per child***

Annual Tadpoles Fee: ***\$27 per child***

Weekly Organic Milk Fee (Optional): ***\$5 per child***

Child's Name: _____

First Week's Tuition: \$ _____

Child's Name: _____

First Week's Tuition: \$ _____

Child's Name: _____

First Week's Tuition: \$ _____

Total Tuition/Fees Due: \$ _____

By signing below, I authorize The Creative Kids Academy to complete my child/children's enrollment upon submission of this form. I agree that the registration fee and tuition deposit outlined above will be processed through the automatic payment system and from the account I have provided information for. I understand that this payment will be processed immediately and will ensure my child/children's space at the school.

I understand and agree that The Creative Kids Academy requires a 30-day written notice for withdrawing from care. If you decide you need to change your start date for any reason a new deposit will be required, and the old deposit is nonrefundable. All fees herein are nonrefundable fees.

I understand and agree that all deposits, tuition, registrations fees, or other fees are non-refundable.

Parent/Guardian Signature: _____

Print Legal Name: _____

Date: _____

Policy and Agreements Review

I, _____, have read and reviewed the following The Creative Kids Academy policies (**please initial each line**):

_____ Parent Handbook

_____ Healthcare Policy

_____ Disaster/Crisis Plan

_____ Pesticide Policy

_____ Outside Food Policy

_____ Video/Audio Agreement

_____ Photo/Video & Social Media Agreement

_____ Enrollment/Tuition Agreement

Parent/Guardian Signature: _____ Date: _____

The Creative Kids Academy Rep Signature: _____ Date: _____

The Creative Kids Academy Orientation Checklist

(To be completed with management)

- Registration Packet
- Tuition Sheet
- Immunizations "Complete Status"
- EIEA/USDA
- Organic Milk option
- Dentist/Doctors appointment completed within the last year
- Supplemental Menu/Individual Plan of Care/Food Allergies
- Anti-Bullying and Behavior Management
- Hours of Enrollment: 7:00 AM–5:30 PM: 10-hour maximum daily, message in Tadpoles if your child will be late or absent. 9:30 AM Policy, NO Cell Phone Center. Door code ONLY for teachers
- Sign-In/Out Procedures for Tadpoles: Codes to parents/photos/emergency contact photos. I.D. required for individuals on pick-up list
- Drop-off/Pick Up Procedures
- Food for special occasions, only store-bought items. (Nutrition Label Required)
- Classroom requirements: Items to bring for age group: extra clothes x3, sheet, blanket, water bottle, diapers, wipes, lunchbox, 2 ice packs
- Illness Policy: phone call/pick up required immediately
- Injuries/Reports: phone/courtesy calls
- Medication, Diaper Cream, Sunscreen, Toothbrushing, Other (if needed). All supplies collected at orientation with corresponding form
- Holidays, In-Service days, Non-scheduled Closure dates
- Tuition Policy, paid weekly on Mondays/Late fee added Tuesday. You can set up Auto Payment in Bill.com. Tuition is due regardless of school closures, inclement weather, holidays, family vacations or other (i.e. power outages etc.)
- Snow closures or late starts are posted in Tadpoles the morning of the day affected
- Transitions to the next classroom: Transition email
- A 30-day notice via email is required prior to disenrollment (for a full 30 days from the date of email), tuition will be collected upfront and through the 30-day notice.

Parent/Guardian Signature: _____ Date: _____

The Creative Kids Academy Rep Signature: _____ Date: _____

Getting to Know You and Your Child...

1. Has your child been enrolled in any type of preschool/childcare before? If yes, how was the experience?
2. What do you value most about your child's daily interactions & activities at school?
3. What languages are primarily spoken at home?
4. What are your child's interests and favorite activities?
5. What is your child's naptime routine like?
6. How does your child express anger, fear, or frustration?
7. What does your child love to do or enjoy?
8. Are there any other topics you would like to share about your child/family that would be beneficial?



Certificate of Immunization Status (CIS)

For Kindergarten-12th Grade / Child Care Entry

Office Use Only:

Reviewed by: _____ Date: _____

Signed Cert. of Exemption on file? Yes No

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

Child's Last Name:	First Name:	Middle Initial:	Birthdate (MM/DD/YY):	Sex:
<p>I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.</p> <p> _____</p> <p>Parent/Guardian Signature Required Date</p>			<p>I certify that the information provided on this form is correct and verifiable.</p> <p> _____</p> <p>Parent/Guardian Signature Required Date</p>	

- ◆ Required for School and Child Care/Preschool
- Required Only for Child Care/Preschool

Date MM/DD/YY
Date MM/DD/YY
Date MM/DD/YY
Date MM/DD/YY
Date MM/DD/YY
Date MM/DD/YY

Required Vaccines for School or Child Care Entry

◆ DTaP / DT (Diphtheria, Tetanus, Pertussis)						
◆ Tdap (Tetanus, Diphtheria, Pertussis)						
◆ Td (Tetanus, Diphtheria)						
◆ Hepatitis B <input type="checkbox"/> 2-dose schedule used between ages 11-15						
● Hib (<i>Haemophilus influenzae</i> type b)						
◆ IPV / OPV (Polio)						
◆ MMR (Measles, Mumps, Rubella)						
● PCV / PPSV (Pneumococcal)						
◆ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS						

Recommended Vaccines (Not Required for School or Child Care Entry)

Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV / MPSV (Meningococcal)						
MenB (Meningococcal)						
Rotavirus						

Documentation of Disease Immunity
Healthcare provider use only

If the child named in this CIS has a history of Varicella (Chickenpox) or can show immunity by blood test (titer) it MUST be verified by a healthcare provider

I certify that the child named on this CIS has:

- a verified history of Varicella (Chickenpox).
- laboratory evidence of immunity (titer) to disease(s) marked below. **Lab report(s) for titers MUST also be attached.**

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Mumps	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Polio	_____
Hepatitis B	Rubella	_____
Hib	Tetanus	
Measles	Varicella	

Licensed healthcare provider signature _____ Date _____
(MD, DO, ND, PA, ARNP)

Printed Name _____

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

To print with immunization information filled in: Ask if your healthcare provider's office enters immunizations into the WA Immunization Information System (Washington's statewide database). If they do, ask them to print the CIS from the IIS and your child's immunization information will fill in automatically. You can also print a CIS at home by signing up and logging into MyIR at <https://wa.myir.net>. **If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: waisrecords@doh.wa.gov or 1-866-397-0337.**

To fill out the form by hand:

#1 Print your child's name, birthdate, sex, and sign your name where indicated on page one.

#2 Vaccine information: Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference 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 History of Varicella Disease: If your child had chickenpox (varicella) disease and not the vaccine, **a health care provider must verify chickenpox disease to meet school requirements.**

- If your healthcare provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
- If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.

#4 Documentation of Disease Immunity: If your child can show positive immunity by blood test (titer) and has not had the vaccine, have your healthcare provider check the boxes for the appropriate disease in the Documentation of Disease Immunity box, and sign and date the form. **You must provide lab reports with this CIS.**

Reference guide for vaccine abbreviations in alphabetical order

Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus	Hep A	Hepatitis A	MCV / MCV4	Meningococcal Conjugate Vaccine	OPV	Oral Poliovirus Vaccine	Tdap	Tetanus, Diphtheria, acellular Pertussis
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hep B	Hepatitis B	MenB	Meningococcal B	PCV / PCV7 / PCV13	Pneumococcal Conjugate Vaccine	VAR / VZV	Varicella
DTP	Diphtheria, Tetanus, Pertussis	Hib	<i>Haemophilus influenzae</i> type b	MPSV / MPSV4	Meningococcal Polysaccharide Vaccine	PPSV / PPV23	Pneumococcal Polysaccharide Vaccine		
Flu (IIV)	Influenza	HPV (2vHPV / 4vHPV / 9vHPV)	Human Papillomavirus	MMR	Measles, Mumps, Rubella	Rota (RV1 / RV5)	Rotavirus		
HBIG	Hepatitis B Immune Globulin	IPV	Inactivated Poliovirus Vaccine	MMRV	Measles, Mumps, Rubella with Varicella	Td	Tetanus, Diphtheria		

Reference guide for vaccine trade names in alphabetical order

<https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/us-vaccines.pdf>

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB®	Hib	Fluarix®	Flu	Havrix®	Hep A	Menveo®	Meningococcal	Rotarix®	Rotavirus (RV1)
Adacel®	Tdap	Flucelvax®	Flu	Hiberix®	Hib	Pediarix®	DTaP + Hep B + IPV	RotaTeq®	Rotavirus (RV5)
Afluria®	Flu	FluLaval®	Flu	HibTITER®	Hib	PedvaxHIB®	Hib	Tenivac®	Td
Bexsero®	MenB	FluMist®	Flu	Ipol®	IPV	Pentacel®	DTaP + Hib + IPV	Trumenba®	MenB
Boostrix®	Tdap	Fluvirin®	Flu	Infanrix®	DTaP	Pneumovax®	PPSV	Twinrix®	Hep A + Hep B
Cervarix®	2vHPV	Fluzone®	Flu	Kinrix®	DTaP + IPV	Prevnar®	PCV	Vaqta®	Hep A
Daptacel®	DTaP	Gardasil®	4vHPV	Menactra®	MCV or MCV4	ProQuad®	MMR + Varicella	Varivax®	Varicella
Engerix-B®	Hep B	Gardasil® 9	9vHPV	Menomune®	MPSV4	Recombivax HB®	Hep B		



Certificate of Exemption—Personal/Religious

For School, Child Care, and Preschool Immunization Requirements

Child's Last Name: _____ First Name: _____ Middle Initial: _____ Birthdate (MM/DD/YYYY): _____

NOTICE: A parent or guardian may exempt their child from the vaccinations listed below by submitting this completed form to the child's school and/or child care. A person who has been exempted from a vaccination is considered at risk for the disease or diseases for which the vaccination offers protection. An exempted child/student may be excluded from school or child care settings and activities during an outbreak of the disease that they have not been fully vaccinated against. Vaccine-preventable diseases still exist, and can spread quickly in school and child care settings. Immunization is one of the best ways to protect people from getting and spreading diseases that may result in serious illness, disability, or death.

Personal/Philosophical or Religious Exemption

I am exempting my child from the requirement my child be vaccinated against the following disease(s) to attend school or child care. (Select an exemption type and the vaccinations you wish to exempt your child from):

PERSONAL/PHILOSOPHICAL EXEMPTION*

- | | | | |
|-------------------------------------|---|----------------------------------|---|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Hib | <input type="checkbox"/> Pneumococcal |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Pertussis (whooping cough) | <input type="checkbox"/> Tetanus | <input type="checkbox"/> Varicella (chickenpox) |

**Measles, mumps, or rubella may not be exempted for personal/philosophical reasons per state law*

RELIGIOUS EXEMPTION

- | | | | |
|-------------------------------------|---|----------------------------------|---|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Hib | <input type="checkbox"/> Pneumococcal |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Pertussis (whooping cough) | <input type="checkbox"/> Tetanus | <input type="checkbox"/> Varicella (chickenpox) |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Mumps | <input type="checkbox"/> Rubella | |

Parent/Guardian Declaration

One or more of the required vaccines are in conflict with my personal, philosophical, or religious beliefs. I have discussed the benefits and risks of immunizations with the health care practitioner (signed below). I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

X _____
Parent/Guardian Name (print) Parent/Guardian Signature Date

Health Care Practitioner Declaration

I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child. I certify I am a qualified MD, ND, DO, ARNP, or PA licensed in Washington State.

X _____
Licensed Health Care Practitioner Name (print) Licensed Health Care Practitioner Signature Date

MD ND DO ARNP PA Washington License # _____

RELIGIOUS MEMBERSHIP EXEMPTION

Complete this section ONLY if you belong to a church or religion that objects to the use of medical treatment. Use the section above if you have a religious objection to vaccinations but the beliefs or teachings of your church or religion allow for your child to be treated by medical professionals such as doctors and nurses.

Parent/Guardian Declaration

I am the parent or legal guardian of the above-named child. I affirm I am a member of a church or religion whose teaching does not allow health care practitioners to give medical treatment to my child. I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

X _____
Parent/Guardian Name (print) Parent/Guardian Signature Date

Certificate of Exemption—Medical

For School, Child Care, and Preschool Immunization Requirements

Child's Last Name: _____ **First Name:** _____ **Middle Initial:** _____ **Birthdate (MM/DD/YYYY):** _____

NOTICE: This form may be used to exempt a child from the requirement of vaccination when a health care practitioner has determined specific vaccination is not advisable for the child for medical reasons. This form must be completed by a health care practitioner and signed by the parent/guardian. An exempted child/student may be excluded from school or child care during an outbreak of the disease they have not been fully vaccinated against. Vaccine preventable diseases still exist, and can spread quickly in school and child care settings.

Medical Exemption

A health care practitioner may grant a medical exemption to a vaccine required by rule of the Washington State Board of Health only if in their judgment, the vaccine is not advisable for the child. When it is determined that this particular vaccine is no longer contraindicated, the child will be required to have the vaccine (RCW 28A.210.090). Providers can find guidance on medical exemptions by reviewing Advisory Committee on Immunization Practices (ACIP) recommendations via the Centers for Disease Control and Prevention publication, "Guide to Vaccine Contraindications and Precautions," or the manufacturer's package insert. The ACIP guide can be found at: www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html.

*Please indicate which vaccination the **medical** exemption is referring to by disease. If the patient is not exempt from certain vaccinations, mark "not exempt."*

Disease	Not Exempt	Permanent Exempt	Temporary Exempt	Expiration Date for Temporary Medical
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hib	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Measles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pertussis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pneumococcal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Polio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rubella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Varicella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Health Care Practitioner Declaration

I declare that vaccination for the disease(s) checked above is/are not advisable for this child. I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child. I certify I am a qualified MD, ND, DO, ARNP or PA licensed in Washington State, and the information provided on this form is complete and correct.

X _____

Licensed Health Care Practitioner Name (print)

_____ Licensed Health Care Practitioner Signature

_____ Date

MD ND DO ARNP PA

Washington License # _____

Parent/Guardian Declaration

I have discussed the benefits and risks of immunizations with the health care practitioner granting this medical exemption. I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

X _____

Parent/Guardian Name (print)

_____ Parent/Guardian Signature

_____ Date