



ENROLLMENT PACKET

SY : 2024-2025

Dear Parents,

Thank you for choosing Happy Hearts Montessori for your child's education. To complete the enrollment process, we require the following documents and fees. We kindly request that all forms are submitted before the start of the school year.

- | | | |
|--|---|--|
| <input type="checkbox"/> REGISTRATION FORM | <input type="checkbox"/> PERMISSIONS FORM | <input type="checkbox"/> REGISTRATION FEE |
| <input type="checkbox"/> TUITION AGREEMENT | <input type="checkbox"/> PHOTO RELEASE FORM | <input type="checkbox"/> TUITION FEE |
| <input type="checkbox"/> CHILD HISTORY FORM | <input type="checkbox"/> IMMUNIZATIONS FORM* | <input type="checkbox"/> OTHERS: _____ |

() If you opt not to vaccinate your child, kindly complete Certificate of Exemption form
(*) If any changes apply, provide us with new information*

Required School Items for Your Child

To ensure your child is well-prepared for school, here's a friendly reminder of the necessary items they'll need. If possible, kindly bring them before the first day to avoid the hectic start of the year. Please don't forget to label all of your child's belongings with an indelible marker to prevent loss or confusion.

- Emergency Pack (You may use previous pack, but please check for expired items)
- 2 Wallet-Size Photos (preferably, new each year)
- Change of clothes in a clear, plastic bag (everything labeled)
- Slippers with rubber soles

When the rain starts, make sure your child has the proper attire to stay warm and dry. Your child will need a water-repellent jacket with a hood and a pair of waterproof boots.

We look forward to seeing you and your child!

Sincerely,
Happy Hearts Montessori



Happy Hearts Montessori School

MAPLE VALLEY

info@happyheartsmontessori.com
 23855 SE 216th St., Maple Valley, 98038
 (253) 802-6657 | (253) 709-5988

REGISTRATION FORM 2024-2025

Date Child Entered Care:		Gender:	
Child's Name (Last, First, Middle)		Name Used (Nickname)	Birthdate
Street Address		City	Zip Code
Child's Parent/Guardian Name 1	Cell Phone# () -	Home Phone# () -	Alternate Phone# () -
Street Address		City	Zip Code
Email Address			
Child's Parent/Guardian Name 2	Cell Phone# () -	Home Phone# () -	Alternate Phone# () -
Street Address		City	Zip Code
Email Address			
I give my permission for any of the following individuals to be contacted and my child may be released to any of them. 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:()- _____ Address: _____	Child's Last Physical Exam Date (If available)
Child's dentalcare provider or parent's/guardian's preferred medical facility for treatment. Name _____ Phone:()- _____ Address: _____	Child's Last Dental Exam Date (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 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 care attendant, when deemed necessary or advisable by the physician or 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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Happy Hearts Montessori School -Maple Valley

TUITION AGREEMENT FOR THE SCHOOL YEAR 2024-2025

Student: _____

Tuition is an annual amount based on the academic year. It is payable annually or in 10 equal installments due September 3 to June 1. (Enrollment may be withdrawn with 60 days' notice. Tuition is due for these 60 days, whether or not the child attends the program)

School Schedule & Tuition Costs

- ❖ **Tuition includes-** Montessori instruction, full-service lunch, snack, supplies, and classroom materials.
- ❖ If the school building closes due to a State of Emergency or by Public Health, HHM will provide remote learning opportunities and family support to match the specific situation and timing to the best of our ability and within reason. In the event of a natural disaster, forces outside our control, mandated closure, or other unforeseen circumstances, we will timely inform HHM families and share a plan specific to the situation.
- ❖ Emergency closures are non-refundable.
- ❖ Families with multiple children attending HHM will receive a 10% tuition discount for younger siblings.

Primary Program: Ages 2 ½ Years – 6 Years

Fees listed are based on the academic year (10 months) and includes lunch and snacks. They are payable annually or in 10 equal installments due September 3 – June 1.

TUITION: \$1,620/month (includes lunch and snacks)
Full Day, Monday – Friday, 8: 30am – 3:30pm

TUITION: \$1,080/month (includes lunch and snacks)
Half Day, Morning: Monday – Friday, 8: 30am – 12: 30pm
Half Day, Afternoon: Monday – Friday, 11:30am– 3:30pm

**A 5% discount is applicable when tuition is paid for the full academic year.*

Before/After School Care

The Before-and-After-Care fees listed is based on the academic year (10 months). They are payable annually or in 10 equal installments due September 3 – June 1. Enrollment in before and after school care can be withdrawn or added (based on availability) with 60 days written notice.

Before Care: 7:30 am to 8:30am : \$150/month
After Care: 3:30 pm to 4:30pm : \$150/month o

Other Fees

The registration fee applies to the entire time the student is enrolled and is to be paid only once but is non-refundable. The Late Fee is assessed on all payments received after the 3rd of the month.

Non-Refundable One-Time Registration Fee : \$550
Tuition Late Payment Fee : \$25

Late Pick-up Fees

Late fees are **\$2 every 5 minutes** after the pre- arranged pick-up time (If your child is picked-up late after 4:30pm which is the closing time, your late pick-up charged will be doubled)

School is **CLOSED AT 4:30 PM.** Please make the necessary arrangements to pick up your child before 4:30 pm.

Child's Name:	First	Middle	Last
Parent/Guardian Name:	First	Middle	Last
Parent/Guardian Name:	First	Middle	Last
Days and times my child will receive care:			
Arrival Time			
Departure Time			
Fee: \$ _____ per		Date Payment Due:	
<input type="checkbox"/> Month		Source of Payment: <input type="checkbox"/> Parent	
		<input type="checkbox"/> Other (specify):	
<p>I agree to promptly notify the childcare provider of any changes of the above information. I understand that I am fully responsible for the terms of this agreement as stipulated.</p> <p>I have read, understand, and agree to comply with the policy and procedures and information for parents given to me by:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Name of Licensee</p>			
Parent/Guardian Signature		Date	
Parent/Guardian Signature		Date	
I agree to provide childcare services according to the above plan. I agree to promptly notify the parents/guardians of any changes to above information.			
Licensee Signature		Date	
Street Address	City	State	Zip code
Comments:			

TERMS AND CONDITIONS

Tuition Payment and Responsibility

- The first tuition installment for 2024–2025 school year is due by September 3rd, 2024.
- Tuition is due by the 3rd of each month. If you are unable to pay by the due date, you are subject to a \$25 late fee.
- Tuition credit not given due to weather, water or power closure, student illness, or a child absence due to a contagious outbreak related to an immunization exemption, exemption from attendance to a COVID-19, holiday, vacation, or other missed absences.
- School closure or late arrivals due to weather or power outages might not be made up due to time built into our program schedule to meet the requirements.
- Payment may be made via personal, bank check or cash (dropped off in school)
- Returned checks are subject to a \$25 handling fee.
- This contract must be signed by all parents/guardians responsible for the payment of tuition

INITIAL _____

Withdrawal

If you choose to withdraw your child from HHM after September 1, 2024, and before the end of the school year, a **60-day written notification** is required. During the 60 day period, you will continue to be responsible for all tuition payments and any additional charges that are accrued even if your child is no longer attending.

- HHM reserves the right to suspend or deny continued enrollment if a child's account continues to be delinquent beyond 30 days.
- Transcript/records may be denied if the account is more than 60 days past due.
- Attorney fees or other client costs of enforcement may be added to your child's account for enforcement of contract.

INITIAL _____

Non-Financial Provisions

- I/We authorize my child to participate in school activities performance, and other school related events
- We may ask for assistance from families, to ensure that we are meeting the nutritional needs a child that has any food related allergies, intolerances, religious , or family choices that impact their diet.
- HHM may end a child's enrollment:
 - If an authorized pick-up person, family member, or other connected adult's behavior, violated our mission and expectation of school behavior
 - If the information provided to school is not truthful or complete, including any details that may affect the child's experience and success in the school
 - Information will be provided to any parent/guardian that has legal responsibility for a child's education.

Regulations

- The Department of Children, Youth and Families (DCFY) requires all students to be checked in and out of school each day by an approved drop off/pick up person or an authorized staff member. All parents and family members that pick-up should have a classroom app installed on their phones
- All children are required to meet Washington State requirements for school admission regarding health (providing allergy or other medical information) and immunization status.

INITIAL _____

This tuition contract is a legally binding contract. Our handbook and addendums set forth our mission, general expectations, protocols, and guidance and are incorporated herein by reference. HHM has the right to edit the handbook as needed, in our sole discretion, at any time.

Acceptance of Tuition Payment Schedule and Terms & Conditions

I/We would like to enroll _____ as a student of HHM for 2024 – 2025 school year. By signing this document, I/we have read and agree to the Terms and Conditions outlined in this agreement.

My child's annual tuition will be _____

Parent/Guardian #1 Signature

Date

Parent/Guardian #2 Signature

Date

Happy Montessori School Director

Date



Happy Hearts Montessori School - MAPLE VALLEY

CHILD HISTORY FORM

SY : 2024-2025

Child's Name (First, Middle, Last) _____	Licensee's Name
Gender: _____	
Name to be used at school: _____	

UPDATED Health History

Does/Has your child had any of the following? Please check all that apply.

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Heart Trouble |
| <input type="checkbox"/> Frequent Sore Throat | <input type="checkbox"/> Asthma | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Urinary Disease | <input type="checkbox"/> Measles | <input type="checkbox"/> Whooping Cough |
| <input type="checkbox"/> Problems with Skin | <input type="checkbox"/> Stomach Upsets | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Impetigo |
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Problems with Diarrhea | <input type="checkbox"/> German Measles | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Problems with Soiling | <input type="checkbox"/> Poliomyelitis | <input type="checkbox"/> Other |

Does your child have allergies? What does an allergic reaction look like for your child? *

Does your child have any food sensitivities/intolerances? What does a reaction look like? *

We pride ourselves on celebrating cultural diversity and love to know the culture of our families. Please share your information below.

Cultural Heritage (optional): _____

Cultures/Holidays you might be interested in sharing with our school: _____

Help us know your child better:

Has your child had any professional assessments/evaluations? If yes, please describe. *

With whom does your child live? _____

Siblings' names and ages: _____

Languages Spoken: _____

Has your child attended childcare or preschool? Tell us about it:

What would you like us to know about your child?

Are there any medical concerns that we should know about? (allergies, etc.)

Are there any behavior concerns that we should know about?

Are there any learning concerns that we should know about?

What goals do you have for your child this school year? (academic, emotional, etc.)

For all day students, does your child need a nap? Yes No

Please give details – normal duration, time, routine, etc.

Describe your child in a few words: _____

Daily Routine:

What time does your child get up? _____

What time does your child go to bed? _____

Diet Pattern (What does your child usually eat for these meals? _____

List any Food Dislikes: _____

List any Eating Problems: _____

How does your child get along with parents, siblings, and other children? _____

Does the child have any special problems/fears/needs? (Explain) _____

****HHM may ask for additional documentation upon enrollment.***

Upon enrollment/ re-enrollment, you will be asked to complete/update a Certificate of Immunization Status form from the State of Washington. This is pursuant to Washington State Administrative Code 180-38-060 which requires that you provide immunization records annually at HHM. If you choose not to have your child immunized, then you must complete and sign an exemption. If you choose to have an exemption in place of having your child immunized, then you need to be aware that in the event of an outbreak of contagious disease or pandemic, your child may be excluded from educational services at HHM without refund/credit of tuition. This section is subject to change pursuant to State and Department of Health guidelines during the COVID-19 Pandemic.



HAPPY HEARTS MONTESSORI

253-802-6657 | info@happyheartsmontessori.com |
26829 119th Ave SE, Kent, WA 98030 | 23855 SE 216th St., Maple Valley, WA 98038

PARENT/GUARDIAN PERMISSIONS FORM

SY : 2024-2025

Child's Name: _____ Date: _____

Transportation and off-site activity:

I give my permission for the licensee or the staff to take my child:

Yes No

To and/or from school:

By a personal vehicle.....

By riding with my child on public transportation

By walking with my child.....

Yes No

On field trips (a written notice will be given at least 24 hours before):

By a personal vehicle.....

By riding with my child on public transportation

By walking with my child.....

Yes No

On occasional errands:

By a personal vehicle.....

By riding with my child on public transportation

By walking with my child.....

Water activities including swimming pools and other bodies of water:

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

Yes No

Take my child swimming or play in a swimming pool or body of water.....

Bathing:

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

Yes No

Give my child a bath or shower if my child needs to be cleaned after having an accident such as diarrhea or vomiting.....



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PARENT OR GUARDIAN PERMISSIONS FORM

Child's Name: _____ Date: _____

Photo, video, or surveillance/recording activity:

I give my permission for the licensee or the staff to:	Yes	No
Take photographs of my child.....	<input type="checkbox"/>	<input type="checkbox"/>
Take videos of my child	<input type="checkbox"/>	<input type="checkbox"/>
Capture my child's image on surveillance video used at this care facility...	<input type="checkbox"/>	<input type="checkbox"/>
Allow school pictures of my child to be included in Happy Hearts Montessori School Publications	<input type="checkbox"/>	<input type="checkbox"/>
Consent to my child's actions to be recorded and studied by Montessori teachers in training.....	<input type="checkbox"/>	<input type="checkbox"/>

Food cooked by another child's parent/guardian (on special occasions only):

I give my permission for the licensee or the licensee's staff to:	Yes	No
Serve my child food prepared, cooked, or backed at home by another child's parent or guardian (on special occasions only).....	<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's Printed Name

Parent or Guardian's Printed Name

Parent/Guardian's Signature & Date

Parent/Guardian's Signature & Date



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MEETING INDIVIDUAL'S NEEDS

Montessori education provides individually paced programs and multi-age classrooms that support a wide range of abilities and learning styles. At the Happy Hearts Montessori School, we value this diversity.

Our teachers aim to identify and build on each child's strengths and use these strengths to overcome any personal challenges. The school's goals include early diagnosis and intervention, when needed, and effective and consistent support for children, family and teachers.

Some students may require significant one-to-one or small group support for their success. In cases such as this, the school reserves the right to require that students receive the assistance they need and to charge fees for added expenses incurred by the school in the form of personal aides. Parents and teachers will discuss, agree upon, and implement other reasonable accommodations in the classroom, when needed.

If teachers suspect significant developmental, learning, or behavior challenges (Significant meaning that challenges impact the ability of the child to be successfully accommodated within the classroom without additional resources, and/or significantly impact the ability of the other children in the classroom to learn), this plan will be followed:

- The teacher will notify parents that a 7-school day period of observations and documentation has begun. At this step, parents are expected to document similar behaviors at home. A follow up conference with parents will be scheduled during these 7 days. Written documentation of this first step will be placed in the child's file, and sent home via email.
- If at this follow-up conference, teachers request outside testing and evaluations, the family has five business days to initiate this testing process. A list of community resources providing screening and evaluations will be provided at this conference. The leadership team of the Montessori School of Maple Valley (HHM) is willing and able to help families with the process of seeking additional testing and evaluations. Written confirmation that the process has been initiated needs to be provided to the school within five business days.
- While recognizing that the decision to seek outside testing and evaluations of a child is the responsibility and right of the parents/guardians, the HHM also recognizes that when a teacher has requested outside testing and evaluation of a child it is because that without additional information, recommendations and resources, the HHM might be unable to meet the individual needs of the child.
- If the parent declines to seek outside testing and evaluation, the HHM reserves the right to give a family 5 school days' notice of disenrollment. A summary of the decision made will be placed in the child's file and sent home via email.

Parent/Guardian's Signature & Date

Name of Child



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SICK CHILDREN AT HAPPY HEARTS MONTESSORI

When a child is at school and becomes sick, it affects not only the child but also parents, co-workers, siblings, other students, and the teachers.

Entirely preventing the spread of many common illnesses is nearly impossible. However, we are obligated to our teachers and other students to not expose them to illnesses. Please be aware of the guidelines for keeping a child home during and while recovering from an illness. These are accepted standards set forth by and followed by health departments across the state and country.

If you notice a change in your child's behavior, such as feeling tired or out-of-sorts, consider this a sign of the onset of illness, which is the most contagious time. Keep your child home for some extra rest if he or she is overly tired or irritable.

Children with communicable diseases (including serious colds, sore throats, persistent cough, rash, conjunctivitis and the like) or who have vomited or had diarrhea or had a fever over 100 degrees in the 24 hour preceding the school day must be kept at home. Children must be fever-free without medicine for 48 hours before returning to school. If your child has had a throat culture, please keep him or her at home until the results have been reported to you—even if your doctor says it is all right to send the child to school. A child who is prescribed an antibiotic must be on the medication for 24 hours before returning to school. Please inform the Montessori School of any illness or contagious disease immediately.

A good rule of thumb is to keep the child home at least one more day after the illness symptoms subside so your child can regain strength and vigor. Children have relapses when they return to school too soon and pick up other infections on top of what they already have. We understand the difficulties of making arrangements for an ill child. However, it is our hope that by keeping children at home when appropriate, we will all benefit by having our children exposed to fewer illnesses.

Name of Child: _____

Name of Parent/Guardian: _____

Parent/Guardian's Signature

Date



PHOTO RELEASE FORM

PERMISSION TO USE STUDENT'S PHOTOGRAPH

Happy Hearts Montessori School's Photo and Video Policy

Happy Hearts Montessori School is interested in featuring its students on the school's website, social media pages (such as, but not limited to: Facebook page and Instagram), educational publications, and marketing materials (both online and print). All pictures will showcase students either demonstrating learning techniques or participating in approved school activities.

Please be aware of the following:

- As a standard policy, Happy Hearts Montessori School will not disclose a child's name, and no names will ever be used.
- Some photographs or videos may be candid or action shots captured during participation in school-sanctioned activities and events.
- Other photographs or videos may be staged for specific purposes.

Consent for the Use of Child's Photographs and/or Videos by Happy Hearts Montessori School.

I, hereby grant Happy Hearts Montessori School permission to use my child's photographs and/or videos for the intended purposes as stated above. I understand and acknowledge that unless I provide written notice to the school's administration or via email, Happy Hearts Montessori School may continue to use these materials in the upcoming academic years.

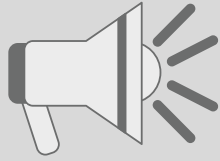
Refusal to Permit Happy Hearts Montessori School to Use Photos or Videos of My Child
I do not grant permission for Happy Hearts Montessori School to use any photographs or videos of my child for any purpose.

Student Name: _____

Parent/Guardian's Printed Name: _____

Parent/Guardian's Signature: _____

Date: _____



Student Emergency Pack

To prepare for unforeseen circumstances, each family is required to put together an emergency pack for their child to leave at school. These packs should include a gallon-sized Ziploc bag filled with food items such as nuts, fruit leather, fruit cups, granola, crackers, pudding, peanut butter, etc.. Additional items such as wet wipes, an emergency blanket, soap, toothbrush and toothpaste are encouraged and a stuffed animal or toy, and a letter from parents with words of comfort may also be included to help keep your child calm. Don't forget to write your child's name on the bag!

Sample List

- Emergency Blanket
- Toothbrush and Toothpaste
- Small Bar of Soap
- Small stuffed animal or favorite toy
- Letter of comfort from parents and a family picture
- Food Items (Individual packs of nuts, fruit leather, fruit cups, granola bars, etc.)



Certificate of Immunization Status (CIS)


For Kindergarten-12th Grade / Child Care Entry


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

Office Use Only:

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: _____

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. 

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

Parent/Guardian Signature Required _____ Date _____

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

Required Vaccines for School or Child Care Entry			
	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY
◆ 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	_____
<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 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 state wide 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 For updated list, visit <https://fortress.wa.gov/doh/cpir/iweb/homepage/completeistofvaccinenames.pdf>

Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Full Vaccine Name
DT	Diphtheria, Tetanus	Hep A	Hepatitis A	MCV / MCV4	Meningococcal Conjugate Vaccine	OPV	Oral Poliovirus Vaccine	Tdap	Tetanus, Diphtheria, acellular Pertussis	Tdap
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hep B	Hepatitis B	MenB	Meningococcal B Vaccine	PCV / PCV7 / PCV13	Pneumococcal Conjugate Vaccine	VAR / VZV	Varicella	VAR / VZV
DTP	Diphtheria, Tetanus, Pertussis	Hib	<i>Haemophilus influenzae</i> type b	MPSV / MPSV4	Meningococcal Polysaccharide Vaccine	PPSV / PPV23	Pneumococcal Polysaccharide Vaccine			
Flu (IV)	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 For updated list, visit <https://fortress.wa.gov/doh/cpir/iweb/homepage/completeistofvaccinenames.pdf>

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

For other required Care Plan Forms (i.e. Allergy Plan, Food Intolerance Care, Seizure Plan, etc.) you may:

Visit the [King County Public Health](#) page

or

Check our [School Documents](#) page at
www.happyheartsmontessori.com

or

Scan the QR code below

