

KIDDY KORNER CHILDCARE

1188 Village Way, Monroe, WA 98272
360-794-1976 kiddykornermonroe@gmail.com

REGISTRATION PACKET

Hours

6:00am to 5:30pm – Monday through Friday

Ages

4 weeks up to Kindergarten

Holidays

January 1 st	New Year's Day
February	President's Day
May	Memorial Day
June 19 th	Juneteenth
July 4 th	Independence Day
September	Labor Day
November	Thanksgiving Day
November	Friday after Thanksgiving
December 24 th	Christmas Eve
December 25 th	Christmas Day

**If a holiday falls on a Saturday, Kiddy Korner Childcare, will close the Friday before the holiday. If a holiday falls on a Sunday, Kiddy Korner Childcare, will close the following Monday in observance of the holiday. Kiddy Korner reserves the right to close on other days based on attendance and staffing.*

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WELCOME

Dear Parents:

Thank you for your interest in Kiddy Korner Childcare Center.

The following paperwork must be completely filled out, signed and turned in at least a week prior to your child's first day. All information must be completed, if there is something that does not apply to your child please enter N/A (not applicable). Registration fees are due upon enrollment and every January thereafter. Thank you for your cooperation.

We look forward to seeing you and your child at Kiddy Korner Childcare Center. If you have any questions, please feel free to give us a call.

Thank you,
Kiddy Korner Childcare Center

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REGISTRATION FORM

Child's Name: _____ Date of Birth _____ Gender _____

Mother's Name:		Father's Name:	
Address:		Address:	
Home #	Work #	Home #	Work #
Cell #	Email:	Cell #	Email:
Place of Employment		Place of Employment	
Parents Living Together? Yes _____ Separated _____ Divorced _____			

Other than the above individuals, who is authorized to pick up your child?

Name and phone number of 3 individuals is required

Name and Relation:	Phone:
Name and Relation:	Phone:
Name and Relation:	Phone:
Name and Relation:	Phone:

Other people to be notified in case of an emergency? – At least one contact is required.

Name and Relation:	Phone:
Name and Relation:	Phone:
Name and Relation:	Phone:
Name and Relation:	Phone:

Social Information

- Has your child ever been in daycare before? If so, where and when? _____
- What is your child's nap/rest schedule? _____
- List all other children in family (name, age, sex): _____
- Child's favorite toy/activity: _____
- Parent's method of discipline: _____
- Please provide us with other information which might help us care for your child such as play, eating habits, fears, likes/dislikes, etc.: _____
- How did you hear about us? _____

Signature of Parent/Guardian _____ **Date** _____

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HEALTH HISTORY FORM

Child's Name _____ Date of Birth _____ Gender _____

Family History

Mother's Age:	Father's Age:
Brother's Ages:	Health:
Sister's Ages:	Health:

Check if any family members have had, and indicate which members:

<input type="checkbox"/>	Allergies (what kind)	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Tuberculosis
<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	Epilepsy (seizures)	<input type="checkbox"/>	Ulcer
<input type="checkbox"/>	Bleeding Disorder	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	Other (describe)
<input type="checkbox"/>	Cancer	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	

Child's History

Position in family (1 st 2 nd 3 rd etc)?	Birth Weight: lbs. oz.
Length of Pregnancy: Months	
Mother's health during pregnancy?	Baby's health after delivery?

At what age did your child:

Sit alone without support?	Talk (understandable words)?
Stand alone?	Toilet trained (day)?
Walk?	Toilet trained (night)?

Please check the illnesses or problems your child has or has had:

<input type="checkbox"/>	Allergies (what kind)	<input type="checkbox"/>	Eczema	<input type="checkbox"/>	Rubella (3-day measles)
<input type="checkbox"/>	Anemia	<input type="checkbox"/>	Measles	<input type="checkbox"/>	Seizures
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Medication Reactions	<input type="checkbox"/>	Strep Throat
<input type="checkbox"/>	Chicken Pox	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	Tonsillitis
<input type="checkbox"/>	Ear Problems	<input type="checkbox"/>	Pneumonia	<input type="checkbox"/>	Other

Does your child have any dietary restrictions? _____ Is so, what? _____

Does your child take any medication routinely or for a reoccurring problem? Is so, for what and what medication? _____

***All medications must be given to administration with medication administration form.**

Do you have any concerns about your child's:

<input type="checkbox"/>	Behavior	<input type="checkbox"/>	Eating	<input type="checkbox"/>	Sleeping
<input type="checkbox"/>	Coordination	<input type="checkbox"/>	Elimination	<input type="checkbox"/>	Other
<input type="checkbox"/>	Development	<input type="checkbox"/>	Hearing/Vision	<input type="checkbox"/>	

Health Care:

Last Physical exam?	Clinic/Doctor's Name and Phone #
Last Dental exam?	Clinic/Dentist Name and Phone #

Signature of Parent/Guardian _____ Date _____

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MEDICAL CONSENT FORM

I, _____, the
parent/guardian of _____, authorize and
consent to emergency medical, surgical, and hospital care, treatment and procedures to be
performed for my child by a licensed physician, such in the interest of my child's health and
well-being, and it is not advisable to take time to notify me in advance.

Under the circumstances set forth above, I elect not to be informed in advance of the
nature and character of the proposed treatment, its anticipated results, possible
alternatives, and the risks, complications, and the anticipated benefits resulting from the
proposed treatment and the alternative forms of treatment, including non-treatment.

Signature Parent/Guardian _____ Date _____

Information of Child

Child's Name: _____

Allergies:	Date of last Tetanus Immunization:
Medications for Allergies:	
Chronic Illnesses:	Other Pertinent Dates:

Information on Parent/Guardian

Name:	Address
Cell Phone	Work Phone
Home Phone	Physician's Phone
Insurance Company	Policy Number
Emergency Contact	Emergency Phone

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IMMUNIZATION RECORDS

An updated **Certificate of Immunization Status (CIS) form** or a **Certificate of Exemption form** is required for every child that attends the center prior to their attendance and annually every January.

To find your child's **Certificate of Immunization Status (CIS) form** you can go to MYIR.NET and register. Once you have registered and logged in, click on my documents and under your child's name click on **WA Certificate of Immunization Status (CIS) form for school and child care (WA)**. Please print out this form, sign and date the top or email it to us and we can print it out and have you sign it.

If you cannot find their records on the above website, please contact your doctor's office for an updated **Certificate of Immunization Status (CIS) form**.

It must be filled out from myir.net or your doctor's office onto the official CIS form or it will not be accepted and you child may not attend.

Certificate of Immunization Status (CIS)						Reviewed by: _____	Date: _____
						Signed COE on File? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Child's Last Name:	First Name:	Middle Name:	Birthdate (MM/DD/YYYY):	SIS ID Number			
I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.			I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school I must provide the required documentation of immunization within the established deadlines. See information below about conditional status.				
Parent/Guardian Signature		Date	Parent/Guardian Signature Required if Starting		Additional Status	Date	
COMPLETE							
Assessment of Required Immunizations: Preschool age 19 months-3 years			Conditional Status: Children can enter and stay in school while in conditional status if they are catching up on required vaccines for school or child care entry. Students in conditional status must remain in school while waiting for the minimum valid date of the next vaccine plus another 30 days for documentation. For multiple vaccinations, conditional status must be documented in a similar manner as conditional status for each vaccine. If documentation is not received within the established deadlines, the student must be excluded from further attendance.				
Expiration Date: _____			Validated by MyIR from the Immunization Information System on 06/05/2026				
* Required for Preschool/Child Care Only							
Required Vaccines for School or Child Care Entry							
DTaP (Diphtheria, Tetanus, Pertussis)	06/27/23	09/18/23	11/15/23	08/21/24			
Tdap (Tetanus, Diphtheria, Pertussis)							
DT or Td (Tetanus, Diphtheria)							
Hepatitis B			11/15/23				
Hib (<i>Haemophilus influenzae type B</i>)*		06/27/23	11/15/23	08/21/24			
IPV (Polio)		09/18/23	11/15/23				
OPV (Polio)							
MMR (Measles, Mumps, Rubella)		06/27/23					
PCV/PPSV (Pneumococcal)	06/27/23	09/27/23	11/15/23	08/21/24			
Varicella (Chickenpox)		05/23/24					
Recommended Vaccines (Not Required for School or Child Care Entry)							
COVID-19		11/15/23	12/14/23	11/19/24	11/26/25		
Flu (Influenza)		11/15/23	12/14/23	11/19/24	11/26/25		
Hepatitis A		05/23/24	11/19/24				
HPV (Human Papillomavirus)							
MCV/MPSV (Meningococcal Disease types A, C, W, Y)							
MenB (Meningococcal Disease type B)							
Rotavirus	06/27/23	09/18/23	11/15/23				

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HANDBOOK AND DISASTER PLAN ACKNOWLEDGMENT

I have read and fully understand the Parent Handbook located at www.kiddykornerchildcare.com and the Policies and Procedures of Kiddy Korner Childcare Center.

I am aware the Kiddy Korner Childcare Center Disaster Plan is located at the front for me to read.

Parent/Guardian Signature: _____

Date: _____

PHOTO and VIDEO PERMISSION FORM

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Consent to photo or video:

I _____, give Kiddy Korner Childcare Center permission to post pictures of my child on Brightwheel of group activities they participate in. I understand that the photos taken are on Brightwheel only and will not be put anywhere else on the internet by any employee of Kiddy Korner Childcare Center.

Parent Signature: _____ Date: _____

Agreement Not to Post Photos of Other Children:

I agree that I will not post or use any photographs or videos that I receive from Kiddy Korner Childcare Center that include children other than my own child in print, electronic or social media or any other form. I agree to not take any photos or videos of other children while at Kiddy Korner Childcare Center. My agreement extends to any member of my family or any visitors that I bring to the center.

Parent Signature: _____ Date: _____

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Early Achievers: Parent/Guardian Consent for On-Site Evaluation

Dear Families,

As you know, _____ is participating in Early Achievers and we are preparing to demonstrate our commitment to providing quality care and education through an on-site evaluation.

We need your help to make this effort a success! Please read below for more information on how you can help us continue to provide high-quality care that helps children learn and grow.

On-Site Evaluation:

Child care and early learning programs that participate in Early Achievers receive on-site evaluation visits from the University of Washington (UW). The purpose of the evaluation visit is to gather information about our program to inform our Early Achievers quality rating. An onsite observation of our learning environment during operating hours is part of our evaluation.

The evaluation includes collecting information that will be used to validate our quality and help us, _____, develop goals to continue improving the quality of care we provide for your child, such as:

- Observing interactions between providers and children.
- Observing the materials, activities and experiences available to support children in the learning environment.
- Observing children engaging with the learning environment to understand how it stimulates their learning.
- Interviewing providers about how they support young children's growth and development.
- Interviewing interested families to learn about how we partner with families to support their child's learning and development.
- Reviewing program files and documentation to learn how program policies and procedures support quality child care practice.
- Reviewing child files to see how our program supports each child's learning and development.

Please note:

- Your child's care and education will not be interrupted during this process.
- No information about your child will ever be released to the public.
- No identifiable information about individual children will be collected.
- Information about our participation will be posted on the Department of Early Learning and Child Care Aware of Washington websites. (del.wa.gov and wa.childcareaware.org)

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Early Achievers: Parent/Guardian Consent for On-Site Evaluation

Please let us know if your child's files can be included during the evaluation visit.

- I allow my child's files to be reviewed as part of the Early Achievers evaluation as outlined above.
- I would like my child's files to be excluded during this process.

Child care facility name: _____

Child name: _____

Parent/Guardian name (printed): _____

Signature: _____ Date: _____

Optional: The UW data collection team would like to hear what you think about how we work with children and families. If you are interested in participating in an interview with the UW team, please indicate below:

- Yes, I am interested and willing to be contacted by UW for an interview (Note: *not all families who check yes will be contacted*)

- Please contact me by phone

Phone number _____

Best time to reach me _____

- Please contact me by email so I can access a link to an online parent survey

Email address _____

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TUITION AND FEES PAYMENT AGREEMENT FORM

Child's name: _____
Parent/Guardian's name: _____
Address _____ Phone _____
City _____ State _____ Zip _____
Social Security # _____ WSDL # _____
Days Receiving Care (a minimum of 3 days) M _____ T _____ W _____ Th _____ F _____
Agreed arrival and departure time (within 10 hours): From _____ to _____

- I agree to the tuition of _____ due on the 1st of every month via automatic payment.
- Registration Fee \$ _____ Received _____
- Full tuition is due regardless of hours of attendance or holidays
- There will be a \$25.00 late fee and \$1.00 per day thereafter for tuition not paid as agreed. There will be 1% interest charge on accounts not paid in full by the end of the month and at that time the account will go into collections resulting in disenrollment of child.
- One week tuition will be waived for vacation when given 2 weeks' notice for fulltime children per parent handbook.
- There will be a flat rate fee of \$3.00 per minute of children not picked up on time as agreed.
- Kiddy Korner may terminate this agreement with a 2-week notice.
- I agree to give at least a 2-week notice of termination of this agreement, withdraw from care, change of hours or days. I understand that I am fully responsible for the terms of this agreement.

Signature of Parent/Guardian _____ Date _____

Signature of Director _____ Date _____

DSHS PAYMENT AGREEMENT

For tuition paid by the state: The Department of Social and Health services requires that families follow the "parent responsibility" stated in the Child Care Subsidies Guide. In the incident that DSHS does not cover part or all of your childcare expenses it will be your responsibility to pay for those days. If you have a DSHS Co-Payment that will be automatically withdrawn on the 15th of every month. By signing this form you are stating that you understand and agree to pay for any overpayment days that DSHS does not cover.

- I agree to the DSHS Co-Payment of \$ _____ using the card on file on the 15th of every month via automatic payment.

Signature of Parent/Guardian _____ Date _____

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Payment Authorization Form

Please complete all field. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Card Information

Account Type: Master Card Visa Discover AMEX Debit

Cardholder Name (as shown on card): _____

Card Number: _____

Expiration Date: _____

CVC-Card Verification Code (3 or 4 digit code on the back): _____

Cardholder ZIP Code (from credit card billing address): _____

I, _____, authorize Kiddy Korner to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions to my account.

Customer Signature

Date

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TUITION RATES AND POLICIES

1188 Village Way, Monroe, WA. 98272 (360) 794-1976

Effective July 1, 2026

	3 Days	Full Time
<u>Infants</u> 6 weeks – 12 months	\$1717.00	\$2212.00
<u>Waddler Class</u> 12 months- 18 months	\$1488.00	\$1878.00
<u>Toddler One Class</u> 19 months-24 months	\$1488.00	\$1878.00
<u>Toddler Two Class</u> 25 months-30 months	\$1488.00	\$1878.00
<u>Discovery Preschool</u> 2.5 years old	\$1488.00	\$1878.00
<u>Preschool</u> 3.5 years old + potty trained	\$1331.00	\$1700.00
<u>Pre-Kindergarten Class</u> 4.5 years old to Kindergarten	\$1331.00	\$1700.00

Payments are due the 1st of every month through our automatic payment system

After Hours Fee: \$3.00 per minute for each child picked up after 5:30 PM There is no additional food charge. A 10% sibling discount is given to the oldest child. There is a 3-day minimum required for all classrooms.

NO DEDUCTIONS or makeup days for absences due to illness, personal reasons or public holidays.

Registration Fee (Yearly) \$100.00

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MEDICATION, SUNSCREEN or DIAPER CREAM AUTHORIZATION FORM

An early learning or school-age provider must not give medication, sunscreen, or diaper cream 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:		Child's birthdate:	
Name of Medication or cream (as appears on medication container)			
Dosage:	Start Date:	End Date:	
Expiration date:			
To be given at the following times:			
Reason for giving medication or cream 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 the 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 Kiddy Korner to give my child the medication, sunscreen, or diaper cream listed above.

Parent/Guardian Signature

Parent/Guardian Phone Number

Date

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INFANT CHECKLIST

Please bring in the following items on your baby's first day:

- Diapers- Can provide a large package to be kept at the center. We are required to change children at least every 2 hours unless needed more often.
- Package of Wipes
- Diaper cream with Medication Authorization Form
- Pacifier-if needed
- Sleep sack o Blanket
- A few sets of extra clothing
- Formula or breast milk: Formula can be left at the center; breast milk cannot remain at the center overnight.
- 1 bottle
- When needed: Baby food and snacks. Once they eat all solid foods, meals will be provided by the center (menu posted on the parent board).

ALL items should be labeled with the child's first and last name.

We will send you a message on Bright wheel when you are running low on any of the above items.

CHILD CHECKLIST

Please bring in the following items on your child's first day:

- Diapers (if needed): Can provide a large package to be kept at the center. We are required to change children at least every 2 hours unless needed more often.
- Package of Wipes (if in pull ups or diapers)
- Diaper cream with Medication Authorization Form (if in diapers or pull ups)
- Pacifier-if needed
- Blanket
- Water Bottle
- A few sets of weather appropriate clothing- kept in their cubbies.
- A rain/snow suit and boots- If starting during the winter.
- Sunscreen with Sunscreen Authorization Form- If starting in summer.

ALL items should be labeled with the child's first and last name.

We will send you a message on Bright wheel when you are running low on any of the above items.