



SCP CONTRACT & FINANCIAL AGREEMENT

CONTRACT BETWEEN PARENT/GUARDIAN & SUNSETCHRISTIAN PRESCHOOL (SCP)

- In order to secure my child's registration for class and other programs at SCP, I understand Online Enrollment/Registration must be completed and all Registration paperwork must be completed and turned into the SCP office for review and approval.
- I agree to fulfill all financial obligations to SCP in a timely manner.
- I understand that my payments made each month do not fluctuate, as they are 10 equal payments towards my child's annual tuition. The annual tuition is based on the school year and does not include scheduled holidays or breaks in winter and spring. I understand that tuition will not be adjusted or refunded for emergency closures, sick days, snow days, or vacations.
- I understand that SCP will use Tuition Express to collect the registration fee(s), supply fee(s), tuition payments and additional fees described below by automatic charges to VISA, MasterCard or Discovery Card. I understand that all Tuition Express payments are secure and that I can sign up online to have receipts emailed to me after each transaction.
- I understand that tuition payments will automatically be charged to the credit card I authorize on my Tuition Express Credit Card Authorization Form, on the following dates:
 - Registration & Supply fees are due July 5th
 - Tuition Payment #1 is due September 5th
 - Tuition Payments will be due the 5th of each month, September 5th to June 5th
 - If the 5th falls on a non-business day, your payment will occur on the next business day.
- I understand that the following fees will be applied to my account for any of the accompanying reasons:
 - \$25 Late Fee if a payment is received after the 12th day of the month
 - 2.75% Convivence fee for using Debit/Credit Cards
 - \$10 Declined Fee if a credit card payment is declined
 - \$20 Late Pick-Up Fee the 3rd time your child is picked-up late & any reoccurring late-pick up after that.
- I understand that my child's attendance may be in jeopardy if my tuition account balance becomes one month past due, and that my child will be withdrawn from the program if my tuition account balances becomes two months past due. I will receive and email or written notice of the upcoming suspension and will receive one week to bring my outstanding balance to zero.
- I understand that all tuition and fees must be paid in full by June 5th of the current school year.
- I understand in order to receive any refunds, that I must submit a 2-weeks written notice through the SCP "Withdrawal & Change of Enrollment" form, explaining effective dates of withdrawal or schedule changes.
- I understand that should my child be withdrawn for any reason, I will need to register my child again as if they are a returning student, and pay all registration fees, supply fees and tuition.
- I agree to keep my child at home if they show signs of any communicable disease and I will notify SCP office and/or my child's teacher.
- I understand that SCP teachers will provide me with 2-weeks' notice of any off-site field trips. I am required to take my child to and from field trip locations, unless other arrangements for my child have been made and I have informed my teacher.

Parent/Guardian Signature _____ Date: _____.

By signing, you are affirming the above Contract between Parent/Guardian and Sunset Christian Preschool and representing that you are the individual named above providing this information, and that this information is true and accurate.

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):
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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. Immunizations are 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.

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, and the information provided on this form is complete and correct.

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.

Name of church or religion of which you are a member: _____

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 his or her 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 vaccine antigen(s) the **medical** exemption is referring to. If the patient is not exempt from certain antigen(s), 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 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.

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.

Parent/Guardian Name (print)

Parent/Guardian Signature

Date



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:
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			Parent/Guardian Signature Required	
Date			Date	

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

Date Date Date Date Date Date
 MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY 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	_____
<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 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

For updated list, visit <https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.pdf>

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

For updated list, visit <https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.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		



Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

SECTION B (Bank Account)

Your Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			

For Official Use Only

Date Received
Employee Signature



A service of





REGISTRATION SIGNATURE PAGE

PARENT HANDBOOK

PARENT HANDBOOK: By signing this page, I acknowledge I have read in its entirety, the Sunset Christian Preschool Family Handbook. I further acknowledge that I understand and agree to follow the policies set forth in this Handbook, and that I understand what is expected of me as a parent/guardian.

Initials:

LIMITED POWER OF ATTORNEY FOR EMERGENCY MEDICAL CARE AUTHORIZATION

I hereby give my permission for my child above to be give emergency treatment to include first aid and/or CPR by a trained and qualified staff member or the local rescue unit. I further authorize and constent to medical, surgical, and hospital care, treatment, and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable to safeguard my child's health in the event I cannot be contacted. I waive my right of informed consent to such center treatment should an accident and/or illness require immediate medical attention. I acknowledge it is my responsibility to keep this medical emergency information and all other information concerning my child current throughout my child's enrollment at Sunset Christian Preschool. I authorize the sharing of necessary information included in this document with staff that need to know how to provide a safe and healthy enviroment for this child. The undersigned accepts all financial responsibility for any and all care/services rendered and indemnifies UPPC/SCP therefore. Further, the undersigned releases UPPC/SCP from any and all liability arising out of any act or omission hereunder.

Parent/Guardian Signature: Date:

NON DISCRIMINATION STATEMENT

The admission policy of Sunset Christian Preschool does not discriminate based on a child's race, color, religion, sex, national or ethich origin. We are a Christian preschool and will share the love of Jesus to all children in our program.

PERMISSION TO PARTICIPATE IN CENTER ACITVITES/PHOTO RELEASE PERMISSION

- I hereby give permission for my child to use all the play equipment and participate in all the acitivities of the center and to leave the premises under the direct supervision of a staff member for neighborhood walks or for field trips.
- I hereby give SCP/UPPC permission for my child to be photographed or videographed for promoting SCP (i.e. new publication, school publiciation, school brochures, SCP/UPPC websites & facebook, etc).
- I hereby give permission & discharge SCP/UPPC, including its session, employees, and agents, from any and all liability whatsoever from any and all claims arising out of use of any photos/videos.

If you do not give permission please fill out and return the Do Not Publish form available in the SCP office.

Parent/Guardian Signature: Date:

CONFIRMATION SIGNATURE

I acknowledge by signing below that I am the legal parent/guardian of the child named above and to the best of my knowledge the above information in this SCP Enrollment Application form is accurate and complete.

Parent/Guardian Name (print please):

Legal Signature:

Date: