



FIRST YEARS CHILDREN'S CENTER

An IRS 501(c)3 Non-profit
621 High School Road, N.W.
Bainbridge Island, WA 98110
(206)842-6363

Welcome to First Years Children's Center!

Thank you for entrusting your child with us. First Years has been caring for children on Bainbridge Island for over 20 years, and we are happy to welcome you and your family to our community.

Now that you are ready to enroll your child, we have the following packet of paperwork for you to fill out and return the week before you start. You will find the general information and emergency contacts form, permission to share photos on our website and through our Tadpoles daily sheet program, as well as the immunization document. For the health and well-being of the children who attend First Years, all children are required to be up to date on their immunizations. If your child is behind on their immunizations but is on a schedule to catch up, please let us know and we can accommodate that as well. If it is more convenient for you, you can ask your health care provider to fax us a copy.

In order to make it easier on you and your child, we have found it helps if you do a "slow start". This is when your child comes in for a couple of hours at a time, and then you extend their hours slowly until they are here for a full day. This experience gives children and teachers an opportunity to get to know each other and soften the separation experience on their first real full day.

We want this to be a smooth transition and positive experience for your family, so please do not hesitate to contact us with any questions or concerns.

Warm regards,

Emily Criss
Executive Director

Dear First Years Families,

Keeping you involved with the school and your child's daily experiences has always been a priority of ours. We are very excited to let you know that we use a program called Tadpoles®!

From Tadpoles®, teachers can send photos and videos to provide you with a glimpse into your child's day! Teachers will also be creating a daily report for each child. This daily report will keep you informed of the daily activities, learning experiences, and care events for your child. All photos, videos, and daily reports are emailed to you directly and you can also access them via the free Tadpoles® Parent app, available on Apple and Android devices, or online at www.tadpoles.com as well!

PLEASE NOTE YOU WILL NOT BE ABLE TO ACCESS YOUR ONLINE ACCOUNT UNTIL WE ENTER YOUR INFORMATION.
To create your account online, please use the following steps:

- Visit www.tadpoles.com and click log in at the top right
 - Select Families on the left
- Choose sign up under "use a tadpoles account"
- Use the email address that is currently on file with our school
 - If it's a Gmail account, you can sign right in to the account
 - If it's not a Gmail account enter your email, choose submit and check your email for a link to establish your password

The same login information will be used to access your account via the free Tadpoles® Parent app as well.

Tadpoles® will continue to strengthen our home-to-school connection. From your Tadpoles® parent account, via the app or web, you will be able to enter in morning drop off notes for your child's teachers, mark your child absent, and/or add any additional notes to be communicated to the school.

Each classroom will be equipped with an iPad which will be specifically used for the program. If you see a teacher on an iPad, rest assured, they are only using the device to input information into Tadpoles®.

We consider all information captured within Tadpoles® to be a private communication between our school and our families. No personal information is shared with any external parties and as a parent you will only receive information specifically about your child. The confidentiality of all information is maintained through the security features of the Tadpoles® software.

We are very excited to be utilizing Tadpoles® and know it will positively impact the engagement of our families and our home-to-school connection. We feel confident that you will love Tadpoles® and the level of involvement it allows you to have with your child's daily experiences while at our school. We are happy to answer any questions or concerns you may have about this exciting program!

Please take the time to fill out the information on the attached page and return it to the office.

Thank you,
Jenny Beesler
Director

First Years Children's Center Registration Form			Date child entered care:	Date child left care:
Child's name Last:	First:	Middle:	Nickname (if any)	Birthdate
Street address:		City:	Zip:	
Hours of care needed:				
Mon:	Tue:	Wed:	Thurs:	Fri:

Child's parent/guardian name:	Home phone #: () -	Cell phone #: () -	Work phone #: () -
Street address:		City:	Zip:
Address where you can be reached while child is in care:		City:	Zip:
e-mail address and any additional contact information for you:		Employer:	

Child's parent/guardian name:	Home phone #: () -	Cell phone #: () -	Work phone #: () -
Street address:		City:	Zip:
Address where you can be reached while child is in care:		City:	Zip:
e-mail address and any additional contact information for you:		Employer:	

I give permission for the following individuals to pick up my child from daycare at **anytime**.

Parent/Guardian signature: _____ Date: _____

Name:	Address:	Phone numbers:
Relationship:		Home: () - Cell: () - Work: () -
Name:		Home: () - Cell: () - Work: () -
Relationship:		Home: () - Cell: () - Work: () -
Name:		Home: () - Cell: () - Work: () -
Relationship:		Home: () - Cell: () - Work: () -

In case of **emergency**, I give permission for the following individuals to be contacted and to pick up my child.

Parent/Guardian signature: _____ Date: _____

Name:	Address:	Phone numbers:
Relationship:		Home: () - Cell: () - Work: () -
Name:		Home: () - Cell: () - Work: () -
Relationship:		Home: () - Cell: () - Work: () -
Name:		Home: () - Cell: () - Work: () -
Relationship:		Home: () - Cell: () - Work: () -

Who does not have permission to pick up your child? (If applicable, a copy of supporting court documents must be on file.) Parent/Guardian signature: _____ Date: _____

Name:	Reason:

Child's health information (Attach an additional sheet if nessasary.)

Name of Child's Physician:	Telephone #: () -	Date of last exam:	Child's weight:
Street address:		City:	Zip:
Special health problems? Yes or No? If yes, specify:	Allergies, including drug reactions? Yes or No? If yes, specify:		
Regular Medications? Yes or No? If yes, specify:	Other important information? Yes or No? If yes, specify:		
Child's dental care provider:	Telephone #: () -	Date of last exam:	
Street address:		City:	Zip:

Child's medical insurance coverage

Insurance company name:	Member/policy number:
Policy holder name:	Employer name:

Please read the following information before signing below:

- **I hereby employ First Years to provide care for my child. I grant permission for my child to use all of the play equipment (age appropriate at First Years and to participate in all First Years activities (age appropriate.)
- ** I grant permission for my child to leave First Years premises under the supervision of a staff member for neighborhood walks and field trips in an authorized vehicle with prior notification.
- **I grant permission for my child to be included in evaluations and pictures connected with First Years.
- **I grant permission for the Director or Acting Director to take whatever steps necessary to obtain emergency medical treatment if warranted. The steps may include, but are not limited to:
 1. Attempt to contact parents or designated emergency persons.
 2. Call an ambulance, paramedic or physician.
 3. Have the child taken to an emergency facility by an authorized staff member.
- **I grant permission for and give consent to medical or surgical treatment by any licensed physician and/or hospital and further consent to administration of necessary anesthetics, medical treatments, including tests, transfusions, injections or drugs and the performing of whatever operations may be deemed necessary in the event of an emergency.
- **First Years is not responsible for consequences that are a result of false or incorrect information given at the time of enrollment.
- **I certify that I have given First Years a complete and accurate account of my child's medical history.
- **I understand that it is my responsibility to keep First Years informed in writing of any changes to medical, emergency or other information regarding my child.
- **I have read the "Parent Handbook" and the First Years "Disaster Plan."
- **I have read the "Pet Policy" contained in the "Parent Handbook."
- **Parent handbook and disaster plan can be found at our website: firstyearschildrenscenter.com.

Parent/Guardian Signature: _____	Date: _____
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First Years Children's Center Parent Tuition Agreement

I, _____, agree to pay the full monthly tuition/co-pay for _____.
(Please print your name) (Please print child(ren)'s name)

Tuition:

Tuition is due at the beginning of the month. Tuition may be paid in full by the 1st of each month or you may choose to pay ½ by the 1st of the month and the other ½ by the 15th of the month. A late fee of \$30 will be assessed on past due accounts after the 5th of the month and after the 20th of the month. Accounts past due after the 25th of the month may have their enrollment suspended or terminated.

There is a one-time registration fee of \$75 per family.

Tuition Payments:

Payments can be made in person with check, cash, or money order. We also accept payments through Venmo, search for First Years Children's Center. Some banks also offer a bill pay service.

Extra Fees:

First Years occasionally offers classes for some of the older children like swim lessons and sports camps. These are optional programs and you will be responsible to pay the fee prior to the first day of the class. This fee can be included in your tuition payment for the month or paid separately.

Trade Days:

For children that attend 3-4 days a week we do allow trade days. If approved in advance and we have space available for your child, you may trade one of your child's regular days for a day they do not normally attend. The traded days must be in the same month. You cannot trade for holiday or emergency closures.

Vacation Credits:

After your child(ren) has attended First Years Children's Center for 1 year your family will be eligible for 2 weeks of vacation credit a year. This can be used all at once or in two 1-week increments. Please request to use your vacation credit 2 weeks in advance.

Withdrawing:

First Years requires a 30-day notice for any child or family leaving First Years. We do not give refunds for tuition already paid.

Parent or Guardian Signature: _____ Date: _____

First Years Children's Center Immunization Policy

FYCC does not accept children who have been exempted from immunizations by their parent or guardian, unless that exemption is due to an illness protected by the Americans with Disabilities Act (ADA).

Children are required to stay up to date with the following immunizations:

- DTaP (Diphtheria, Tetanus, Pertussis)
- IPV (Polio)
- MMR (Measles, Mumps, Rubella)
- Hepatitis B
- HIB (Haemophilus Influenza Type B) until age 5
- Varicella (Chicken Pox)
- PCV (Pneumococcal Bacteria) until age 5

Please turn in a copy of your child's immunization records or have your child's doctor fax the record to (206)842-7017 before your child's first day. Also, please turn in an updated immunization record every time your child receives additional immunizations.

Hand Sanitizing Wipe Authorization

FYCC occasionally uses children's hand sanitizing wipes on the children that are 1 year of age or older. They are used outside, on field trips and occasionally in the classroom. If you have any questions or would like to see the wipes please ask at the front desk.

- Yes, my child may use the hand sanitizing wipes.
- No, my child may not use the hand sanitizing wipes.

Child(ren)'s Name(s): _____

Parent or Guardian Signature: _____ Date: _____

Photo Permission

I give permission for my child(ren) to be included in pictures that will be posted on the First Years website, the First Years Facebook page, other First Years related pages and if a group picture distributed to other families at First Years. If posted online no names will be included in the post.

- Yes, I give permission.
- No, I do not give permission.

Child(ren)'s Name(s): _____

Parent or Guardian Signature: _____ Date: _____

Tadpoles® Family Information:

Child(ren)'s Name(s): _____

The Tadpoles® program will send you an email every day with your child's daily information sheet just minutes after you pick them up. Please list the emails below that you would like the daily information sent to as well as a cell phone for emergency text alerts. Please list all people you would like to receive your child's daily information and pictures.

Name	Relationship to child	email	Cell Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The Tadpoles® program will also allow the classroom teachers the ability to easily send you pictures and videos of your children at school. Sometimes there will be more than one child in a picture. I give permission for my child(ren)'s photos and videos to be shared via the Tadpoles® program to other families at First Years Children's Center when they are in group pictures or videos.

Parent or Guardian Name _____ Signature _____ Date _____



Certificate of Immunization Status (CIS)

For Kindergarten-12th Grade / Child Care Entry

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/YYYY):

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

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	Date	Date	Date	Date	Date
	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
◆ DTaP, DT (Diphtheria, Tetanus, Pertussis)						
◆ Tdap (Tetanus, Diphtheria, Pertussis)						
◆ Td (Tetanus, Diphtheria)						
◆ Hepatitis B						
□ 2-dose schedule used between ages 11-15						
● Hib (Haemophilus influenzae type b)						
◆ IPV / OPV (Polio)						
◆ MMR (Measles, Mumps, Rubella)						
● PCV / PPSV (Pneumococcal)						
◆ Varicella (Chickenpox)						
□ 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						

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

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 _____

First Years Children's Center Infant Program

The First Years Infant Program offers thoughtful and quality care in two infant rooms that have been equipped for the needs of children 4 weeks through 12 months of age. Each infant has different schedules reflective of their own personal needs. We accept each infant's uniqueness and provide a safe and stimulating environment from which to grow. As they grow and develop more skills, the environment will be modified to allow opportunities for the children to roll, crawl, explore and move about safely.

Please fill out the attached background information about your child with specific information about their eating and sleeping patterns. Please be sure to provide enough breastmilk or formula for each day - we like to have 3 days' worth at the center if possible. We also ask that you provide baby food (or finger foods if they are ready) until your child is eating off our menu. For your convenience we provide Dr. Browns bottles. If your child needs a different brand of bottle please supply us with enough bottles for the day, and we will be happy to wash them for you each night.

We provide a crib and fitted crib sheet for each child. We follow the safe sleep rules required by the state. Infants are laid down to sleep in a crib on their back. They may not have any blankets, stuffed animals, or other soft and loose items in the crib. They can use a pacifier and/or a sleep sack/wearable blanket if you provide it. If you have questions about the safe sleep rules, please feel free to ask.

For diaper changes we ask that you keep a minimum of 3 days' worth of diapers on hand, as well as a few changes of clothes. We provide baby wipes, and we ask that you bring in diaper cream to leave here in case your child begins to develop a diaper rash.

Weather permitting, we take the infants out on walks using our 6-seat strollers. Each seat has a 5-point harness, and for infants under 6 months we have specially designed inserts to create a more supportive seat. We look forward to having you and your child join our center!

Warm regards,



Emily Criss
Executive Director

Infant Room Supply List

Breast Milk/Formula
Baby Food (If applicable)
Diapers (min. 3-day supply)
3 Outfits
Diaper Cream
Sleep sack or wearable blanket, pacifier if needed

First Years Children's Center

Infant Background Information Sheet

The following information will be helpful to the First Years staff members when your child is new to our center. This form is given to your child's teachers. The information provided is kept confidential.

Child's Name: _____ Any Nicknames: _____ Child's DOB: _____

Parent's First and Last Names: _____

Child's previous childcare/playgroup experience: _____

Describe your child's personality: _____

Favorite Activities: _____

Does your child have a comfort item or use a pacifier? _____

Does your child have any fears? _____

Family:

Names and ages of siblings: _____

Names of other household members: _____

Pets: _____

Anything else we should know: _____

Feeding:

Do they drink breast milk, formula, or a combination? _____

Average ounces each bottle: _____ Approximate time between bottles: _____

Does your child eat baby food or table food yet? _____

If yes, how often do they eat baby/table food over the day? _____

Any allergies or special diet? _____

Diapering:

Cloth or disposable: _____ Diaper cream: _____

Do they get rashes easily/often? _____

Sleep:

How often and how long does your child usually nap? _____

How does your child like to fall asleep? _____

(We follow the safe sleep rules for Washington State. All children sleep in a crib, are placed on their backs, they may wear a wearable blanket or sleep sack, and may have a pacifier.)

Health Information:

Describe your child's overall health: _____

Any special health needs? _____

Any birth marks, scars, skin conditions or other distinguishing marks? _____

(Please include any additional information that is important and/or helpful on the back of this form. We look forward to caring for your child.)

Thank you!