



GOOD SHEPHERD LUTHERAN

Preschool

A Ministry of Good Shepherd Lutheran Church

16001 NE 34th Street
Vancouver, WA 98682

www.vanflock.org
(360) 254-5158

Registration Packet 2011-2012

Included in this packet are the forms needed to complete registration for your child at Good Shepherd Lutheran Preschool for the 2011-2012 school year, along with other important information.

If you are accessing this packet from our website, please print the forms and turn them in at our preschool.

If you have questions, please contact our Director, Krista Moore, by phone at (360) 254-5158 or by email at preschool@vanflock.org.

Registration Checklist

- Non-Refundable Registration Fee of \$85
- Completed Registration Forms (pages 4,5,6,7,8,10)
-including the two forms listed below
- Completed WA State Certificate of Immunization (p.8)
- Simply Giving / Financial Agreement Form – Electronic Payments on the 5th of each month, September 2011 thru May 2012 (p.10)



Good Shepherd Lutheran Preschool

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Mission Statement

Good Shepherd Lutheran Preschool will reach out to our community with the Good News of Jesus, providing a Christ-centered environment, activities, and experiences that nurture the spiritual, social, physical, emotional, and developmental growth of all children and families.

Vision Statement

Good Shepherd Lutheran Preschool is a Christ-centered learning community for young children and families:

Where Jesus is at the center of every activity and experience—His contagious love is evident and flourishing;

Where children are valued for their individuality, their ability to do meaningful work, their wonder and curiosity, their perspectives, and their ability to play;

Where the learning environment is valued for its authenticity, its safety, its high quality, its evidence of Christian love and joy of Jesus, its ability to stimulate creative play and hands-on learning experiences for children;

Where curriculum and learning opportunities are valued for their ability to cause spiritual, emotional, social, physical, and cognitive development, as well as personal growth;

Where families are valued for their bonds and traditions, their ability to play, their commitment to work, their home and community, and their dreams for their children;

Where church partners are valued for their commitment to service, their want for more, their eagerness to share time and talents, their prayers, their calling to spread the Good News, and their ability to play;

Where all staff are valued for their vision, mission and purpose, their delight in children, their skill and education, their heart and knowledge, their commitment to families, and their ability to play; and

Where we cherish what we learn from our Heavenly Father, our Savior Jesus, from our children, and from each other.

Purpose

Be WON; Be ONE; Be WANTING more!

As part of God's inclusive community of believers, we are called—children and adults together—to join in enhancing and enlivening each other's faith.

By telling and retelling the Biblical story, Good Shepherd Lutheran Preschool lovingly provides a safe and nurturing atmosphere for extending His saving Word to young children and their families.

Good Shepherd Lutheran Preschool supports parents as their child's primary teacher, promoting spiritual, emotional, social, physical, and cognitive development.



Answers to Frequently Asked Questions

Twice as Nice! (2 Years + Parent or Caregiver): 1 day per week (F); 9:15-10:30 A.M. (must be 2 by Aug. 31, 2011)

*First Class: Friday, September 16; Parent-Participation Required for this class

Class Enrollment Limit: 10 Students: 1 Teacher

Lambs Class (3 Years): 2 days per week (T/F); 9:00-11:45 AM (must be 3 by Aug. 31, 2011, and toilet trained)

Class Enrollment Limit: 12 Students: 2 Teachers or 18 Students: 3 Teachers

Cubs Class (4 Years): 3 days per week (M/W/TH); 9:00-11:45 AM (must be 4 by Aug. 31, 2011)

Class Enrollment Limit: 14 Students: 2 Teachers

Junior Kindergarten Class (4 1/2-5 Years): 4 days per week (M/T/W/TH); 9:00-12 Noon (must be 4 1/2 by Aug. 31, 2011)

Class Enrollment Limit: 14 Students: 2 Teachers

Focus: Christ-centered, Kindergarten readiness, individual growth in all areas

Curriculum & Instruction: blended faith-based and academic, aligned with WA State EALRs and school readiness goals; experiential, focusing on the whole child, with particular interest in the areas of spiritual, emotional, social, intellectual, and physical development Faith-based: *Voyages*, by Concordia Publishing House

Academic: *Creative Curriculum*, by Teaching Strategies (www.creativecurriculum.com)

Experiences: include periods of child-centered activity and teacher-directed activity, allowing students to experience structure and routine, as well as creative learning and exploration

Schedule: rotational model where students will explore a variety of learning environments, or stations, including: Jubilation Station (music & movement), Literacy Station (early reading & writing), Inspiration Station (Bible lessons & Chapel time), Investigation Station (science & math discovery), Recreation Station (large motor), Imagination Station (dramatic play), Free Choice Time, Circle Time

Activities: Bible Stories and Lessons, Art, Socialization, Early Literacy Skills – Reading and Writing, Sensory Skills, Dramatic Play, Cooking, Thematic Lessons, Science, Math, Health, Character Traits, Creative Movement, Fair Play, Experimentation and Investigation, Problem Solving, Social Studies, Holidays, Story Time, Music, and more

First Day of School: Wednesday, Sep. 7, 2011 (school year runs through end of May 2012)

Registration Fee: *\$85 — payable at time of registration; non-refundable

(*1/2 – off registration fee, and \$15 off per tuition payment for second child)

Tuition: Annual tuition total, divided into 9 equal payments:

1-Day Program: \$25 Registration Fee; \$25 payment x 9 = \$225 Annual Tuition

2-Day Program: \$130 payment x 9 = \$1,170 Annual Tuition

3-Day Program: \$175 payment x 9 = \$1,575 Annual Tuition

4-Day Program: \$210 payment x 9 = \$1,890 Annual Tuition



Pre-payment Discount: \$100 discount per child from the annual tuition if the full year is prepaid by Aug. 15, 2011.

Withdrawal Policy: Registration fee is non-refundable. If a student is in attendance for any portion of a given month, the tuition payment occurring within that month is non-refundable. A Two-Week notice is required to shut off Auto-Pay Tuition Payments.

Non-Discrimination Policy: We welcome and accept children and families of any race, color, sex, religious background, national or ethnic origin.

Contact: Preschool Director, Krista Moore: (360) 254-5158 or preschool@vanflock.org



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Registration Form 2010-2011

For Office Use

Date Received: _____ Simply Giving Auto-Pay # _____

Amt: _____ Cash: _____ Check # _____

Class Choices and Fees

School Calendar: September thru May

Please Note: Our annual tuition is divided into nine equal payments/deductions. A non-refundable registration fee is due at the time of registration. The nine tuition payments/deductions will be scheduled to occur at the beginning of each month from September 2011 thru May 2012. Please make checks payable to: Good Shepherd Lutheran Church

Class Session	Age by Aug. 31, 2011	Class Time	Registration Fee (Non-Refundable) Due at Time of Registration	Monthly Tuition Deductions (9 payments)
<input type="checkbox"/> Friday A.M. (1 day/week)	2 Twice as Nice!	9:15-10:30 AM	\$25	\$25
<input type="checkbox"/> T/F AM (2 days/week)	3 Lambs	9:00 - 11:45 AM	\$85	\$130
<input type="checkbox"/> M/W/TH AM (3 days/week)	4 Cubs	9:00 - 11:45 AM	\$85	\$175
<input type="checkbox"/> M/T/W/TH AM (4 days/week)	4 1/2 Junior Kind.	9:00 - 12 Noon	\$85	\$210

_____ / /
Child's Last Name First Boy or Girl Date of Birth

() - () -

_____ (Cell)
Parent Name(s) Phone (Home)

E-mail

_____ City Zip Code
Street Address

Mailing Address (if different than street address above)



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Student Information

<i>Child's Full Name</i>		<i>Email for teacher contact</i>	
/ /		<input type="checkbox"/> <input type="checkbox"/>	/ /
<i>Date of Birth</i>	<i>Age</i>	<i>Boy or Girl</i>	<i>Date Today</i>

	() -	() -
<i>Mother's Name</i>	<i>Home Phone</i>	<i>Cell Phone</i>

<i>Street Address</i>	<i>City</i>	<i>Zip Code</i>
		() -

<i>Place of Employment</i>	<i>Work Phone</i>
	() -

<i>Father's Name</i>	<i>Home Phone</i>	<i>Cell Phone</i>
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<i>Street Address</i>	<i>City</i>	<i>Zip Code</i>
		() -

<i>Place of Employment</i>	<i>Work Phone</i>
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Emergency Contacts and Dismissal Authorization

(Persons must be within 20 minutes of preschool for timely pick-up when necessary)

The following individuals are emergency contacts and are authorized to remove _____ from school:

<i>Name</i>	<i>Relationship</i>	() - <i>Daytime Phone</i>
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<i>Name</i>	<i>Relationship</i>	() - <i>Daytime Phone</i>
-------------	---------------------	-------------------------------

<i>Name</i>	<i>Relationship</i>	() - <i>Daytime Phone</i>
-------------	---------------------	-------------------------------

<i>Name</i>	<i>Relationship</i>	() - <i>Daytime Phone</i>
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Additional Information

Child's Full Name

/ /

Church Affiliation

Denomination

Date of Baptism (if applicable)

yes no

Who may we thank for your referral?

I would like to receive newsletters and occasional
information from Good Shepherd Lutheran Church.

Sibling Information

Name

Age

School

Name

Age

School

Name

Age

School

Help us get to know your child better.

Describe previous group/school experiences

Where?

Languages other than English spoken in the home

Any fears or anxieties?

Nicknames preferred by student

Food Allergies

Any traumatic or eventful happenings experienced by student (moving, loss of loved one...)

Child's favorite activities

Ways you notice your child learns best

Any additional information you feel would be helpful



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Medical Information and Agreement Form

Child's Full Name

() -

Doctor Preferred

Phone

() -

Hospital Preferred

Phone

() -

Health Insurance Company

Phone

/ /

Policy Number

ID

Child's Date of Birth

List All Allergies:

Medical Concerns or Precautions:

Physical or Cognitive Limitations or Special Needs:

I (We) the undersigned, parent or legal guardian of _____, a minor, do hereby authorize and give full consent to Good Shepherd Lutheran Preschool to seek medical treatment deemed necessary in the event of an emergency, accident, or sudden illness. In the event of such an emergency, I (We) understand Good Shepherd Lutheran Preschool will attempt to make contact with a parent or guardian immediately.

I (We) will assume any expense incurred by such treatment.

I (We) authorize Good Shepherd Lutheran Preschool Staff to use best judgment when administering Basic First Aid procedures on my (our) child.

I (We) do not hold the above named, or Good Shepherd Lutheran Preschool or Church, or any of its staff responsible or liable for any action necessary in the emergency care of my (our) child.

Signature: _____ Date: _____

Signature: _____ Date: _____



Certificate of Immunization Status (CIS)

DOH 348-013 January 2010

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 Immunization Registry.

Child's Last Name: _____

First Name: _____

Middle Initial: _____ Birthdate (mm/dd/yyyy): _____ Sex: _____

Symbols below:
◆ Required for School and Child Care/Preschool
● Required for Child Care/Preschool Only

Parent/Guardian Name (please print): _____

Parent/Guardian Signature Required _____ Date _____

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

Vaccine	Dose	Date		
		Month	Day	Year
◆ Hepatitis B (Hep B)				
1				
2				
3				
or Hep B - 2 dose alternate schedule for teens				
1				
2				
Rotavirus (RV1, RV5)				
1				
2				
3				
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)				
1				
2				
3				
4				
5				
◆ Tetanus, Diphtheria, Pertussis (Tdap, Td)				
1				
2				
● Haemophilus influenzae type b (Hib)				
1				
2				
3				
4				
● Pneumococcal (PCV, PPSV)				
1				
2				
3				
4				

Vaccine	Dose	Date		
		Month	Day	Year
◆ Polio (IPV, OPV)				
1				
2				
3				
4				
Influenza (flu, most recent)				
◆ Measles, Mumps, Rubella (MMR)				
1				
2				
◆ Varicella (chickenpox) or verify disease 1-4				
1				
2				
Hepatitis A (Hep A)				
1				
2				
Meningococcal (MCV, MPSV)				
1				
2				
Human Papillomavirus (HPV)				
1				
2				
3				

Office Use Only: Immunization information updated and verified with parent/guardian permission:

Printed Staff Name	Date	Printed Staff Name	Date
Printed Staff Name	Date	Printed Staff Name	Date

If the child named on this CIS had chickenpox disease (and not the vaccine), disease history must be verified. **Mark option 1, 2, 3, OR 4 below – see, back #5.**

1) Chickenpox disease verified by printout from CHILD Profile Immunization Registry
Must be marked by printout (not by hand) to be valid.

2) Chickenpox disease verified by Health Care Provider (HCP)
If you choose this box, mark 2A OR 2B below.
2A) Signed note from HCP attached OR
2B) HCP signed here and print name below:

Licensed health care provider (HCP) Signature _____ Date _____
(MD, DO, ND, PA, ARNP)
HCP Printed Name: _____

3) Chickenpox disease verified by school staff from CHILD Profile Immunization Registry
If you choose this box, staff must initial that parent or guardian approves: _____ (initial) _____ (date)

4) Chickenpox disease verified by parent*
If you choose this box, fill in the date or child's age when he or she had the disease:
Age/Date of disease: _____
*Can ONLY verify for some grades, see back #5 (4).

Documentation of Disease Immunity
If the child can show immunity by blood test (titer) and hasn't had the vaccine, ask your HCP to fill in this box.
I certify that the child named on this CIS has laboratory evidence of immunity (titer) to the diseases marked. **Signed lab report(s) MUST also be attached.**

Diphtheria Mumps Other: _____
 Hepatitis A Polio Rubella _____
 Hepatitis B Tetanus _____
 Hib Measles _____
 Varicella _____

Licensed health care provider (HCP) Signature _____ Date _____
(MD, DO, ND, PA, ARNP)
HCP Printed Name: _____

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

#1 To print with info filled in: First, ask if your health care provider's office puts vaccination history into the CHLD Profile Immunization Registry (Washington's statewide database). If they do, ask them to print the CIS from CHLD Profile and your child's information will fill in automatically. **Be sure** to review all the information, **sign and date the CIS** in the upper right hand box, and return it to school or child care. If your provider's office does not use CHLD Profile, ask for a copy of your child's vaccine record so you can fill it in by hand using steps #2-7 (below): **EXAMPLE**

Vaccine	Dose	Date	
		Month	Day
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)			
DTaP	1	01	12
DTaP	2	03	20
DTaP	3	06	01

#2 To fill in by hand: Print your child's name, birthdate, sex, and your own name in the top box.

#3 Write each vaccine your child received under the correct disease. Write the vaccine type under the "Vaccine" column and the date each dose was received in the "Month," "Day," and "Year" columns (as mm/dd/yyyy). For example, if DTaP was received Jan 12, March 20, June 1, '11, fill in as shown here ▶

#4 If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guide 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**.

#5 If your child has had chickenpox (varicella) disease and not the vaccine, **use only one** of these four options to record this on the CIS:

- If your child's CIS is printed directly from the CHLD Profile Immunization Registry (by your health care provider or school system), and disease verification is found, box 1 is automatically marked. To be valid, this box must be marked by the Immunization Registry printout (not by hand).
- If your health care provider (HCP) can verify that your child has had chickenpox, mark box 2. Then mark either 2A to attach a signed note from your HCP, or 2B if your HCP signs and dates in the space provided. Be sure your HCP's full name is also printed.
- If school staff access the CHLD Profile Immunization Registry and see verification that your child has had chickenpox, they will mark box 3. Then, they must initial and date that they got parent or guardian approval to mark this box (i.e. make this change) to the CIS.
- If your child started kindergarten in the 2008-2009 school year or later, you **CANNOT** use this box. If your child started kindergarten before the 08-09 school year, mark this box if you know he or she has had chickenpox. If you mark box 4, you must also write the approximate age or date your child had chickenpox. To find out which grades require chickenpox vaccine (or history), visit: <http://www.doh.wa.gov/cfh/immunize/schools/vaccine.htm>

#6 Documentation of Disease Immunity: If your child can show immunity by blood test (titer) and has not had the vaccine, have your health care provider (HCP) fill in this box. Ask your HCP to mark the disease(s), sign, date, print his or her name in the space provided, and **attach signed lab reports**.

#7 Be sure to **sign and date the CIS** in the upper right hand box, and return to school or child care.

#8 If a school or child care makes a change to your CIS, staff will print their name in the middle bottom box and date to show that you gave approval.

Vaccine Trade Names in alphabetical order				(For updated lists, visit http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/us-vaccines-508.pdf)			
Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB	Hib	Engerix-B	Hep B	Ipol	IPV	Pentavalente	DTaP + Hep B + Hib
Adacel	Tdap	Fluarix	Flu (TIV)	Infanrix	DTaP	Pneumovax	PPSV or PPV23
Afluria	Flu (TIV)	FluLaval	Flu (TIV)	Kinrix (Knrx)	DTaP + IPV	Prevnar	PCV or PCV7 or PCV13
Boostrix	Tdap	FluMist	Flu (LAIV)	Menactra	MCV or MCV4	ProQuad (PrQd)	MMR + Varicella
Cervarix	HPV2	Fluvirin	Flu (TIV)	Menomune	MPSV or MPSV4	Quadracel (Qdrcel)	DTaP + IPV
Comvax (Cmvx)	Hep B + Hib	Fluzone	Flu (TIV)	Pediarix (Pdrix)	DTaP + Hep B + IPV	Recombivax HB	Hep B
Daptacel	DTaP	Fluzone	HPV4	PedvaxHIB	Hib	Rotarix	Rotavirus (RV1)
Decavac	Td	Havrix	Hep A	Pentacel (Pntcl)	DTaP + Hib + IPV	RotaTeq	Rotavirus (RV5)

Vaccine Abbreviations in alphabetical order				(For updated lists, visit http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/us-vaccines-508.pdf)			
Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus acellular Pertussis	Hep A (HAV)	Hepatitis A	MPSV or MPSV4	Meningococcal Polysaccharide Vaccine	Rota (RV1 or RV5)	Rotavirus
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hep B (HBV)	Hepatitis B	MMR / MMRV	Measles, Mumps, Rubella / with Varicella	Td	Tetanus, Diphtheria
DTP	Diphtheria, Tetanus, Pertussis	Hib	<i>Haemophilus influenzae</i> type b	OPV	Oral Poliovirus Vaccine	Tdap	Tetanus, Diphtheria, acellular Pertussis
Flu (TIV or LAIV)	Influenza	HPV	Human Papillomavirus	PCV or PCV7 or PCV13	Pneumococcal Conjugate Vaccine	TIG	Tetanus immune globulin
HBIG	Hepatitis B Immune Globulin	IPV	Inactivated Poliovirus Vaccine	PPSV or PPV23	Pneumococcal Polysaccharide Vaccine	VAR or VZV	Varicella

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388).

Reference Guide

AUTHORIZATION FORM

FOR OFFICE USE ONLY	STUDENT #:	DATE:
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Name of school: _____

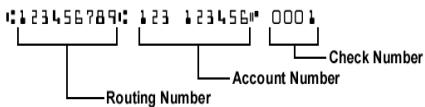
Effective date of authorization: ____/____/____ Name of Student: _____

Type of Authorization Form: New Authorization Change banking information
 Change payment amount Discontinue electronic payment
 Change payment date

Last Name	First Name
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Address

City	State	Zip
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Please debit payments from my (check one): <input type="checkbox"/> Checking Account (attach a voided check below) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____ 
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Tuition Payment Plan (please check one):

9 Month Plan (Aug. through Apr.) 4 Month Plan (Sep., Nov., Feb., Apr.) 2 Month Plan (Oct. and Feb.)

Date of first payment: ____/____/____ Date of last payment (optional): ____/____/____	Date of monthly payment: <input type="checkbox"/> Weekly on _____ <input type="checkbox"/> Monthly on _____ <input type="checkbox"/> Semi-Monthly (transferred on 1 st and 15 th of each month)	Amount of first payment: \$ _____ Amount of ongoing payment: \$ _____ Amount of last payment (optional): \$ _____
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AGREEMENT

I authorize the above school to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: _____ Date: _____

