



10315 20th St. S.E. | Lake Stevens, WA 98258 | (425) 334-3885

Registration

Summer

2024



Proudly Participating in Early Achievers

New Families



10315 20TH ST S.E. | LAKE STEVENS, WA 98251 | (253) 934-3885

Dear Parents and Guardians,

Country Dawn Preschool & Child Care Center opened September 19th 1988. As the owner and director I take great pride in operating and providing a safe, warm, and stimulating environment that all children need and deserve. We have spacious classrooms and a large well equipped outdoor playground. We strive to maintain a clean, healthy, and home-like facility in an effort to make an enjoyable learning experience for children of all ages.

The consistency of Country Dawn's staff is exceptional. Our outstanding teachers and staff have the education necessary in early childhood development and in behavior management, along with many years experience working with children. Their high energy levels, enthusiasm, and sensitivity to the needs of children combined with our low student-teacher ratios and spacious classrooms produce the highest quality academic and childcare programs available.

All of our programs at Country Dawn are designed to enhance growth and self-confidence at each child's own level. The nurturing environment and stimulating curriculums, gives each child the desire to learn more every day. They participate with excitement while forming a positive attitude about education.

Our dedicated teachers and staff members present exciting new ways of learning using exceptional materials for hands-on activities and self-correcting games. Each child is made to feel capable thus forming and maintaining a good self-image. The low student-teacher ratio in our Pre-Toddler through Pre-Preschool programs provides the opportunity for individual attention when necessary, and makes it easy to observe the growth of each child.

Some additional special features at Country Dawn will include field trips, progress reports, parent-teacher conferences, guest speakers, and an exchange of seasonal books through the Sno-Isle Regional Library System. Each week a Music Specialist with Elevate Music Together comes to our Pre-Toddler through Pre-Kindergarten Programs. We offer family opportunities such as Curriculum Night, Pumpkin Carving Night, Christmas Programs, Moms & Muffins, Dads & Donuts, and a formal Pre-Kindergarten graduation at the end of the academic school year. Happy Feet Soccer also offers weekly soccer classes for Older Toddlers through Pre-Kindergarten children.

Your child will receive a great learning experience, the quality child care every child deserves, make new friends, and have a lot of fun at Country Dawn.

Sincerely,

A handwritten signature in black ink that reads "Julie A Bliven".

Julie A Bliven
Owner / Director



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Summer 2024

It's time to think about our plans for the summer months. **Any child that is currently enrolled must have a Summer Registration Form filled out to hold their position.**

All Children attending Infant - 5th grade will stay in their current classrooms until the new school year. Please mark your Summer 2024 Registration Form for the classroom and schedule your child is currently attending. We can guarantee your current schedule. If you would like to change your schedule for the summer please make your request on your summer 2024 registration form and we will do our best to accommodate.

Charges are based on the Program NOT on the child's age. During the summer the tuition rates stay the same as the current fall rates for all Infant - Pre-Kindergarten Programs. The tuition fees are calculated to be equal payments from September - August. Vacation credits apply to both full time and part time families (Infant - Pre-Kindergarten) that can be used anytime during the school year September - August (See Vacation Credit statement below for further details.)

SCHOOL AGE PROGRAM: The emphasis is on having fun during the summer with indoor and outdoor activities with field trips every week for Kindergarten - 5th graders. Arrangements for field trips and staffing is based on the number of children enrolled. We will be using Country Dawn buses on all field trips. All field trips will be publicized well in advance as to date, time, destination, and type of activity. Each child will have one field trip a week. We cannot guarantee which day your child's field trip will be on.

CURRENT FAMILIES: **All families who have children currently attending Country Dawn** have the opportunity to Pre-Register before we open registration to new families needing care for the summer. Registration forms for families currently enrolled are due by **Friday, March 15th**. Open registration to the public will start **Monday, April 8th**. Parents with children in current programs **need to fill out the SUMMER REGISTRATION FORM** and check the program the child is **currently in**.

VACATION CREDIT: Families who privately pay that are enrolled for full day programs (Infant-Pre-Kindergarten) and have been enrolled for 90 consecutive days are eligible for a maximum of 2 week vacation credit. Children may not be in attendance when using vacation credit. If you dis-enroll at any time and then re-enroll, your eligibility starts over. **Vacation credit is given by school year (September - August).** This excludes subsidized programs. Children who attend Kindergarten - 5th grade **do not** receive a vacation credit. We require a minimum of at least 2 weeks advance notice for a vacation credit unless an exception is made by the director.

Monday - Friday = 10 days, Monday-Wednesday-Friday = 6 days, Tuesday-Thursday = 4 days

PRICE LIST



**SUMMER
2024**

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REGISTRATION FEE: Is a \$100.00 fee per child for new families.

Weekly charges are based on the Program, NOT on the child's age.

If you are interested in only two or three days per week (T-TH or M-W-F) please indicate your preference on your registration form. We will do our best to accommodate your request.

PROGRAMS :

<u>Main Building Full Day Programs:</u>	<u>Monthly Charges</u>
Infants (1 month-12 months)	\$1,950
Pre-Toddler (12 months-18 months)	\$1,775
Toddler (18 months-24 months)	\$1,775
Older Toddler (24 months-30 months)	\$1,650
Pre-Preschool (30 months-36 months)	\$1,650
Preschool (3-4 years)	\$1,550
Pre-Kindergarten (4-5 years)	\$1,575

Part-Time families T-TH or M-W-F full-days will be charged an additional \$5.00 to the daily rate for Infant - Pre-Kindergarten Programs.

<u>East Building Programs</u>	<u>Monthly Charges</u>
Kindergarten - 5th Grade	\$1,550
M-W-F Kindergarten - 5th Grade	\$1,175
T-TH Kindergarten - 5th Grade	\$825

For Kindergarten-5th Grade prices for summer field trips are included in your tuition fees.

Summer Registration fee is a non-refundable fee for a new or returning family of \$100 per child.

See Payment Agreement for information on 5% family discount, tuition payments, additional charges and fees.

See General Policy Statement for information on Vacation Credit.

**PART-TIME
PRICE LIST**



<u>Programs</u>	<u>M-W-F Part-time Monthly</u>	<u>T-TH Part-time Monthly</u>
Infants	\$1,300	\$910
Pre-Toddler	\$1,195	\$840
Toddler	\$1,195	\$840
Older Toddler	\$1,120	\$790
Pre-Preschool	\$1,120	\$790
Preschool	\$1,060	\$750
Pre-Kindergarten	\$1,075	\$760

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.

We do not accept American Express (AMEX) credit cards.

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			



ROUTING NUMBER

ACCOUNT NUMBER

CHECK NUMBER

FOR OFFICIAL USE ONLY

Date Received
Employee Signature

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PAYMENT AGREEMENT

1. **Payment Schedule Setup:** At the time of registration you will arrange your billing period and payment due date per your Payment Agreement. Tuition payments are due in advance. Your billing period may be bi-monthly or monthly. We do not accept American Express payments. **All payments will be ran through Tuition Express. Payments are set up to run automatically from your checking, saving, or credit card account through Tuition Express on the agreed due date.**
2. **Family Discount:** A **5%** family discount is given to families that have more than 1 child enrolled in a full day programs (Infants - Pre-Kindergarten). Kindergarten - 5th grade and School Only students do not receive a discount during the school year. Kindergarten - 5th grade students are eligible for this discount during summer when they are enrolled for full days.
3. **Before and After School programs:** There are no additional fees for scheduled non-school, late starts and early dismissal days for children who attend AM & PM. There are additional fees for children who utilize extra drop-in care in the AM or PM only programs. See Before & After School Price List for more details.
4. **Vacation credit:** Families who privately pay that are enrolled in a full day program (Infant - Pre-Kindergarten) and have been enrolled for 90 consecutive days are eligible for a maximum of 2 weeks vacation credit. Children may not be in attendance when using vacation credit. If you dis-enroll at any time and then re-enroll, your eligibility starts over. **Vacation credit is given by school year (September - August).** This excludes any subsidized programs.
Full days, Monday - Friday = 10 days, Monday - Wednesday - Friday = 6 days, Tuesday - Thursday = 4 days.
 - a. School Only Preschool and Pre-Kindergarten students **do not receive any vacation credit.**
 - b. Children who attend Kindergarten through 5th grade **do not** receive a vacation credit.
 - c. We require a two week advance notice for a vacation credit unless an exception is made by the director.
5. **Charges and Closures:** Charges are incurred regardless of whether your child is in attendance or not; due to a holiday, sickness, safety, weather, behavior, vacation and/or any other unforeseen circumstances.
6. **Drop-in Care:** Will be billed at a higher daily rate and you will not receive the 5% family discount. If you drop in on a field trip day, additional field trip costs will be added.
7. **School Only Families:** We follow the Lake Stevens School District for school closures and late starts. If School Only Classes are cancelled due to weather, make up days will be added on the end of the school year at no charge. If School Only Classes are cancelled due to a late start, these days are not made up. Charges are calculated to be 10 equal monthly payments or 20 bi-monthly payments (September - June).
8. **New Child Registration and re-enrollment fees are a non-refundable fee of \$200 per child.**
9. **Annual Registration fee is a non-refundable fee of \$175 per child** that is due at the time of Pre-registration for the following school year.
10. **Elevate Music Together fee is a \$25 monthly fee** that is billed on the 1st of each month (September - June). This fee is for all programs (Pre-Toddler - Pre-Kindergarten) excluding part-time T-TH and School Only Preschool T-TH children.
11. **Happy Feet fee:** Happy Feet is a soccer program that is an optional activity on Wednesdays. The fee will be collected by them, not Country Dawn.
12. **A Late payment penalty of \$25** will be added to your bill for each week your payment is late.
13. **Unpaid account balances will be turned over to Puget Sound Collections. Once Accounts have been turned over Country Dawn cannot accept payment.**
14. **Any declined Tuition Express payments will result in a \$25.00 NSF fee.**
15. **After hours charge:** Is a fee for children picked up after **6:00 P.M.** You will be charged at the rate of **\$3.00** per minute, per child. Continuing services will be evaluated if a family has 5 or more late pick ups.
16. **The Billing Period and Payment Due Date** will be stated in writing, signed by all parties who are responsible for payment of charges for childcare services.
17. **Termination of services for lack of payment** will happen immediately when an account becomes seriously past due. You will be notified by letter when termination of care for your child becomes necessary due to lack of payment with the exact date of termination stated in the letter. At that point your child/children will no longer be able to attend.

Circle the billing period and when your payment will be made. Payments are due in advance.

BI-MONTHLY: First Half DUE 1 2 3 4 5

Second Half DUE 15 16 17 18 19 20

MONTHLY: DUE

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

First & Last Names of the children you have enrolled.

Guardian Name (PRINTED): _____ Signature: _____ Date: _____

Guardian Name (PRINTED): _____ Signature: _____ Date: _____



General Policy Statement

1. **Ages:** We accept children 4 weeks through 12 years of age.
2. **Hours of operation:** Monday - Friday 5:30 A.M. - 6:00 P.M.
3. **Sign In & Sign Out:** Anyone dropping off or picking up a child/children must sign in and out daily using the electronic check in station.
4. **Price List:** Our Price List is updated annually. The new prices go into effect on the first day of the school year.
5. For billing Tuition fees are calculated to be equal payments September – August for our Infant - Pre-Kindergarten full day programs.
6. For Before and After School programs the tuition fees stay the same for the school year, but will change in the summer when children are attending full-days (see payment agreement).
7. **Breakfast & Snack Menus** are planned and posted monthly.
8. **BREAKFAST** is served before 7:30 A.M. at no extra charge. If your child does not wish to eat what is on the menu at Country Dawn have your child eat breakfast at home. Please do not bring in any food or drinks for breakfast.
9. **SNACKS** are served mid morning & mid afternoon at no extra charge. If your child has special dietary needs please send necessary food items to Country Dawn each day for the morning and afternoon snacks.
10. **LUNCH:** For an additional fee you may order a lunch through Country Dawn at the front desk or you can send a peanut-free packed lunch. We provide milk with lunch. Send your child's lunch in a lunch container with an ice pack daily. Country Dawn does have microwaves in our classrooms and can heat up lunch items that take no longer than 1 minute to heat. Lunches must include a serving of protein, grain, dairy, fruit and vegetable.
11. **Dis-enrolling:** Country Dawn requires two weeks written notice prior to dis-enrolling from our programs.
12. If your child is sent home due to safety of another child and/or staff, your child is not allowed to come back to Country Dawn until the next school day.
13. **Termination:** Country Dawn has the right to terminate care immediately due to safety of the child involved, other children and/or staff.
14. **No make-up days:** No deductions or make-up days are permitted due to sickness, weather, snow, holidays, or for personal reasons.
 - a. **For School Only Families,** we follow the Lake Stevens School District for school closures and late starts. If classes are cancelled due to closures, make up days will be added on the end of the school year at no charge. If classes are cancelled due to a late start, these days are not made up unless more than 3 days are cancelled.
15. **Field Trips:** Advance notice is given for all field trips with date, departure & return time, destination, and cost.
16. **Saturday Night Care:** Is offered on the 2nd Saturday of each month for an extra fee. Sign up at the front desk with a \$20 cash deposit.
17. **Anyone picking up a child who is impaired by either alcohol or drugs will not be allowed to pickup and law enforcement will be contacted.**
18. **Drop Off Time:** We ask for all children to be dropped off before 11:00 A.M. each day, unless other arrangements have been made with the front desk staff. This helps with daily scheduling and avoids disruption of rest time.
19. **Maximum daily hours:** Children may remain in our care a maximum of 10 hours a day. If you need to extend the time based upon parent/guardian's typical work schedule and travel time, a written daily work schedule is needed for your child's file.
20. **Peanuts:** We are a **peanut free school** due to the extremely severe allergic reactions some children have to them. We do not allow any food items that contain or may contain peanuts or that are made in a facility with peanuts. If we have a child with any other severe allergies, we will make their classroom environment free of that item as well.
21. **All Preschool and Pre-Kindergarten children must be potty trained** to be enrolled in the Preschool and Pre-Kindergarten classes.
22. **Center Handbooks:** The Parent Handbook and Crisis Disaster Handbook are available to view online at countrydawnpreschool.com under the "Parents" tab. Hard copies of these handbooks are available upon request.
23. **Photograph of Children:** We produce a School Year Book with photos of all of our children and staff. We allow our teachers to take pictures of children for the purpose of classroom projects. These may be posted in the classroom or shared with other children in the class and their families when the projects are sent through ProCare or Parent/Guardian emails. We may photograph or record your child and use them on Country Dawn's Facebook or Instagram accounts. **You have the option to allow your child's photo or audio-visual recordings to be taken for the purposes described above or not. Please indicate your preference by signing the appropriate statements below.**

I AGREE TO ALLOW my child's photo to be taken for Country Dawn's Year Book and for class projects that may be posted in the classroom, or shared with the children and families at Country Dawn. **Parent / Guardian Signature:** _____

I AGREE TO ALLOW my child's photo and audio-visual recordings to be posted on Country Dawn's Facebook and Instagram accounts. **Parent / Guardian Signature:** _____

I DO NOT WANT MY CHILD'S PHOTO TAKEN FOR ANY PURPOSE. **Parent / Guardian Signature:** _____

Indicate that you have read and understood all of the statements listed above by printing your full legal name, signing your full legal signature, and dating the appropriate line or lines below.

Child's Name: _____

Parent / Guardian: _____ Signature: _____ Date: _____

Parent / Guardian: _____ Signature: _____ Date: _____



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HEALTH CARE POLICY

Children with any of the following symptoms should stay home or may be sent home.

1. Diarrhea - 3 or more watery stools in a 24-hour period.
2. Vomiting - 2 or more times in a 24-hour period.

Children must be free of vomiting and diarrhea for a 24-hour period before returning to Country Dawn.

3. Rashes - any draining rash, or body rash that persists with no apparent cause, and especially if accompanied by fever or itching. Note: Children with Thrush (Moniliasis) must be on antibiotics 24 hours before returning.
4. Eye discharge - thick mucus or pus draining from the eye, or "pink eye". In addition **Children with "Pink Eye" must be on antibiotics at least 24 hours before returning for care & be goop free.**
5. Appearance & Behavior - unusually tired, pale, lack of appetite, these symptoms provide sufficient reasons for keeping a child from attending child care .
6. Sore throat - especially if it is accompanied by fever and/or swelling of glands in the neck. In addition **Children with Strep Throat must be on antibiotics 24 hours before returning for care.**
7. Lice & Scabies - (insect infestations) children who have lice must not return to child care until they are free of lice and nits (eggs). Children with scabies, caused by a burrowing itch mite, can be admitted for child care after treatment.
8. Fever - if the child's temperature is 101° Fahrenheit or higher.

Children must be fever free for a 24 hour period without the use of fever reducing medication before returning to Country Dawn.

9. Nose discharge - Children with persistent colored heavy discharge from nose should be evaluated by their health care provider.
10. Persistent cough - severe persistent cough should be evaluated by the child's health care provider.
11. Apparent respiratory problems - when a child experiences any unexplained difficulty in breathing they should be seen immediately by a health care provider.

Children with the following symptoms may attend child care provided they DO NOT exhibit any of the symptoms listed in items one through eleven above and are able to participate in normal activities of their group or class.

1. Ear infections - children with ear infections who are receiving medical treatment and follow up, and DO NOT have any of the above symptoms: do not need to be excluded from childcare.
2. Mild cold symptoms - children with occasional clear discharge from the nose, and occasional cough do not need to be excluded from childcare.
3. Minor rashes with known causes - such as minor diaper rashes, heat rashes, or minor rashes due to allergic reactions which are not dangerous or contagious, and of no apparent discomfort to the child, do not need to be excluded from childcare.
 - If children are too sick to attend public school they are also too sick to be at Country Dawn.
 - If your child should get sick while at Country Dawn he or she will be removed from their group and made as comfortable as possible, and you will be contacted to pick up your child. If we cannot reach you, we will contact whom ever you listed on the Health & Emergency Data Card as authorized to pick up your child. Make sure the people you authorize to pick up your child are available when you are not. If we feel the illness is serious we will seek emergency help immediately.

If your child has Covid symptoms, please test them. If they are positive, please let us know and they will need to quarantine per current guidelines of the Snohomish Health Department.

Child's Name: _____

Parent / Guardian Signature: _____

Date: _____

Parent / Guardian Signature: _____

Date: _____



Procure's parent engagement app helps you stay connected to your child's learning journey

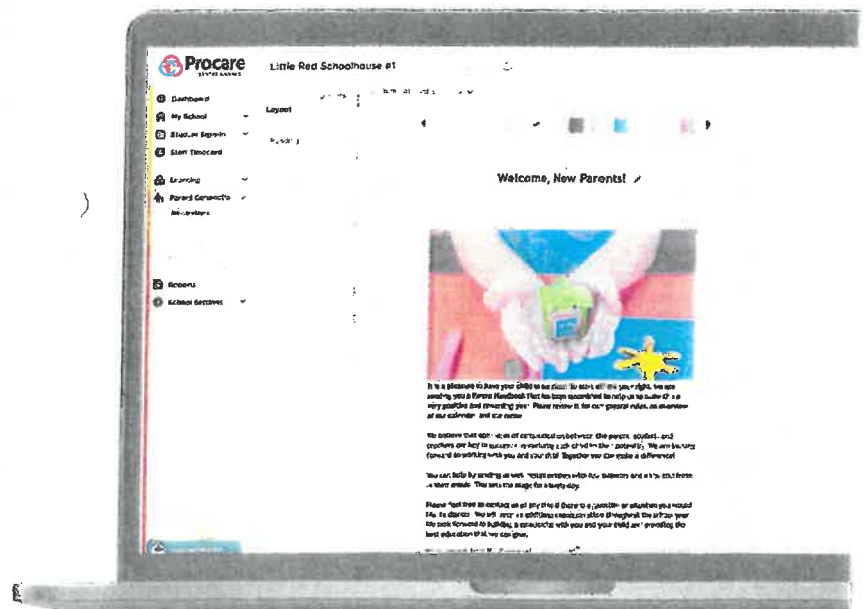
Welcome to Procure's parent engagement solution! As a parent, you now have access to a best-in-class app where you'll be able to see all of your child's activities, milestones, photos and videos in one place.

Procure's parent app is a solution developed by Procure, the No. 1 name in child care software—used by more than 30,000 child care businesses across the country.



I love using this product. I use it daily to communicate with my parents. My parents love it too!

— ARIEL, OWNER

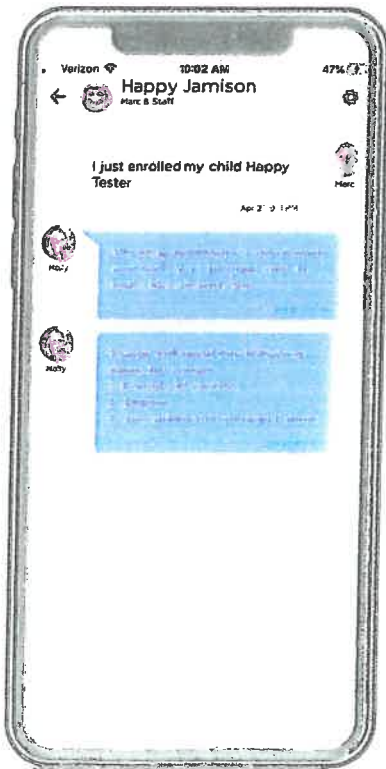


Why Use Procare's Parent App?

“

Fantastic software! It is absolutely **THE BEST** child care app on the market right now.

— DONNA, OWNER



1 COMMUNICATE WITH YOUR CENTER IN REAL TIME

- Easily message center staff via the app
- Receive any alerts or announcements in real time

2 STAY IN THE LOOP ON UPCOMING ACTIVITIES AND TRACK PAST ATTENDANCE

- View upcoming schedules
- See a calendar of upcoming activities
- View attendance for your child (week or month)

3 IMMERSE YOURSELF IN YOUR CHILD'S DAY

- View activities: naps, meals, playtime and learning
- Understand how your child is doing against developmental milestones
- See photos and videos of your child in action

4 FEEL CONFIDENT ABOUT YOUR CHILD'S SAFETY & SECURITY

Designate authorized drop-off/pick-up individuals

How do I get the app?

You will receive an invitation from your center with instructions about account setup and app download.

Where can I get more information?

If you have any questions about the Procare app, we encourage you to talk to your child care center.

UPDATED CHILD AND ADULT CARE FOOD PROGRAM MEAL PATTERNS:

CHILD AND ADULT MEALS



USDA recently revised the CACFP meal patterns to ensure children and adults have access to healthy, balanced meals throughout the day. Under the updated child and adult meal patterns, meals served will include a greater variety of vegetables and fruit, more whole grains, and less added sugar and saturated fat. The changes made to the meal patterns are based on the Dietary Guidelines for Americans, scientific recommendations from the National Academy of Medicine, and stakeholder input. CACFP centers and day care homes must comply with the updated meal patterns by October 1, 2017.

Updated Child and Adult Meal Patterns



Greater Variety of Vegetables and Fruits

- The combined fruit and vegetable component is now a separate vegetable component and a separate fruit component; and
- Juice is limited to once per day.



More Whole Grains

- At least one serving of grains per day must be whole grain-rich;
- Grain-based desserts no longer count towards the grain component; and
- Ounce equivalents (oz eq) are used to determine the amount of creditable grains (starting October 1, 2019).

More Protein Options

- Meat and meat alternates may be served in place of the entire grains component at breakfast a maximum of three times per week; and
- Tofu counts as a meat alternate.



Age Appropriate Meals

- A new age group to address the needs of older children 13 through 18 years old.



Less Added Sugar

- Yogurt must contain no more than 23 grams of sugar per 6 ounces; and
- Breakfast cereals must contain no more than 6 grams of sugar per dry ounce.


Milk: Every Step Counts

- Unflavored whole milk must be served to 1 year olds; unflavored low-fat or fat-free milk must be served to children 2 through 5 years old; and unflavored low-fat, unflavored fat-free, or flavored fat-free milk must be served to children 6 years old and older and adults;
- Non-dairy milk substitutes that are nutritionally equivalent to milk may be served in place of milk to children or adults with medical or special dietary needs; and
- Yogurt may be served in place of milk once per day for adults only.


Additional Requirements

- Extends offer versus serve to at-risk afterschool programs; and
- Frying is not allowed as a way of preparing foods on-site.

Breakfast Meal Patterns

	Ages 1-2		Ages 3-5		Ages 6-12 & 13-18		Adults	
	Previous	Updated	Previous	Updated	Previous	Updated	Previous	Updated
Milk	½ cup	½ cup	¾ cup	¾ cup	1 cup	1 cup	1 cup	1 cup
Vegetables, fruit, or both	¼ cup	¼ cup	½ cup	½ cup	½ cup	½ cup	½ cup	½ cup
Grains	½ serving	½ oz eq*	½ serving	½ oz eq*	1 serving	1 oz eq*	2 servings	2 oz eq*

*Meat and meat alternates may be used to substitute the entire grains component a maximum of three times per week.
Oz eq = ounce equivalents

Lunch and Supper Meal Patterns

	Ages 1-2		Ages 3-5		Ages 6-12 & 13-18		Adults	
	Previous	Updated	Previous	Updated	Previous	Updated	Previous	Updated
Milk	½ cup	½ cup	¾ cup	¾ cup	1 cup	1 cup	1 cup	1 cup*
Meat and meat alternates	1 oz	1 oz	1 ½ oz	1 ½ oz	2 oz	2 oz	2 oz	2 oz
Vegetables	¼ cup	½ cup	½ cup	¼ cup	¾ cup	½ cup	1 cup	½ cup
Fruits		½ cup		¼ cup		½ cup		
Grains	½ serving	½ oz eq	½ serving	½ oz eq	1 serving	1 oz eq	2 servings	2 oz eq

*A serving of milk is not required at supper meals for adults
Oz eq = ounce equivalents

Snack Meal Patterns

	Ages 1-2		Ages 3-5		Ages 6-12 & 13-18		Adults	
	Previous	Updated	Previous	Updated	Previous	Updated	Previous	Updated
Milk	½ cup	½ cup	½ cup	½ cup	1 cup	1 cup	1 cup	1 cup
Meat and meat alternates	½ oz	½ oz	½ oz	½ oz	1 oz	1 oz	1 oz	1 oz
Vegetables	½ cup	½ cup	½ cup	½ cup	¾ cup	¾ cup	½ cup	½ cup
Fruit		½ cup		½ cup		¾ cup		
Grains	½ serving	½ oz eq	½ serving	½ oz eq	1 serving	1 oz eq	1 servings	1 oz eq

Select 2 of the 5 components for snack.
Oz eq = ounce equivalents

Note: All serving sizes are minimum quantities of the food components that are required to be served.



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TEACHER Information Sheet

All information below is confidential and is strictly for use by Country Dawn Staff in an effort to better understand your child.

Today's Date:

Child's full legal name:

Date of Birth:

Child's nickname (if any):

What is your primary language spoken at home?

Please describe your child's personality... (shy, aggressive, morning person, night person, outgoing, etc.)

Please list your child's likes and interests.

Please list your child's dislikes.

Please list any fears your child may have such as heights, bugs, etc.

Please list what helps sooth your child when they are upset.

Please list any allergies your child may have.

Please list any medical conditions, physical impairments your child may have.

Please list other children in the family (please include names, nicknames, ages).

Have there been any changes in your family (or extended family) structure, such as deaths, divorce, serious illness, births, etc. If so please explain below.



Certificate of Immunization Status (CIS)

Reviewed by: _____ Date: _____
 Signed COE on File? Yes No

Please print. See back for instructions on how to fill out this form or get it printed from the Washington State Immunization Information System.

Child's Last Name: _____ First Name: _____ Middle Initial: _____ Birthdate (MM/DD/YYYY): _____

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.

Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.

Parent/Guardian Signature _____ Date _____ Parent/Guardian Signature Required if Starting in Conditional Status _____ Date _____

Required for School	Required Child Care/Preschool	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 (Diphtheria, Tetanus, Pertussis)							
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)							
•▲ DT or Td (Tetanus, Diphtheria)							
•▲ Hepatitis B							
• Hib (<i>Haemophilus influenzae type b</i>)							
•▲ IPV (Polio) (any combination of IPV/OPV)							
•▲ 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)							
COVID-19							
Flu (Influenza)							
Hepatitis A							
HPV (Human Papillomavirus)							
MCV/MPSV (Meningococcal Disease types A, C, W, Y)							
MenB (Meningococcal Disease type B)							
Rotavirus							

Documentation of Disease Immunity (Health care provider use only)

If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.

I certify that the child named on this CIS has:

A verified history of varicella (chickenpox) disease.
 Laboratory evidence of immunity (titer) to disease(s) marked below.

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Hib	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps
<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella

Polio (all 3 serotypes must show immunity)

 Licensed Health Care Provider Signature Date

 Printed Name

Health Care Provider or School Official Name: _____ Signature: _____ Date: _____
 If verified by school or child care staff the medical immunization records must be attached to this document.



10315 20th St SE, Lake Stevens, WA 98258 (425) 334-3885

Health & Emergency Data Card

*** Please use full legal names throughout this document.. Portions of this document are used for identification purposes.**

Child's full legal name:	Date of birth:
Child's Address... Street:	City: Zip:

Child's Nickname :

Please number the boxes in 1st - 4th order of who to call if we need to get a hold of someone regarding your child.

Parent's or Guardian's (Full legal name):	Relation to child:
Parent's or Guardian's Address (if different from child's):	

Work place:	Work place Address :
<input type="checkbox"/> Work phones:	<input type="checkbox"/> Cell phone:

E-mail Address:

Parent's or Guardian's (Full legal name):	Relation to child:
Parent's or Guardian's Address (if different from child's):	

Work place:	Work place Address :
<input type="checkbox"/> Work phones:	<input type="checkbox"/> Cell phone:

E-mail Address:

Please list persons authorized to pickup your child, or to contact in any emergency if you (the parents / guardians) cannot be contacted. Emergencies will include, but not be limited to, those times when your child is sick or injured. (Please give complete information.) All persons picking up children will be asked for picture identification if not recognized by a staff member.

Emergency and pick up contacts

Full legal name:	Home Phone:	Work Phone:
Address:		Cell Phone:

Full legal name:	Home Phone:	Work Phone:
Address:		Cell Phone:

Out of State contact: Name:

Phone : Address:

Is any person, including Mother or Father, legally restrained or restricted from picking up this child from Country Dawn?
 No Yes **If the answer is YES** then please give a brief summary of the restriction below and attach a copy of any in-force restraining orders and/or parenting plans to this card.

(Continued on back.)

(Health & Emergency Data Card continued.)

Parent or Guardian Emergency Medical Treatment Consent

I here by give my permission for my child, (child's full legal name) _____, to be given necessary first aide and / or CPR by a qualified child care staff member employed by Country Dawn Preschool & Childcare Inc. If I cannot be contacted I further authorize, and consent to medical treatment, surgical procedures, or necessary hospital care, to be performed for my child by a licensed physician, or emergency medical member or team, when deemed immediately necessary or advisable by the physician, or emergency medical member or team, to safeguard my child's health . I also give my permission for my child to be transported by ambulance or aide car to a hospital or emergency medical center for treatment. I understand that in agreeing to the above statements I waive my right of informed consent to necessary treatments or procedures.

Date: _____ Parent or Guardian's Signature: _____

Date: _____ Parent or Guardian's Signature: _____

Medical Information:

Child's physician: _____ Phone: _____ Last physical examination: _____

Child's dentist: _____ Phone: _____ Last dental examination: _____

Hospital or clinic : _____ Address: _____

Medical Insurance Company: _____ Policy number: _____

List of current medication used by child:

Does your child use an inhaler? Yes No If yes please explain.

Does your child have any allergies? Yes No

** If you answered YES then please attach any appropriate information, and answer the following questions:

1. Is the allergy a severe/life threatening allergy? Yes No

2. Please list all the specific allergen or allergens that adversely affect your child.

Does your child have any medical conditions or physical impairments not listed above? Yes No

If you answered YES please explain, and attach any appropriate information:

Does your child have any dietary restrictions not listed above? Yes No

If you answered YES please explain.