



2020 - 2021 Preschool Registration

Return completed form with deposit and Immunization Records to:

Mailing Address: WCER, Attn: Lisa Young, 4855 Evergreen Way, Washougal WA 98671

Office Address: Hathaway School, Portable D, 630 24th St., Washougal WA 98671

Telephone: 360-954-3895 **Email:** lisa.young@washougal.k12.wa.us

Student's Name: _____

A \$50.00 non-refundable deposit is due at time of registration.

Fee Information*: (*Subject to change.)

- **Morning - 3 days per week: \$1925.00 annually**
10 monthly payments of \$192.50 due September 2020 through June 2021
- **Afternoon (Pre-K) - 4 days per week: \$2500.00 annually**
10 monthly payments of \$250.00 due September 2020 through June 2021

Payment can be made online at: washougal.revtrak.net, mailed or brought to the WCER office.

Boundary School Preschool*:

**Out-of-boundary requests will be reviewed on a space available basis.*

Cape Horn-Skye Columbia River Gorge Gause Hathaway

Circle session requested:

Morning / Afternoon

Circle bussing needed:

Yes / No

I understand that the Washougal Community Education Program does not provide insurance to its participants. I certify that my child is physically and mentally able to participate in this program. I, intending to be legally bound, waive and release all rights and claims for damages that I may accrue against any and all sponsors of this program. I agree to fulfill the payment requirements as specified for continued enrollment and participation in the preschool program.

Parent Signature: _____ **Date:** _____



WASHOUGAL SCHOOL DISTRICT STUDENT REGISTRATION FORM

FOR OFFICE USE
School:
Start Date:
Key Pad #:

STUDENT LEGAL NAME: (Last First Middle)		Preferred Name:	Grade Level
BIRTHDATE (Month/Day/Year)	BIRTHPLACE (City/State/Country)		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
PRIMARY LANGUAGE STUDENT SPEAKS AT HOME: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Russian <input type="checkbox"/> Other:			

PRIMARY HOUSEHOLD WHERE STUDENT RESIDES PARENT/GUARDIAN First Name Last Name Email Address	PRIMARY PHONE FOR NOTIFICATIONS – Used for automated call system (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Cell () Additional phones () <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work () <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	STUDENT RESIDES WITH <input type="checkbox"/> Both parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Joint Custody <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Other Family Member <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Self <input type="checkbox"/> Agency <input type="checkbox"/> Foster Home <input type="checkbox"/> Other (specify)
First Name Last Name Email Address	Additional phones () <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work () <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
PHYSICAL ADDRESS WHERE FAMILY RESIDES – Required		City State Zip
MAILING ADDRESS – If different from physical address		City State Zip

USE THIS SECTION TO PROVIDE INFORMATION FOR STUDENTS WITH A SECOND HOUSEHOLD

SECONDARY HOUSEHOLD PARENT/GUARDIAN First Name Last Name Email Address	PRIMARY PHONE FOR NOTIFICATIONS – Used for automated call system (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Cell () Additional phones () <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work () <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Relationship to student <input type="checkbox"/> Emergency Contact
First Name Last Name Email Address	Additional phones () <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work () <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Relationship to student <input type="checkbox"/> Emergency Contact
PHYSICAL ADDRESS WHERE FAMILY RESIDES		City State Zip
MAILING ADDRESS – If different from physical address		City State Zip

IS THERE A JOINT-CUSTODY OR PARENTING PLAN IN EFFECT? <input type="checkbox"/> Yes <input type="checkbox"/> No (provide copy to school) IS THERE A RESTRAINING ORDER IN EFFECT? <input type="checkbox"/> Yes <input type="checkbox"/> No (provide copy to school) RESTRAINING ORDER AGAINST: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____ IS THERE A LEGAL RESTRICTION PREVENTING THE NON-CUSTODIAL PARENT FROM VISITING THE SCHOOL OR REMOVING THE STUDENT FROM THE SCHOOL: <input type="checkbox"/> Yes <input type="checkbox"/> No (provide copy to school) IS THERE A LEGAL RESTRICTION PREVENTING THE SCHOOL FROM SENDING COPIES OF REPORT CARDS TO 2nd HOUSEHOLD? <input type="checkbox"/> Yes <input type="checkbox"/> No (provide copy to school)

SCHOOL PREVIOUSLY ATTENDED	SCHOOL DISTRICT PREVIOUSLY ATTENDED	PREVIOUS SCHOOL LOCATION (City & State)
DID STUDENT FORMALLY WITHDRAW: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of withdrawal: _____		
HAS STUDENT EVER ATTENDED WASHOUGAL PUBLIC SCHOOLS? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of school attended: _____		
If enrolling from out of state, has student ever attended Washington State Public Schools? If yes, name of school & district: _____		

ETHNICITY AND RACE - PLEASE ANSWER BOTH QUESTIONS 1 AND 2
BOTH RESPONSES ARE PER WASHINGTON STATE AND FEDERAL REQUIREMENTS

Question 1: Is your child of Hispanic or Latino origin? → (Check all that apply)	Answer: <input type="checkbox"/> NOT HISPANIC-10 <input type="checkbox"/> CENTRAL AMERICAN-75 <input type="checkbox"/> CUBAN-55	<input type="checkbox"/> DOMINICAN -60 <input type="checkbox"/> LATIN AMERICAN-85 <input type="checkbox"/> MEXICAN / CHICANO / MEXICAN AMERICAN-30	<input type="checkbox"/> PUERTO RICAN-70 <input type="checkbox"/> SOUTH AMERICAN-80 <input type="checkbox"/> SPANIARD-65 <input type="checkbox"/> OTHER HISPAN./LATIN-90
Question 2: What race do you consider your child? → (Check all that apply)	Answer: <input type="checkbox"/> AFRICAN AMER./BLACK-200 <input type="checkbox"/> WHITE / CAUCASIAN-300 <input type="checkbox"/> ASIAN INDIAN-505 <input type="checkbox"/> CAMBODIAN-507 <input type="checkbox"/> CHINESE-510 <input type="checkbox"/> FILIPINO-520 <input type="checkbox"/> HMONG-525 <input type="checkbox"/> INDONESIAN-530 <input type="checkbox"/> JAPANESE-535 <input type="checkbox"/> KOREAN-540 <input type="checkbox"/> LAOTIAN-545 <input type="checkbox"/> MALAYSIAN-550 <input type="checkbox"/> PAKISTANI-555 <input type="checkbox"/> SINGAPOREAN-560 <input type="checkbox"/> TAIWANESE-565 <input type="checkbox"/> THAI-570 <input type="checkbox"/> VIETNAMESE-575 <input type="checkbox"/> OTHER ASIAN-599	<input type="checkbox"/> NATIVE HAWAIIAN-605 <input type="checkbox"/> FIJIAN-615 <input type="checkbox"/> GUAMANIAN/CHAMORRO-620 <input type="checkbox"/> MARIANA ISLANDER-625 <input type="checkbox"/> MELANESIAN-630 <input type="checkbox"/> MICRONESIAN-632 <input type="checkbox"/> SAMOAN-635 <input type="checkbox"/> TONGAN-640 <input type="checkbox"/> OTHER PACIFIC ISLAND-699 <input type="checkbox"/> ALASKAN NATIVE-405 <input type="checkbox"/> CHEHALIS-410 <input type="checkbox"/> COLVILLE-416 <input type="checkbox"/> COWLITZ-416 <input type="checkbox"/> HOH-418 <input type="checkbox"/> JAMESTOWN-421 <input type="checkbox"/> KALISPEL-424 <input type="checkbox"/> LOWER ELWHA-427 <input type="checkbox"/> LUMMI-430 <input type="checkbox"/> MAKAH-433 <input type="checkbox"/> MUCKLESHOOT-436	<input type="checkbox"/> NISQUALLY-439 <input type="checkbox"/> NOOKSACK-442 <input type="checkbox"/> PORT GAMBLE CLALLAM-445 <input type="checkbox"/> PUYALLUP-448 <input type="checkbox"/> QUILEUTE-451 <input type="checkbox"/> QUINAULT-454 <input type="checkbox"/> SAMISH-457 <input type="checkbox"/> SAUK-SUIATTLE-460 <input type="checkbox"/> SHOALWATER-463 <input type="checkbox"/> SKOKOMISH-466 <input type="checkbox"/> SNOQUALMIE-469 <input type="checkbox"/> SPOKANE-472 <input type="checkbox"/> SQUAXIN ISLAND-475 <input type="checkbox"/> STILLAGUAMISH-478 <input type="checkbox"/> SUQUAMISH-484 <input type="checkbox"/> TULALIP-487 <input type="checkbox"/> YAKAMA-490 <input type="checkbox"/> OTHER WA INDIAN-495 <input type="checkbox"/> OTHER AMER. IND.-499

STUDENT PROGRAMS/ADDITIONAL INFORMATION Indicate if student has ever been enrolled in the following programs:	Are there any school activities in which your student should not participate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide information to school in writing on a separate sheet.
Special Education <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Current IEP <input type="checkbox"/> Exited Program	Does student have a Boundary Exception? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, from what district: _____ Has student ever been retained? <input type="checkbox"/> Yes <input type="checkbox"/> No Grade? _____
504 Plan <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Current Plan <input type="checkbox"/> Exited Program	
Title/Lap <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Current Plan <input type="checkbox"/> Exited Program	
ELL <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Current Plan <input type="checkbox"/> Exited Program	
Gifted/HiCap <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Current Plan <input type="checkbox"/> Exited Program	
Other <input type="checkbox"/> Yes <input type="checkbox"/> No Specify: _____	
Has student ever been suspended for a weapons violation? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	
Has student ever been long-term suspended or expelled? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	
Has student ever had a drug violation? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	
Has student ever had an alcohol violation? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	
Has student ever been adjudicated or had diversion agreements? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	
Does student have a probation officer or caseworker? <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____	

EMERGENCY MEDICAL AUTHORIZATION: I understand that in the event of an accident or illness, every effort will be made to contact parent/guardian immediately. If parent/guardian cannot be reached, I authorize school authorities to obtain emergency care for my child.

Parent/Guardian Signature _____ Date _____

*If health exemptions exist based on religious beliefs, please list those here: _____

If injury, illness or other nonemergency situations occur involving your child, the District needs to be able to quickly reach families or other responsible adults. In the event you cannot be reached, please list persons you trust who are available during the day to provide care for your child (local area only please). If you wish to add more than 4 emergency contacts, please list on an additional page.

Student Release Authorization: In the event that the school is unable to contact the parent/guardian, I authorize that my child may be released to the person(s) listed below.

Parent/Guardian Signature _____ Date _____

EMERGENCY CONTACT (Other than parent/guardian) Last Name _____ First Name _____	RELATIONSHIP TO STUDENT	Home Phone () Cell Phone () Work Phone ()
EMERGENCY CONTACT (Other than parent/guardian) Last Name _____ First Name _____	RELATIONSHIP TO STUDENT	Home Phone () Cell Phone () Work Phone ()
EMERGENCY CONTACT (Other than parent/guardian) Last Name _____ First Name _____	RELATIONSHIP TO STUDENT	Home Phone () Cell Phone () Work Phone ()
EMERGENCY CONTACT (Other than parent/guardian) Last Name _____ First Name _____	RELATIONSHIP TO STUDENT	Home Phone () Cell Phone () Work Phone ()

PLEASE LIST OTHER SIBLINGS ATTENDING WASHOUGAL PUBLIC SCHOOLS

Student Name	School	Grade

IS STUDENT BUSED TO/FROM CHILD CARE?

Before school After school Before & after school

CHILD CARE PROVIDER:

Address: _____

Phone: _____

DOES THE STUDENT HAVE ANY LIFE-THREATENING HEALTH CONDITIONS? If yes, please list:

(More detailed information will be requested on Student Health Inventory Form)

VERIFICATION OF ENROLLMENT: The information on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in the Washougal School District.

Student Name

Parent/Legal Guardian/Adult Student Signature

Date



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

▲ Required for School ● Required Child Care/Preschool	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date 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)						
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:		
<input type="checkbox"/> A verified history of varicella (chickenpox) disease.		
<input type="checkbox"/> 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
<input type="checkbox"/> Polio (all 3 serotypes must show immunity)		
▶		
Licensed Health Care Provider Signature		Date
▶		
Printed Name		

I certify that the information provided on this form is correct and verifiable.	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.
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Instructions for completing the Certificate of Immunization Status (CIS): Print the from the Immunization Information System (IIS) or fill it in by hand.

To print with the immunization information filled in:

Ask if your health care provider's office enters immunizations into the WA Immunization Information System (Washington's statewide registry). 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 and birthdate, and sign your name where indicated on page one.
2. 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 Pediatix under Diphtheria, Tetanus, Pertussis as DTaP, Hepatitis B as Hep B, and Polio as IPV.
3. 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 health care 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. If your child can show positive immunity by blood test (titer), have your health care provider check the boxes for the appropriate disease in the Documentation of Disease Immunity section, and sign and date the form. You must provide lab reports with this CIS.
5. Provide proof of medically verified records, following the guidelines below.

Acceptable Medical Records

All vaccination records must be medically verified. Examples include:

- A Certificate of Immunization Status (CIS) form printed with the vaccination dates from the Washington State Immunization Information System (IIS), MyIR, or another state's IIS.
- A completed hardcopy CIS with a health care provider validation signature.
- A completed hardcopy CIS with attached vaccination records printed from a health care provider's electronic health record with a health care provider signature or stamp. The school administrator, nurse, or designee must verify the dates on the CIS have been accurately transcribed and provide a signature on the form.

Conditional Status

Children can enter and stay in school or child care in conditional status if they are catching up on required vaccines for school or child care entry. (Vaccine series doses are spread out among minimum intervals, so some children may have to wait a period of time before finishing their vaccinations. This means they may enter school while waiting for their next required vaccine dose). To enter school or child care in conditional status, a child must have all the vaccine doses they are eligible to receive before starting school or child care.

Students in conditional status may remain in school while waiting for the minimum valid date of the next vaccine dose plus another 30 days time to turn in documentation of vaccination. If a student is catching up on multiple vaccines, conditional status continues in a similar manner until all of the required vaccines are complete.

If the 30-day conditional period expires and documentation has not been given to the school or child care, then the student must be excluded from further attendance, per RCW 28A.210.120. Valid documentation includes evidence of immunity to the disease in question, medical records showing vaccination, or a completed certificate of exemption (COE) form.

Reference guide for vaccine trade names in alphabetical order

For updated list, visit <https://www.cdc.gov/vaccines/terms/usvaccines.html>

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 (PV5)
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		