



Dear Parents,

We are required by the Department of Social and Health Services to maintain complete information file on your child. Failure to do so on our part can result in fines and penalties.

In order for us to comply, we need you to return all paperwork handed to you on enrollment, and periodically, as we update your child's file. This paper work must be returned with in 48 hours. Failure to turn in the required forms may lead to an enrollment suspension until all paperwork has been collected.

We thank you in advance for your co-operation.

*Yoshimi Suzuki, Owner
Megumi Pre-School, L.L.C.*



*WELCOME TO MEGUMI PRE-SCHOOL, L.L.C.
ENROLLMENT INFORMATION*

Thank you for choosing Megumi Pre-School. We are very happy to have you join our family of children and staff. Caring for you child is an honor and a privilege. We at Megumi Pre-School take our responsibilities seriously.

To help us facilitate the enrollment process, you will need to return the enrollment packet with the completed forms prior to enrollment. This is both a Megumi Pre-School and a licensing regulation;

- 1) Enrollment Agreement form*
- 2) Registration Form*
- 3) CPS Reporting Guidelines*
- 4) Child Discipline Policy*
- 5) Attendance Records*
- 6) Photograph/Video/Film Permission Form*
- 7) Medical Release/Authorization of Consent to Treat a Minor*
- 8) Health and Social Record*
- 9) Keep Me Home*
- 10) Certificate of Immunization Status*

Our center is open from 7:30a.m.-5:30p.m. As discussed, tuition is due the 5th of every month include class supply fee and late fees. Late fees of \$1 per minute and applied for late pick-up after 6:00p.m. We are also obliged to call the police and Child Protection Services if you have not arrived to pick up your child by 7:00p.m. Please call us if you suspect you may be even a few minutes late. It's in your child's best interest to keep us informed.

Remember to sign your child in and out EVERY DAY. This is a state requirement and a legal document. By signing in you hand the responsibility of your children over to us. We need and appreciate your cooperation in this regard.

If you have a schedule change for either you or your child, please let us know. If is necessary for our records. If any of your personal or work details change, please let us know immediately. Accurate phone numbers are important should we have to contact you in an emergency.

Over the counter medication will be administered if it is appropriate for your child's age and if you complete a Medical authorization form every day you want the medicine administered. All allergies need to be noted prior to enrollment.

WE LOOK FORWARD TO A LONG AND POSITIVE RELATIONSHIP AS PARNERS FOR YOUR CHILD. IF YOU EVER HAVE ANY QUESTIONS OR CONCERNS, PLEASE LET ME KNOW. WE ARE HERE TO MAKE A POSITIVE DIFFERENCE.

Name of Child _____

Parent Signature _____ Date _____

CPS REPORTING GUIDELINES

Dear Parents

There are certain laws and guidelines regarding the reporting of any alleged abuses in the child care setting. We require you to be familiar with these. Please read carefully.

WAC 338-150-420: specifies the steps CPS may take to investigate an allegation “The center staff are immune from civil or criminal liabilities if the report is made in good faith; that CPS has the right to interview children in the center and look at any center files; and that center management can be charged with gross misdemeanor if management does not report a suspected case of child abuse”

At Megumi Pre-School, if allegations of suspected abuse arise, we immediately notify the proper authorities, including CPS and our licensor. We then place the suspected employee on suspension and begin an internal investigation. We fully cooperate with and assist all agencies involved with the investigation. At the conclusion of our internal investigation we make a decision about the validity of the allegations. We then proceed with the reinstatement or termination of the employee, pending the outcome of the investigation.

Included in this reporting responsibility are any concerns or feedback that you may have about what is or is not appropriate behavior or handling of a child. It is our mutual responsibility and obligation to protect all children in our care. Your concerns would also be reported according to the above guidelines and we would do a full investigation of any allegations that we are made aware of.

The seriousness of these policies cannot be overstated. We want you to be fully aware of how we handle this kind of allegation. Together we can and do make a positive difference in the lives entrusted in our care. If we can ever be of assistance, please call the Director, Yoshimi Suzuki.

I HAVE RECEIVED THE POLICIES ABOUT CHILD ABUSE REPORTING FROM MEGUMI PRE-SCHOOL, L.L.C.

Parent Signature

Date



CHILD DISCIPLINE POLICY

Discipline and guidance at our center is consistent and is based on individual needs and development. We strive to promote self-discipline by using positive reinforcement techniques and exceptional daily program planning.

The least restrictive discipline technique is positive redirection. The most restrictive technique is a brief separation from the group. When uncontrollable behavior persists and becomes disruptive and/or harmful to other children, the child's parents will be advised. Children are never subject to harsh treatment of any kind such as shaking, striking, spanking or humiliation. When a child is removed from the group, he/she shall never be out of sight of a staff member. Discipline shall not be associated with food, naps or bathroom procedures.

Megumi Pre-School is not affiliated with a specific religion, nor does it participate in any religious activities.

Parent Signature

Date

Name of Child



ATTENDANCE RECORDS

The licensing agency governing childcare facilities in the state of Washington requires that ALL children be signed in upon arrival and signed out upon departure of the childcare center. The parent or authorized adult (minimum age 18) must use their full legal signature when signing the record.

Parent Signature: _____ Date _____

Name of Child: _____

PHOTOGRAPH/VIDEO/FILM PERMISSION

I give my permission to Megumi Pre-School for my child (ren) to be photographed, videotaped or filmed while at Megumi Pre-School and acknowledge that no compensation will be paid by Megumi Pre-School or any third party to my child (ren) or to me or any other persons on behalf of my child (ren) with respect to such use of my children's images. I understand that these photographs, tapes or film, or reproductions of them may be used by Megumi Pre-School for promotional or advertising purposes, also without compensation by Megumi Pre-School of any third party.

Name of Child: _____

Parent Signature: _____ Date _____

KEEP ME HOME



We observed the following illness(es) at Megumi Pre-School today. Please follow through with the recommendations after each checked box.

- FEVER- A warning that all is not right in the body. If your child has a fever of 100 degrees after adding a degree under the arm, then you must keep your child home 24 hours after the temperature has returned to 98.6 degrees.*
- DIARRHEA- After third loose stool, child must stay home for 24 hours after the symptoms disappear.*
- VOMITING- after second episode, child must stay home for 24 hours after the symptoms disappear.*
- RASH- Unidentifiable- must have a doctor slip in order for your child return to the center.*
- CONJUNCTIVITIS- Redness or discharge from one or both eyes. This is very contagious and you will need to have your child on medication for 24 hours before he/she can return to the center.*
- SINUS INFECTION- Yellowish/Greenish discharge from the nose may be a sign of infection and must see a doctor.*
- HEAD LICE- Your child may return to the center only after he/she has been shampooed with a medicated shampoo and all nits are removed. A vinegar and water rinse will soften nits so you can comb them out easier.*
- COUGHING- chronic, deep, hacking of a sore throat, that he/she should see a doctor.*
- SORE THROAT- Your child complained of a sore throat, that he/she had a hard time swallowing. You may want to see the doctor.*

Your child is important to all of us. Please be sure that we have a current phone number to reach you and you get here as soon as you can if we do call.

Parent Signature: _____ Date: _____

Medical Release



Child Name _____

Doctor's Name _____ *Phone Number* _____

I gave permission to MEGUMI PRE-SCHOOL to make whatever emergency (i.e.: first aid, disaster evacuation) measures are judged necessary for the care and protection of my child while under the supervision of the school.

In cases of a medical emergency, I understand that my child will be transported to nearest emergency room by the local emergency unit for treatment if the local emergency resources (police, rescue squad) deems it necessary. It is understood that in some medical situations the staff will need to contact the local emergency resource before the parent, child's physician and/or other adult acting on the parent's behalf.

Emergency Medical Information

Drug Allergies/Special Medication Needs _____

Chronic Diseases/Other Health Problems _____

Parent Signature _____ *Date* _____



AUTHORIZATION OF CONSENT TO TREAT A MINOR

*I, We, the undersigned parent(s) of _____
a minor, do hereby authorize Megumi Pre-School as agent(s) for the undersigned to consent to medical, surgical diagnosis or treatment and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health.*

It is understood that all possible attempts will be made by Megumi Pre-School to consult with the undersigned before proceeding with any medical treatment. I hereby authorize Megumi Pre-School to provide emergency transportation or to call an emergency ambulance in case of accident or acute illness and to arrange for necessary emergency medical or surgical care.

I gave authorization for the staff of Megumi Pre-School to provide emergency First Aid as necessary.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Parent/Guardian's Signature _____ Date _____

Child's medical insurance coverage:

Insurance company's name: _____

Member/Policy number: _____

Policy holder's name: _____

Employer's name: _____



REGISTRATION FORM

			Date of birth
Child's name	Last	First	Middle
			Name Used
Allergies/Special Needs			
Address			
Parent/Guardian		Home phone	Cell phone
Email		Work phone	Additional numbers
Work address (or Where you can be reached while child is in care)			
Parent/Guardian		Home phone	Cell phone
Email		Work phone	Additional numbers
Work address (or Where you can be reached while child is in care)			

Other than you, who has permission to pick up your child?

Name	Home phone	Work phone
Address		Relationship to child
Name	Home phone	Work phone
Address		Relationship to child
Name	Home phone	Work phone
Address		Relationship to child

Alternate contacts in case of an emergency

Name	Home phone	Work phone
Address		Cell phone
Name	Home phone	Work phone
Address		Cell phone

CHILD CARE AGREEMENT



Child's Name	First	Middle	Last
--------------	-------	--------	------

DAYS AND TIME MY CHILD WILL RECEIVE CARE

Check Days of Care	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Arrival Time					
Departure Time					

TUITION INFORMATION

4 months to 12 months	Full Time:	\$1.250/month	Lunch Fee:	\$1.75/day
	Part Time:	\$80.00/day	Supply Fee:	50 ¢ /day
13 months to 30 months	Full Time:	\$1.150/month	Lunch Fee:	\$1.75/day
	Part Time:	\$70/day	Supply Fee:	75 ¢ /day
31 months and over	Full Time:	\$1050/month	Lunch Fee:	\$1.75/day
	Part Time:	\$7.00/hour	Supply Fee:	75 ¢ /day
Overtime Rate: \$7.5/hour		Late Fee:	\$3 every 15 minutes (5:30-6:00) \$1 per minutes after 6:00pm	

Early dropoff and late pickup fee may be charged overtime fee for every 15 minutes.

- *10-19 minutes: 15minutes of charge *40-49 minutes: 49 minutes of charge
- *20-39 minutes: 30 minutes of charge *50-69 minutes: 1 hour of charge

This fee schedule will be repeated for each additional hour.

Date payment due: BEFORE 5TH OF EVERY MONTH

I agree to promptly notify the child care provider of any changes of the above information.
 I understand that I am fully responsible for the terms of this agreement as stipulated.
 I have read, understand, and agree to comply with the policy and procedures, information for parents given to me by Megumi staff.

Parent/Guardian signature	Date	Parent/Guardian signature	Date
---------------------------	------	---------------------------	------

I agree to provide child care services according to the above plan, I agree to promptly the parent(s) or of any changes to the above information.

Provider Signature

Address: 2750 Northup Way Bellevue, WA 98004

PERMISSION AUTHORIZATION

The provider or assistant has my/our permission to:

- | | | | |
|--|------------------------------|--|-----------------------------|
| 1. transport my/our child in a motor vehicle to go on field trip | Yes <input type="checkbox"/> | | No <input type="checkbox"/> |
| 2. take my child on walks | Yes <input type="checkbox"/> | | No <input type="checkbox"/> |
| 3. give my telephone number and email address to other parents | Yes <input type="checkbox"/> | | No <input type="checkbox"/> |

Parent/Guardian signature	Date	Parent/Guardian signature	Date
---------------------------	------	---------------------------	------

HEALTH AND SOCIAL RECORD



Child's Name	Date of birth	Height	Weight
Home Street Address		City	Zip Code
Child's Parent/Guardian's Name	Work phone	Home phone	
Home Street Address		City	Zip Code
Child's Parent/Guardian's Name	Work phone	Home phone	
Home Street Address		City	Zip Code
Child doctor's name	Doctor's phone number	Date of last physical exam	
Child dentist's name	Dentist's Phone number	Date of last dental exam	
Preferred Hospital		Phone number	

Has your child ever been in a childcare setting? Yes No If so, what kind?

Relative's Care In Home Church Other

Briefly describe your child's experience. _____

Does your child have: (please check)

- | | |
|--|---|
| Frequent colds <input type="checkbox"/> | Fainting spells <input type="checkbox"/> |
| Frequent sore throats <input type="checkbox"/> | Diabetes <input type="checkbox"/> |
| Frequent ear infections <input type="checkbox"/> | Asthma <input type="checkbox"/> |
| Problems with skin rash <input type="checkbox"/> | Stomach upsets <input type="checkbox"/> |
| Heart trouble <input type="checkbox"/> | Urinary problems <input type="checkbox"/> |
| Convulsions <input type="checkbox"/> | Problems with diarrhea <input type="checkbox"/> |
| | Problems with constipation <input type="checkbox"/> |

Has your child had any of the diseases listed below?

- | | |
|---|--|
| Bronchitis <input type="checkbox"/> Date _____ | Measles (Hard) <input type="checkbox"/> Date _____ |
| Chicken Pox <input type="checkbox"/> Date _____ | German Measles (3-day) <input type="checkbox"/> Date _____ |
| Hepatitis <input type="checkbox"/> Date _____ | Mumps <input type="checkbox"/> Date _____ |
| Scarlet Fever <input type="checkbox"/> Date _____ | Whooping Cough <input type="checkbox"/> Date _____ |

Has your child had illnesses other than above? Yes No Explain _____

Does your child have an existing condition of which Megumi Preschool should be aware?

Yes No Explain _____

Has your child ever been hospitalized? Yes No Explain _____

Is your child taking any medications regularly at home? Yes No Explain _____

Has your child had injuries with fracture of loss or consciousness? Yes No
Explain _____

Dates of child's most recent vision and hearing tests: _____

Has any other member of your family been seriously ill recently? Yes No
Explain _____

Is your child able to fully participate in all of the activities offered by Megumi
Preschool? Yes No Explain _____

Does your child function at an age-appropriate level? Yes No Explain _____

Is your child able to walk? Yes No Explain _____

Is your child able to communicate? Yes No Explain _____

Is your child on a special or restricted diet? Yes No Explain _____

Does your child have any problems at mealtime? Yes No Explain _____

Does your child rest in middle of the day? Yes No Explain _____

Is your child toilet trained? Yes No Explain _____

Does your child require any medication, therapy, medical treatment or assessment while in childcare? Yes No Explain _____

Does your child use any special equipment, such as breathing machine, wheelchair, hearing aid, braces, etc.? Yes No Explain _____

Does your child require one-on-one care/supervision on a regular basis for a significant period of time? Yes No Explain _____

Does your child require and/or desire any accommodations or modifications in order to fully and equally enjoy and participate in Megumi Preschool's group setting? Yes No Explain _____

How else do you think we can support your child and help him/her have a successful day? _____

Provide any additional comments and/or information that would be helpful in providing your child with the best possible experience. _____

To the best of my knowledge, the information I have provided and the statements I have made in this Health and Social Record are correct and complete. I understand that withholding or providing false information herein or in connection with the enrollment process may result in immediate disenrollment of my child. I further agree to update the information in this Health and Social Record as circumstances may require at Megumi Preschool's request.

Parent/Guardian Signature _____ Date _____