



# The Sammamish Montessori School

## Preschool or Kindergarten Enrollment 2021-2022 School Year (Sept. 8 – June 15)

The following registration fee and tuition deposit are due upon enrollment and are nonrefundable once submitted. Please read and sign that you understand and agree to the policies and deliver to the office. If we are unable to meet your request below, we will contact you as soon as possible to discuss any potential alternative options. We will send an enrollment confirmation letter as soon as possible following receipt of this enrollment contract.

\$	<i>Nonrefundable, nontransferable registration/licensing/insurance fee. (\$250 for new students or \$190 for siblings of other current students or returning families).</i>
+ \$	<i>10% of annual tuition as a nonrefundable &amp; nontransferable deposit. (See rates below.)</i>
= \$	<b><i>Total nonrefundable and nontransferable deposit due with this enrollment contract.</i></b>

- I am also enrolling a sibling. (5% tuition discount for siblings registered concurrently; 2<sup>nd</sup> reg. fee \$190.)  
 Yes. I would like to volunteer to provide snack for my child's class this year (about once a month).

Student's first name:	Birth date:	Gender:
Student's last name:	Home phone:	
Address:	Mother's work or cell #:	
City/Zip:	Father's work or cell #:	
Carpool area:	Mother's full name:	
Email(s):	Father's full name:	
	Names/ages of siblings:	
Child lives with: <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (specify):	Allergies or medical concerns, if any:	
Emergency contacts: Call if parents can't be reached:	2)	
1)	3)	
Adults who are authorized to pick up my child:	2)	
1)	3)	
Previous school or daycare (if any):	How did you hear about SMS?	

***Please circle the session(s) you wish your child to attend. (Kindergarten students must be 5 by 8/31/21).***

<b>OPTION 1: Full Days</b> \$1,790/mo. (\$17,900/school year)	Full day Montessori Preschool/Kindergarten– M-F, 9AM to 3:15PM	
<b>OPTION 2: 5 Mornings, 5 Afternoons, or 4 Afternoons</b> \$900/mo. 5HD (\$9,000/school year) \$815/mo. 4HD (\$8,150/school year)	5 Mornings M-F (9-11:30 AM) <input type="checkbox"/> Yes. If AM classes are full, I will take a PM class.	5 Afternoons M-F (12:45-3:15PM) OR 4 Afternoons M-TH (12:45-3:15 PM) (limited spaces, PM preschool only)
<b>OPTION 3: Full Day STEAM/Montessori combination</b> \$1,790/mo. (\$17,900/school year)	Full day Montessori/STEAM Program for Preschool-Kindergarten M-F, 9AM to 3:15PM	

Current Teacher:  
(if applicable)

Student's Last Name:

**I have read and agree to all of the terms and attest that all information provided is truthful and complete:**

Signature: \_\_\_\_\_ Relationship to student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Relationship to student: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that I am the student's legally authorized parent (or guardian) with full authority to enroll my child in the Sammamish Montessori School. I understand that all parties assuming financial responsibility must sign this Contract. If applicable, I understand that I must provide court documentation regarding custody, educational decision making, or parenting plan. This Contract constitutes the entire agreement between the parties regarding its subject matter, and supersedes all prior agreements, understandings, and representations concerning its subject matter, whether written or oral. This Contract shall not be modified or changed, nor shall any provision be waived, except by written agreement signed by all of the parties to this Contract.

## **Enrollment Contract Terms for the 2021-2022 School Year (September 8, 2021 – June 15, 2022)**

### **Deposits, Payment Terms, Discounts:**

- The registration fee (\$190 returning/siblings or \$250 new students) and tuition deposit (10% of school year tuition as enrolled) are **nonrefundable** and **nontransferable** once this enrollment contract is submitted.
- The **nonrefundable, nontransferable** tuition deposit of 10% of the school year tuition and the nonrefundable registration fee is due upon registration along with this enrollment contract. It cannot be used to cover September through May tuition installments, summer school or other charges or be applied to any other student.
- Tuition is a school year program fee, due in its entirety regardless of absence due to illness (including COVID-19), vacation or any other circumstance. Tuition is computed according to the number of actual school days in a school year and does not include holidays, vacations, in-service, and conference days.
- Tuition may be paid in full by September 10, 2021 (3% discount applies if paid by cash or check) or divided into ten equal installments (it does not fluctuate based on the number of school days in any given month) and is due on the 1st of each month, September-May. There are no refunds or credits for absences, vacations, emergency closures, or snow days.
- Any time used beyond classroom hours (non-school day care or before/after class time) will be billed separately. A late pickup surcharge of \$2/minute in addition to the hourly daycare charge for students picked up late.
- A \$10 late fee will be applied for payments received after the 7th of the month. If an account is more than one month in arrears, payment arrangements must be in place to maintain enrollment.
- Payments can be made via cash, check, Visa, MasterCard or American Express in person or via automatic payments.
- Credit card information is required upon registration to be used by SMS in the event of a 30-day past due balance.
- Checks returned by a bank are subject to a \$35 charge.
- A 5% discount is applied to each child's tuition for families with more than one child attending SMS concurrently.
- No state funding (direct or indirect) is accepted as payment.

**Emergency:** If I or my emergency contacts cannot be reached in an emergency, I authorize a teacher or administrative staff member to care for my child until I can be reached, including transporting my child as needed.

**Field Trips:** I understand that I will receive prior notice/authorization requests for each field trip (if any).

**Photo/Video Authorization:** I allow my child to be photographed or filmed in the classroom, on school field trips or during other school functions. I give permission, in perpetuity, for any such images to be used in newsletters, online/internet, presentations, marketing, or any media and to be made available to parents of other SMS students.

**Code of Conduct:** I understand I must abide by all expectations set forth in the Parent Handbook. I understand that SMS may deny a student's retention or re-enrollment if, in the School's sole discretion, a parent's or child's behavior is disruptive or injurious to the School or its reputation. And, that without terminating my obligation to pay tuition as set forth in this Contract, SMS has the right to bar my child from attending school if I fail to comply with conduct or payment requirements.

**Health History/Immunization:** I understand my child's attendance is conditioned on providing full and complete health history and immunization documentation prior to attendance and my obligation to pay tuition remains even if my child is excluded from attendance due to missing or incomplete documentation or missing vaccinations.

**Covid/Pandemic Modifications:** I certify that I have read and understand the SMS Covid-19 Operating Plan and will abide by all requirements therein, as well as any additional requirements that may be imposed by public health authorities. SMS may exclude my child if it determines, in SMS's sole judgment, that either I or my child are not complying with any aspect of these requirements. Should this occur, I will not have any right of appeal, nor will I have any entitlement to any full or partial refund or credit of any fees or tuition paid or due. I understand that SMS reserves the right to modify or change its operating plans, policies or procedures, in whole or in part, at any time, with or without notice.

**Withdrawal From School During the School Year:** I understand that: 1) enrollment is a commitment for the entire school year and I intend to complete the entire school year without interruption and that my responsibility to pay tuition in full is unconditional; 2) registration fees and tuition deposits are nonrefundable and nontransferable and are a security deposit to reserve my child's space for the school year and I forfeit the security deposits if I withdraw my child or reduce my child's schedule; 3) if unforeseen circumstances occur that make it impossible for my child to attend the full school year, I agree to provide a full month's written notice and if I do not provide a minimum of one month's written notice, I agree to pay one tuition installment instead (in addition to deposit paid to secure space for the school year); 4) if I do not provide a written withdrawal, I am responsible for paying for the entire school year regardless of attendance.

**Withdrawal Prior to the School Year:** I understand that 1) the school must be informed, in writing, no later than August 1, 2021 if I wish to withdraw my child and if I fail to do so I am responsible for the September tuition payment regardless of attendance; 2) if I fail to provide written notice of withdrawal, I am responsible for paying for the entire school year regardless of attendance; 3) the registration fee and tuition deposit are nonrefundable and nontransferable security deposits to reserve my child's space for the school year and if I choose to withdraw my child or reduce my child's schedule, I forfeit the associated security deposit.

**Governing Law and Venue:** In the event of any legal action to enforce or interpret this Contract, the sole and exclusive venue shall be a court of competent jurisdiction located in King County, Washington.

**The Sammamish Montessori School**  
ID # 91-2027264  
**CREDIT CARD AUTHORIZATION**  
VISA, MASTERCARD, AMERICAN EXPRESS ACCEPTED

For your security and privacy, please turn this form in directly to the Office.

Note: You must update this information each school year and anytime you have changes. Thank you.

1) Required: I authorize Sammamish Montessori School (SMS) to keep my signature on file and to charge my credit card account for any unpaid amounts I owe that are 30 days past due. I understand that this authorization will remain in effect until 60 days following the completion of the school year (including summer school if enrolled). I agree to contact SMS if there are any changes to my credit card account information including a change of the expiration date. If more than one person is responsible for a student's tuition, both parties must have current and valid credit card information on file to ensure enrollment.

2) Please initial next to your choice to help us manage your account as you would like us to:

\_\_\_\_\_ Yes – I wish to pay for tuition and daycare charges automatically using my credit card.

\_\_\_\_\_ No – I will pay tuition and daycare charges with cash, by check or by credit card in person.

Cardholder Name: \_\_\_\_\_

Cardholder Billing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Account Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_ (month/year)

VISA  MC  American Express

Card Holder Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student Name(s): \_\_\_\_\_

\_\_\_\_\_  
Student's Last Name

**REQUIRED FOR REGISTRATION**

**SMS Student Health History/Emergency Contact & Consent Form  
2021-2022 School Year**

Please fill out completely, sign, and return to SMS.  
All sections must be completed PRIOR to attendance.

<u>Student's first name:</u>	<u>Birth date:</u>	<u>Gender:</u>
<u>Student's last name:</u>	<u>Doctor's name &amp; phone:</u>	
<u>Address:</u>	<u>Date of last physical exam:</u>	
<u>City/Zip:</u>	<u>Date of last vision exam:</u>	
<u>Mother's full name:</u>	<u>Date of last hearing exam:</u>	
<u>Mother's work or cell #:</u>	<u>Dentist's name &amp; phone:</u>	
<u>Father's full name:</u>	<u>Date of last dental exam:</u>	
<u>Father's work or cell #:</u>	<u>Preferred hospital:</u>	
<u>Home phone (if any):</u>		
<u>Name &amp; phone of emergency contacts (friends, neighbors, employer who can be contacted if parents cannot be reached):</u>	<u>Name &amp; phone of out of area emergency contacts (in case local phone lines are down due to a widespread local event):</u>	
<u>1)</u>	<u>1)</u>	
<u>2)</u>	<u>2)</u>	
<u>3)</u>	<u>3)</u>	

Toothbrushing: \_\_\_\_\_ (initial) I certify that I will ensure my child brushes his/her teeth twice daily.

Medical/Behavioral: I have the following medical or behavioral concerns (if any):

Allergies (if any; please note severity and type of reaction and provide medication details if applicable):

Medication: Is your child taking any prescription medication on a long term basis (as needed or daily)?  
 Yes.  No (A medication authorization form is required in order for SMS to administer medication.)

Name & type of medication:

Is a 72-hour supply of your child's medication kept at school?  Yes  No

I \_\_\_\_\_ hereby give my permission that my child \_\_\_\_\_ may be given emergency treatment to include first aid and/or CPR by a qualified staff member at the Sammamish Montessori School. I further authorize and consent to medical, surgical, and hospital care, treatments, and procedures to be performed by first responders, licensed physician, or hospital staff when deemed immediately medically necessary or advisable in order to safeguard my child's health if I cannot be reached. I waive my right to consent to such treatment. I also give permission for my child to be transported by ambulance to an emergency center or hospital for treatment.

Parent/Guardian Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_



# The Sammamish Montessori School

## COVID-19 Operating Plan & Health Policy

*The following guidance is designed to help The Sammamish Montessori School maintain health and safety standards while operating during the Covid-19 pandemic using King County Public Health, CDC, and Department of Children, Youth & Families guidance. Provisions outlined in this plan may be updated periodically.*

### **General Guidance**

Children, staff, parents and guardians will be excluded if they are showing symptoms of COVID-19, or have been in contact with someone with COVID-19 in the last 14 days.

### **People at Increased Risk for Serious Complications of COVID-19**

Parents and guardians who are older, pregnant, or have underlying health conditions, including those with compromised immune systems or respiratory conditions like severe asthma, are at higher risk to develop complications from this virus. These individuals should not visit The Sammamish Montessori School.

### **Health Screening at Entry/Monitoring during the day**

Temperature and symptoms check (fever 100.4°F or higher, cough, shortness of breath, sore throat, chills, new loss of taste or smell, nausea/vomiting or diarrhea, congestion/runny nose not related to seasonal allergies, unusual fatigue) for staff and children will be conducted upon entry each day. Anyone experiencing any symptoms of illness must stay home (including but not limited to Covid-19 symptoms described here). If a child becomes ill while at school, the child will be kept separate from other children and the parents will be contacted to pick up the child immediately.

### **Social Distancing**

The Sammamish Montessori School will incorporate social distancing within groups to the degree possible, aiming for at least three to six feet between children and minimizing the amount of time children are in close contact with each other. The Sammamish Montessori School will incorporate the following:

- Assign individual workspaces to each child including a table, work mat and apron.
- Increase the distance between the workspace of each individual child.
- Plan activities that do not require close physical contact between multiple children.
- Limit item sharing, and if items are being shared, remind children not to touch their faces and wash their hands after using these items. Shared items will be cleaned and disinfected after use.

### **Consistent Groups of Students/Staff**

- Siblings attend the same classroom.
- Our STEAM/Montessori program has been modified to operate as a single separate class.
- Teachers load/unload only their own students.
- We have temporarily suspended our Early Birds, After School Club, and Clubroom non-school daycare days program at this time. We plan to reinstate these services once it is feasible to safely do so.
- Teaching staff are assigned to the same classrooms.
- We reserve the right to reassign students to different classes/teachers (under the same schedule) in the event of significant changes to enrollment. Any such changes will be timed to minimize mixing of groups and will be communicated to parents in advance.

*COVID-19 Operating Plan & Health Policy*

*This document was created for childcare settings under the guidance and recommendations from King County Public Health and Washington State Department of Health.*



# The Sammamish Montessori School

## **Outside play**

- Outdoor play will be scheduled in staggered shifts or by keeping groups in separate areas.
- Children and staff members always wash hands before and immediately after outdoor play time.

## **Meals and Snack time**

- Children will be seated separately with physical distancing during meals and snacks.
- Children bring their own water bottle; do not use drinking fountains.

## **Drop off and Pick up**

- Adults must wear masks when dropping off or picking up students.
- Parents will use an iPad for Sign in and Sign out. iPads are sanitized by a staff member between use.
- Please be on-time for drop off and pick up:
  - Morning drop off: 8:45AM
  - Morning pick-up: 11:30AM
  - Afternoon drop-off: 12:30PM
  - Afternoon pick-up: 3:15PM
- Drop off will occur in the car drop off lanes.
- Each child will have his/her temperature taken and be assessed for illness before entering the building. In addition, parents must confirm that their child is symptom free and has had no known Covid-19 exposure (part of iPad sign in).
- Teachers load/unload their own students and should avoid entering into vehicles to buckle/unbuckle and can ask parents to do so as needed. Another staff member can supervise students in courtyards while drop-off/pick-up is in progress while maintaining appropriate social distancing as needed.
- Parents are asked to help us to reduce interactions between individuals outside of child's classroom by being on time and using the curbside drop-off/pick-up system; parents do not drop off at the front office unless it is unavoidable to be early or late.

## **Hygiene Practices**

- Children and staff shall wash their hands immediately upon arrival at school.
- Handwashing with soap and water for at least 20 seconds is required upon arrival, when entering the classroom, before meals or snacks, after outside time, after going to the bathroom, and prior to leaving for home. Teaching staff will help to ensure children are washing their hands effectively.
- Children, families, and staff should avoid touching their eyes, nose and mouth with unwashed hands.
- Cover coughs or sneezes with a tissue, then throw the tissue in a covered waste container and clean hands with soap and water or hand sanitizer (if soap and water are not readily available).
- The school provides adequate supplies for good hygiene, including clean and functional handwashing sinks, soap, paper towels, toilet paper and alcohol-based hand sanitizer (on the playground, only if needed).

*COVID-19 Operating Plan & Health Policy*

*This document was created for childcare settings under the guidance and recommendations from King County Public Health and Washington State Department of Health.*



## The Sammamish Montessori School

### **Cleaning and disinfecting procedures**

- Classroom surfaces such as tables, doorknobs, sinks, and other shared items are cleaned, sanitized, and disinfected throughout the day per licensing guidelines.
- A professional janitorial service thoroughly cleans and sanitizes all classrooms and common areas nightly.
- Shared items are limited to those that are easily cleaned, sanitized and disinfected after each use.

### **Masks – Per Current Public Health & CDC Guidance**

Per current Public Health mandates, facial coverings must be worn by children age 5 and older, and by every adult, when indoors as well as when outside in proximity to others (including during pick up and drop off).

Children ages 3 to 5 are strongly encouraged but not required by public health to use facial coverings.

Children and youth may use face shields as an alternative (must extend below the chin, to the ears, and have no gap at the forehead). Children may remove face coverings to eat and drink and when they go outdoors for recess or other outside activities. Mask Exemptions:

- Children younger than 2 years. (If children over 2 years cannot wear a face covering properly or if it causes more face touching, public health guidance recommends focusing on the three primary ways to prevent infection spread: Hand washing, distancing, home isolation if sick.)
- Those with a disability that prevents them from comfortably wearing or removing a face covering.
- If advised by a medical, legal, or behavioral professional that wearing a mask may pose a risk to that person.
- Those who are deaf, hard of hearing, and/or use facial and mouth movements as part of communication.



## Parent Statement of Understanding, Consent, and Liability Release

The Sammamish Montessori School (SMS) COVID-19 Operating Plan & Health Policy Guidelines outlines the policies, procedures and other information regarding its daily operations during the COVID-19 outbreak, its expectations of each school community member, and reflects its commitment to excellence.

By signing below, I certify my understanding of the following:

- This operating plan is intended as a reference;
- The school reserves the right to change any or all plans, policies or procedures, in whole or in part, at any time, with or without notice;
- Nothing in the operating plan, or in this Statement of Understanding, creates or constitutes a binding enrollment contract or other type of contract between the school and any school family.

I certify that I have read and have had an opportunity to discuss with the administration any questions or concerns about the rules and policies contained in the SMS COVID-19 Operating Plan & Health Policy Guidelines.

I understand that my child will be subject to temperature and daily health screenings upon entry, and I hereby consent to those screenings. I understand that my child will be excluded from the school if my child exhibits any symptoms of COVID-19 (fever of 100.4°F or higher, cough, shortness of breath, sore throat, chills, muscle or body aches, unusual fatigue, nausea/vomiting/diarrhea, new loss of taste or smell, congestion/runny nose that is not due to seasonal allergies).

I acknowledge that I understand that the school may be (or become) subject to additional restrictions beyond those that are in place currently, including restrictions imposed by Public Health authorities.

I also understand that both I and my child may be excluded from the school if, in the school's sole judgment, either of us are not complying with any aspect of the school's COVID-19 operating plan (including the face covering requirement), or with any restrictions imposed upon the school by a public health authority. I understand that the school's decision to exclude me or my child for this reason will not be subject to any appeal, will not entitle me to any full or partial refund of tuition or fees, and will not constitute grounds for my child's early withdrawal from the school.

I understand that I must notify the school administration **immediately** if anyone in my household has a confirmed case of COVID-19 or if my child has otherwise come into close contact with someone who has tested positive for COVID-19 within the previous 14 days. I certify that I understand SMS may be required to close a classroom or the school for a minimum of 2-14 days in the event of a confirmed onsite COVID-19 related exposure, following current Public Health guidelines.

If handwashing is not feasible (during play outside), I give permission for my child to use hand sanitizer.

Per current Public Health guidance, facial coverings must be worn by children age 5 and older and every adult indoors or outside when in proximity to others. Children ages 3 to 5 are encouraged but not required to use facial coverings. Children and youth may use face shields as an alternative (must extend below the chin, to the ears, and have no gap at the forehead). Children may remove face coverings to eat and drink and when they go outdoors for recess or other outside activities. Mask Exemptions:

- Children younger than 2 years. (If children over 2 years cannot wear a face covering properly or if it causes more face touching, Public Health advises it is best to focus on the three primary ways to prevent infection spread: Hand washing, distancing, home isolation if sick.)
- Those with a disability that prevents them from comfortably wearing or removing a face covering.
- If advised by a medical, legal, or behavioral professional that wearing a mask may pose a risk to that person.
- Those who are deaf, hard of hearing, and/or use facial and mouth movements as part of communication.





The Sammamish  
Montessori School

I understand that while SMS is doing its best to maintain health and safety standards and social distancing directives while providing a much-needed service, it cannot promise or guarantee that I or my child will not contract COVID-19 while at the school or while engaging in school-related activities. I voluntarily agree to assume all risks and accept sole responsibility for the possibility that either me or my child(ren) may contract COVID-19 while attending school at SMS, while participating in any SMS-related activity, or while on SMS's grounds. On my behalf, and on behalf of my children and my marital community, I hereby release, covenant not to sue, discharge, and hold harmless the SMS, its employees, agents, and representatives, from all claims, liabilities, causes of action, damages, costs and expenses of any kind arising out of or relating to the possibility that either me or my child(ren) may contract COVID-19 while attending school at SMS, while participating in any SMS-related activity, or while on SMS's grounds.

Student Name \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent 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.

<b>Child's Last Name:</b>	<b>First Name:</b>	<b>Middle Initial:</b>	<b>Birthdate (MM/DD/YYYY):</b>
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 _____ <b>Parent/Guardian Signature</b> <span style="float:right"><b>Date</b></span>		X _____ <b>Parent/Guardian Signature Required if Starting in Conditional Status</b> <span style="float:right"><b>Date</b></span>	

▲ 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
<b>Required Vaccines for School or Child Care Entry</b>						
●▲ 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						
<b>Recommended Vaccines (Not Required for School or Child Care Entry)</b>						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV/MPSV (Meningococcal Disease types A, C, W, Y)						
MenB (Meningococcal Disease type B)						
Rotavirus						

<b>Documentation of Disease Immunity (Health care provider use only)</b>		
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.
---	---

**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](mailto: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		

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711).

**DOH 348-013 November 2019**