



ENROLLMENT PACKET

Dear Parents,

Thank you for choosing Happy Hearts Montessori for your child's education. To complete the enrollment process, we require the following documents and fees. We kindly request that all forms are submitted before the start of the school year.

<input type="checkbox"/> REGISTRATION FORM	<input type="checkbox"/> PERMISSIONS FORM	<input type="checkbox"/> REGISTRATION FEE
<input type="checkbox"/> TUITION AGREEMENT	<input type="checkbox"/> PHOTO RELEASE FORM	<input type="checkbox"/> TUITION FEE
<input type="checkbox"/> CHILD HISTORY FORM	<input type="checkbox"/> IMMUNIZATIONS FORM*	<input type="checkbox"/> OTHERS: _____

() If any changes apply, provide us with new information*

Required School Items for Your Child

To ensure your child is well-prepared for school, here's a friendly reminder of the necessary items they'll need. If possible, kindly bring them before the first day to avoid the hectic start of the year. Please don't forget to label all of your child's belongings with an indelible marker to prevent loss or confusion.

- Emergency Pack (You may use previous pack, but please check for expired items)
- 2 Wallet-Size Photos (preferably, new each year)
- Change of clothes in a clear, plastic bag (everything labeled)
- Slippers with rubber soles

When the rain starts, make sure your child has the proper attire to stay warm and dry. Your child will need a water-repellent jacket with a hood and a pair of waterproof boots.

We look forward to seeing you and your child!

Sincerely,
Happy Hearts Montessori



Happy Hearts Montessori School

KENT

info@happyheartsmontessori.com

26829 119th Ave SE, Kent, WA 98030

(253) 802-6657 | (253) 709-5988

PRE-K & SCHOOL AGE REGISTRATION FORM 2023-2024

Date Child Entered Care:			
Child's Name (Last, First, Middle)		Name Used (Nickname)	Birthdate
Street Address		City	Zip Code
Child's Parent/Guardian Name 1	Cell Phone# () -	Home Phone# () -	Alternate Phone# () -
Street Address		City	Zip Code
Email Address			
Child's Parent/Guardian Name 2	Cell Phone# () -	Home Phone# () -	Alternate Phone# () -
Street Address		City	Zip Code
Email Address			
<p>I give my permission for any of the following individuals to be contacted and my child may be released to any of them.</p> <p>Parent/Guardian Signature: _____ Date: _____</p> <p>In an emergency, if you are not able to contact me, contact the following:</p>			
Name (First and Last)	Cell Phone#	Home Phone#	Alternative Phone#
<p>These individuals also have permission to pick up my child:</p>			
Name (First and Last)	Cell Phone#	Home Phone#	Alternative Phone#

Child's Health Information

Child's medical care provider or parent's /guardian's preferred medical facility for treatment

Name _____ Phone:()- _____

Address: _____

Child's Last Physical Exam Date (If available)

Child's dentalcare provider or parent's/guardian's preferred medical facility for treatment.

Name _____ Phone:()- _____

Address: _____

Child's Last Dental Exam Date (If available)

Known Health Conditions (An individual care plan from child's health care provider is required for any food allergies or special dietary requirement to a health condition)

Consent to Medical Care and Treatment of Minor Children

I give permission that my child _____ may be given first aid/emergency treatment by the child care licensee and or qualified staff at:

Name of Licensee: _____

Address of Licensee _____

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

When I cannot be contacted, I authorize and consent to medical, surgical, and hospital care, treatment, and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid care attendant, when deemed necessary or advisable by the physician or care attendant to safeguard my child's health. I waive my right of informed consent to such treatment.

I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

I certify under penalty of perjury under the laws of the state of Washington that this information is true and correct.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date



Happy Hearts Montessori School -KENT

PRE-K & SCHOOL AGE TUITION AGREEMENT SY 2023-2024

Student: _____

Fee Schedule for Pre-K and School Age for SY 2023-2024

Program information: Days are scheduled consecutively. (5 Days a Week)

<input type="checkbox"/> ½ Day AM (9:00 – 12:00) 5 Days (will not be offered in SY 2023-2024)	<input type="checkbox"/> ½ Day AM (12:30 – 3:30) 5 Days (will not be offered in SY 2023-2024)	<input type="checkbox"/> Full Day AM (9:00 – 3:30) 5 Days
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Non-Refundable Registration Fees Due Upon Enrollment

A non-refundable \$125 registration and \$100 materials fee for the school year is due upon registration.

2023-2024 Sept 1st to Jun 21st Pre-K and School Age (2.5 years - 13 years)	Registration Fee	Materials Fee
Full Day	\$125	\$100

Annual Tuition Schedule

Tuition amounts are reflective of the entire school year but are divided into ten equal installments due on the first school day of each month beginning in September. The last payment is due on first school day of June

2023-2024 Sept 1st to Jun 21st Pre-K and School Age (2.5 years - 13 years)	Annual Tuition	Monthly Tuition Payments Sept-Jun	Additional Fees for Extra Hour \$15 (7-9am, 3:30-5pm) Due with each tuition payment
Full Day	\$11,250	\$1,125	\$15/extra hour

Late Fees

Late fees are **\$2 every 5 minutes** after the pre- arranged pick-up time (If your child is picked-up late after 4:30pm which is the closing time, your late pick-up charged will be doubled)

School is **CLOSED AT 4:30 PM.** Please make the necessary arrangements to pick up your child before 4:30 pm.

Parent/Guardian #1 Signature

Date

Parent/Guardian #1 Signature

Date

Child's Name:	First	Middle	Last
Parent/Guardian Name:	First	Middle	Last
Parent/Guardian Name:	First	Middle	Last
Days and times my child will receive care:			
Arrival Time			
Departure Time			
Fee: \$		Date Payment Due:	
per			
<input type="checkbox"/> Month		Source of Payment: <input type="checkbox"/> Parent	
		<input type="checkbox"/> Other (specify):	
<p>I agree to promptly notify the childcare provider of any changes of the above information. I understand that I am fully responsible for the terms of this agreement as stipulated.</p> <p>I have read, understand, and agree to comply with the policy and procedures and information for parents given to me by:</p> <p>_____</p> <p>Name of Licensee</p>			
Parent/Guardian Signature		Date	
Parent/Guardian Signature		Date	
I agree to provide childcare services according to the above plan. I agree to promptly notify the parents/guardians of any changes to above information.			
Licensee Signature		Date	
Street Address	City	State	Zip code
Comments:			

TERMS AND CONDITIONS

Tuition Payment and Responsibility

- The first tuition installment for 2023–2024 school year is due by September 5th, 2023.
 - Tuition is due by the 4th of each month. If you are unable to pay by the due date, you are subject to a \$25 late fee.
 - Tuition credit not given due to weather, water or power closure, student illness, or a child absence due to a contagious outbreak related to an immunization exemption, exemption from attendance to a COVID-19, holiday, vacation, or other missed absences.
 - School closure or late arrivals due to weather or power outages might not be made up due to time built into our program schedule to meet the requirements.
 - Payment may be made via personal, bank check or cash (dropped off in school)
 - Returned checks are subject to a \$25 handling fee.
 - This contract must be signed by all parents/guardians responsible for the payment of tuition
- INITIAL _____

Withdrawal

If you choose to withdraw your child from HHM after September 1, 20223, and before the end of the school year, **a 30-day written notification** is required. During the 30 day period, you will continue to be responsible for all tuition payments and any additional charges that are accrued even if your child is no longer attending.

- HHM reserves the right to suspend or deny continued enrollment if a child's account continues to be delinquent beyond 30 days.
 - Transcript/records may be denied if the account is more than 60 days past due.
 - Attorney fees or other client costs of enforcement may be added to your child's account for enforcement of contract.
- INITIAL _____

Non-Financial Provisions

- I/We authorize my child to participate in school activities performance, and other school related events
 - We may ask for assistance from families, to ensure that we are meeting the nutritional needs a child that has any food related allergies, intolerances, religious , or family choices that impact their diet.
 - HHM may end a child's enrollment:
 - If an authorized pick-up person, family member, or other connected adult's behavior, violated our mission and expectation of school behavior
 - If the information provided to school is not truthful or complete, including any details that may affect the child's experience and success in the school
 - Information will be provided to any parent/guardian that has legal responsibility for a child's education.
- INITIAL _____

Regulations

- The Department of Children, Youth and Families (DCFY) requires all students to be checked in and out of school each day by an approved drop off/pick up person or an authorized staff member. All parents and family members that pick-up should have a classroom app installed on their phones
- All children are required to meet Washington State requirements for school admission regarding health (providing allergy or other medical information) and immunization status.

INITIAL _____

This tuition contract is a legally binding contract. Our handbook and addendums set forth our mission, general expectations, protocols, and guidance and are incorporated herein by reference. HHM has the right to edit the handbook as needed, in our sole discretion, at any time.

Acceptance of Tuition Payment Schedule and Terms & Conditions

I/We would like to enroll _____ as a student of HHM for 2023 – 2024 school year. By signing this document, I/we have read and agree to the Terms and Conditions outlined in this agreement.

My child's annual tuition will be _____

Parent/Guardian #1 Signature

Date

Parent/Guardian #2 Signature

Date

Happy Montessori School Director

Date



Happy Hearts Montessori School – KENT

CHILD HISTORY FORM

Child's Name (First, Middle, Last) _____ Gender: _____ Name to be used at school: _____	Licensee's Name _____
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UPDATED Health History

Does/Has your child had any of the following? Please check all that apply.

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Heart Trouble |
| <input type="checkbox"/> Frequent Sore Throat | <input type="checkbox"/> Asthma | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Urinary Disease | <input type="checkbox"/> Measles | <input type="checkbox"/> Whooping Cough |
| <input type="checkbox"/> Problems with Skin | <input type="checkbox"/> Stomach Upsets | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Impetigo |
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Problems with Diarrhea | <input type="checkbox"/> German Measles | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Problems with Soiling | <input type="checkbox"/> Poliomyelitis | <input type="checkbox"/> Other |

Does your child have allergies? What does an allergic reaction look like for your child? *

Does your child have any food sensitivities/intolerances? What does a reaction look like? *

We pride ourselves on celebrating cultural diversity and love to know the culture of our families. Please share your information below.

Cultural Heritage (optional): _____

Cultures/Holidays you might be interested in sharing with our school: _____

Help us know your child better:

Has your child had any professional assessments/evaluations? If yes, please describe. *

With whom does your child live? _____

Siblings' names and ages: _____

Languages Spoken: _____

Has your child attended childcare or preschool? Tell us about it:

What would you like us to know about your child?

Are there any medical concerns that we should know about? (allergies, etc.)

Are there any behavior concerns that we should know about?

Are there any learning concerns that we should know about?

What goals do you have for your child this school year? (academic, emotional, etc.)

For all day students, does your child need a nap? Yes No

Please give details – normal duration, time, routine, etc.

Describe your child in a few words: _____

Daily Routine:

What time does your child get up? _____

What time does your child go to bed? _____

Diet Pattern (What does your child usually eat for these meals? _____

List any Food Dislikes: _____

List any Eating Problems: _____

How does your child get along with parents, siblings, and other children? _____

Does the child have any special problems/fears/needs? (Explain) _____

****HHM may ask for additional documentation upon enrollment.***

Upon enrollment/ re-enrollment, you will be asked to complete/update a Certificate of Immunization Status form from the State of Washington. This is pursuant to Washington State Administrative Code 180-38-060 which requires that you provide immunization records annually at HHM. If you choose not to have your child immunized, then you must complete and sign an exemption. If you choose to have an exemption in place of having your child immunized, then you need to be aware that in the event of an outbreak of contagious disease or pandemic, your child may be excluded from educational services at HHM without refund/credit of tuition. This section is subject to change pursuant to State and Department of Health guidelines during the COVID-19 Pandemic.



HAPPY HEARTS MONTESSORI-KENT

253-802-6657 | info@happyheartsmontessori.com | 26829 119th Ave SE, Kent, WA 98030

PARENT OR GUARDIAN PERMISSIONS FORM

Child's Name: _____ Date: _____

Transportation and off-site activity:

I give my permission for the licensee or the staff to take my child:

	Yes	No
To and/or from school:		
By a personal vehicle.....	<input type="checkbox"/>	<input type="checkbox"/>
By riding with my child on public transportation	<input type="checkbox"/>	<input type="checkbox"/>
By walking with my child.....	<input type="checkbox"/>	<input type="checkbox"/>
On field trips (a written notice will be given at least 24 hours before):	Yes	No
By a personal vehicle.....	<input type="checkbox"/>	<input type="checkbox"/>
By riding with my child on public transportation	<input type="checkbox"/>	<input type="checkbox"/>
By walking with my child.....	<input type="checkbox"/>	<input type="checkbox"/>
On occasional errands:	Yes	No
By a personal vehicle.....	<input type="checkbox"/>	<input type="checkbox"/>
By riding with my child on public transportation	<input type="checkbox"/>	<input type="checkbox"/>
By walking with my child.....	<input type="checkbox"/>	<input type="checkbox"/>

Water activities including swimming pools and other bodies of water:

I give my permission for the licensee or the licensee's staff to:

	Yes	No
Take my child swimming or play in a swimming pool or body of water.....	<input type="checkbox"/>	<input type="checkbox"/>

Bathing:

I give my permission for the licensee or the licensee's staff to:

	Yes	No
Give my child a bath or shower if my child needs to be cleaned after having an accident such as diarrhea or vomiting.....	<input type="checkbox"/>	<input type="checkbox"/>



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PARENT OR GUARDIAN PERMISSIONS FORM

Child's Name: _____ Date: _____

Photo, video, or surveillance/recording activity:

I give my permission for the licensee or the staff to:	Yes	No
Take photographs of my child.....	<input type="checkbox"/>	<input type="checkbox"/>
Take videos of my child	<input type="checkbox"/>	<input type="checkbox"/>
Capture my child's image on surveillance video used at this care facility...	<input type="checkbox"/>	<input type="checkbox"/>
Allow school pictures of my child to be included in Happy Hearts Montessori School Publications	<input type="checkbox"/>	<input type="checkbox"/>
Consent to my child's actions to be recorded and studied by Montessori teachers in training.....	<input type="checkbox"/>	<input type="checkbox"/>

Food cooked by another child's parent/guardian (on special occasions only:

I give my permission for the licensee or the licensee's staff to:	Yes	No
Serve my child food prepared, cooked, or baked at home by another child's parent or guardian (on special occasions only).....	<input type="checkbox"/>	<input type="checkbox"/>

I have reviewed the licensee's written policies and have had the opportunity to discuss with the licensee the policies pertaining to the items listed on this permission form.

Parent or Guardian's Printed Name

Parent or Guardian's Printed Name

Parent/Guardian's Signature & Date

Parent/Guardian's Signature & Date



HAPPY HEARTS MONTESSORI-KENT

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MEETING INDIVIDUAL'S NEEDS

Montessori education provides individually paced programs and multi-age classrooms that support a wide range of abilities and learning styles. At the Happy Hearts Montessori School of Maple Valley, we value this diversity.

Our teachers aim to identify and build on each child's strengths and use these strengths to overcome any personal challenges. The school's goals include early diagnosis and intervention, when needed, and effective and consistent support for children, family and teachers.

Some students may require significant one-to-one or small group support for their success. In cases such as this, the school reserves the right to require that students receive the assistance they need and to charge fees for added expenses incurred by the school in the form of personal aides. Parents and teachers will discuss, agree upon, and implement other reasonable accommodations in the classroom, when needed.

If teachers suspect significant developmental, learning, or behavior challenges (Significant meaning that challenges impact the ability of the child to be successfully accommodated within the classroom without additional resources, and/or significantly impact the ability of the other children in the classroom to learn), this plan will be followed:

- The teacher will notify parents that a 7-school day period of observations and documentation has begun. At this step, parents are expected to document similar behaviors at home. A follow up conference with parents will be scheduled during these 7 days. Written documentation of this first step will be placed in the child's file, and sent home via email.
- If at this follow-up conference, teachers request outside testing and evaluations, the family has five business days to initiate this testing process. A list of community resources providing screening and evaluations will be provided at this conference. The leadership team of the Montessori School of Maple Valley (HHM) is willing and able to help families with the process of seeking additional testing and evaluations. Written confirmation that the process has been initiated needs to be provided to the school within five business days.
- While recognizing that the decision to seek outside testing and evaluations of a child is the responsibility and right of the parents/guardians, the HHM also recognizes that when a teacher has requested outside testing and evaluation of a child it is because that without additional information, recommendations and resources, the HHM might be unable to meet the individual needs of the child.
- If the parent declines to seek outside testing and evaluation, the HHM reserves the right to give a family 5 school days' notice of disenrollment. A summary of the decision made will be placed in the child's file and sent home via email.

Parent/Guardian's Signature & Date

Name of Child



HAPPY HEARTS MONTESSORI-KENT

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SICK CHILDREN AT HAPPY HEARTS MONTESSORI

When a child is at school and becomes sick, it affects not only the child but also parents, co-workers, siblings, other students, and the teachers.

Entirely preventing the spread of many common illnesses is nearly impossible. However, we are obligated to our teachers and other students to not expose them to illnesses. Please be aware of the guidelines for keeping a child home during and while recovering from an illness. These are accepted standards set forth by and followed by health departments across the state and country.

If you notice a change in your child's behavior, such as feeling tired or out-of-sorts, consider this a sign of the onset of illness, which is the most contagious time. Keep your child home for some extra rest if he or she is overly tired or irritable.

Children with communicable diseases (including serious colds, sore throats, persistent cough, rash, conjunctivitis and the like) or who have vomited or had diarrhea or had a fever over 100 degrees in the 24 hour preceding the school day must be kept at home. Children must be fever-free without medicine for 48 hours before returning to school. If your child has had a throat culture, please keep him or her at home until the results have been reported to you—even if your doctor says it is all right to send the child to school. A child who is prescribed an antibiotic must be on the medication for 24 hours before returning to school. Please inform the Montessori School of any illness or contagious disease immediately.

A good rule of thumb is to keep the child home at least one more day after the illness symptoms subside so your child can regain strength and vigor. Children have relapses when they return to school too soon and pick up other infections on top of what they already have. We understand the difficulties of making arrangements for an ill child. However, it is our hope that by keeping children at home when appropriate, we will all benefit by having our children exposed to fewer illnesses.

Name of Child: _____

Name of Parent/Guardian: _____

Parent/Guardian's Signature

Date



PHOTO RELEASE FORM

PERMISSION TO USE STUDENT'S PHOTOGRAPH

Happy Hearts Montessori School's Photo and Video Policy

Happy Hearts Montessori School is interested in featuring its students on the school's website, social media pages (such as, but not limited to: Facebook page and Instagram), educational publications, and marketing materials (both online and print). All pictures will showcase students either demonstrating learning techniques or participating in approved school activities.

Please be aware of the following:

- As a standard policy, Happy Hearts Montessori School will not disclose a child's name, and no names will ever be used.
- Some photographs or videos may be candid or action shots captured during participation in school-sanctioned activities and events.
- Other photographs or videos may be staged for specific purposes.

Consent for the Use of Child's Photographs and/or Videos by Happy Hearts Montessori School.

I, hereby grant Happy Hearts Montessori School permission to use my child's photographs and/or videos for the intended purposes as stated above. I understand and acknowledge that unless I provide written notice to the school's administration or via email, Happy Hearts Montessori School may continue to use these materials in the upcoming academic years.

Refusal to Permit Happy Hearts Montessori School to Use Photos or Videos of My Child
I do not grant permission for Happy Hearts Montessori School to use any photographs or videos of my child for any purpose.

Student Name: _____

Parent/Guardian's Printed Name: _____

Parent/Guardian's Signature: _____

Date: _____



Certificate of Immunization Status (CIS)

For Kindergarten-12th Grade / Child Care Entry

Office Use Only:

Reviewed by: _____ Date: _____

Signed Cert. of Exemption on file? Yes No

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

Child's Last Name:	First Name:	Middle Initial:	Birthdate (MM/DD/YY):	Sex:
I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.			I certify that the information provided on this form is correct and verifiable.	
Parent/Guardian Signature Required			Parent/Guardian Signature Required	
Date			Date	

- ◆ Required for School and Child Care/Preschool
- Required Only for Child Care/Preschool

Required Vaccines for School or Child Care Entry	Date	Date	Date	Date	Date	Date
	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
◆ DTaP / DT (Diphtheria, Tetanus, Pertussis)						
◆ Tdap (Tetanus, Diphtheria, Pertussis)						
◆ Td (Tetanus, Diphtheria)						
◆ Hepatitis B <input type="checkbox"/> 2-dose schedule used between ages 11-15						
● Hib (<i>Haemophilus influenzae</i> type b)						
◆ IPV / 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)						
MenB (Meningococcal)						
Rotavirus						

Documentation of Disease Immunity
Healthcare provider use only

If the child named in this CIS has a history of Varicella (Chickenpox) or can show immunity by blood test (titer) it MUST be verified by a healthcare provider

I certify that the child named on this CIS has:

- a verified history of Varicella (Chickenpox).
- laboratory evidence of immunity (titer) to disease(s) marked below. **Lab report(s) for titers MUST also be attached.**

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

Licensed healthcare provider signature _____ Date _____
(MD, DO, ND, PA, ARNP)

Printed Name _____

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

To print with immunization information filled in: Ask if your healthcare provider's office enters immunizations into the WA Immunization Information System (Washington's statewide database). 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, birthdate, sex, and sign your name where indicated on page one.

#2 Vaccine information: 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 Pediarix under Diphtheria, Tetanus, Pertussis as **DTaP**, Hepatitis B as **Hep B**, and Polio as **IPV**.

#3 History of Varicella Disease: 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 healthcare 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 Documentation of Disease Immunity: If your child can show positive immunity by blood test (titer) and has not had the vaccine, have your healthcare provider check the boxes for the appropriate disease in the Documentation of Disease Immunity box, and sign and date the form. **You must provide lab reports with this CIS.**

Reference guide for vaccine abbreviations in alphabetical order

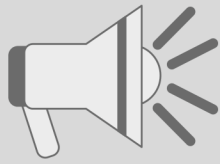
For updated list, visit <https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.pdf>

Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus	Hep A	Hepatitis A	MCV / MCV4	Meningococcal Conjugate Vaccine	OPV	Oral Poliovirus Vaccine	Tdap	Tetanus, Diphtheria, acellular Pertussis
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hep B	Hepatitis B	MenB	Meningococcal B	PCV / PCV7 / PCV13	Pneumococcal Conjugate Vaccine	VAR / VZV	Varicella
DTP	Diphtheria, Tetanus, Pertussis	Hib	<i>Haemophilus influenzae</i> type b	MPSV / MPSV4	Meningococcal Polysaccharide Vaccine	PPSV / PPV23	Pneumococcal Polysaccharide Vaccine		
Flu (IIV)	Influenza	HPV (2vHPV / 4vHPV / 9vHPV)	Human Papillomavirus	MMR	Measles, Mumps, Rubella	Rota (RV1 / RV5)	Rotavirus		
HBIG	Hepatitis B Immune Globulin	IPV	Inactivated Poliovirus Vaccine	MMRV	Measles, Mumps, Rubella with Varicella	Td	Tetanus, Diphtheria		

Reference guide for vaccine trade names in alphabetical order

For updated list, visit <https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.pdf>

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 (RV5)
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		



Student Emergency Packs

To prepare for unforeseen circumstances, each family is required to put together an emergency pack for their child to leave at school. These packs should include a gallon-sized Ziploc bag filled with food items such as nuts, fruit leather, fruit cups, granola, crackers, pudding, peanut butter, etc.. Additional items such as wet wipes, an emergency blanket, soap, toothbrush and toothpaste are encouraged and a stuffed animal or toy, and a letter from parents with words of comfort may also be included to help keep your child calm. Don't forget to write your child's name on the bag!

Sample List

- Emergency Blanket
- Toothbrush and Toothpaste
- Small Bar of Soap
- Small stuffed animal or favorite toy
- Letter of comfort from parents and a family picture
- Food Items (Individual packs of nuts, fruit leather, fruit cups, granola bars, etc.)