



Welcome to ABC Learning Center! Our goal is to provide families with a safe and educational place for childcare.

We are a full service daycare, built and developed to meet the needs of children and their families.

We provide a caring and nurturing environment that supports imagination and the love of learning. Your child will experience positive and encouraging support during some of their most important developmental years. Here, your child will be kept safe, cared for, and nurtured both physically and intellectually. Each child is an important individual, and we respect that.

We believe that a relationship is based on mutual trust, confidence and respect between the family and caregiver, and that it is the foundation to successfully meeting the needs of your child.

ABC Learning Center – Lynnwood

6815 196th St. SW, Ste. C
Lynnwood, WA 98036
Office: 425.361.7330
Fax: 425.361.7672
Email Us – Lynnwood@abclearningcenter.com

ABC Learning Center – Marysville

9315 State St., Unit A
Marysville, WA 98270
Office: 360.322.7117
Fax: 360.386.9924
Email Us – Marysville@abclearningcenter.com

ABC Learning Center – Edmonds

23632 HWY 99, Ste. 0
Edmonds, WA 98026
Office: 425.582.9697
Fax: 425.967.5289
Email Us – Edmonds@abclearningcenter.com

ABC Learning Center – Mill Creek

5006 132nd ST SE, Ste. D
Everett WA 98028
Office: 425.316.8999
Fax: 425.316.8990
Email Us – Millcreek@abclearningcenter.com

ABC Learning Center – Mukilteo

8601 Mukilteo Speedway, Ste. 502
Mukilteo, WA 98275
Office: 425.265.1300
Fax: 425.265.1400
Email Us – Mukilteo@abclearningcenter.com

ABC Learning Center – Redmond

16715 Cleveland St Ste. A
Redmond, WA 98052
Office: 425.896.8411
Fax: 425.265.1400
Email Us – Redmond@abclearningcenter.com

Child File Checklist

- ☐ Registration Packet (Fully Completed)
- ☐ Parent Handbook Acknowledgment
- ☐ Photo ID of Parent/Guardian & Authorized Pick-ups
- ☐ Emergency Contacts
- ☐ Immunization Records- CIS Form (Pass status, signed)
- ☐ Individual Care Plan

Child Care Registration (All areas REQUIRED, Please Mark N/A if it does not apply)

Child's Name:	Age:	D.O.B:
Child's Primary Residence:		
Is child living with both parents?	Yes	No (if not, with whom?)

Emergency Contact Information

Date:

Parent/Guardian:		D.O.B:
Email Address:	WDL/ID#:	
Cell Phone:	Employer:	
Work Phone:	Employer Address:	
Parent/Guardian:		D.O.B:
Email Address:	WDL/ID#:	
Cell Phone:	Employer:	
Work Phone:	Employer Address:	
Emergency Contact:		D.O.B:
Email Address:	WDL/ID#:	
Cell Phone:	Relationship:	
Work Phone:	Employer:	

Authorized Pick Up			Additional Emergency Contact
Name:	Cell Phone:	Relationship:	<input type="checkbox"/>
Name:	Cell Phone:	Relationship:	<input type="checkbox"/>

Names of People NOT allowed to pick up your child:		
1.	2.	3.

Child Information

Child's Name:		D.O.B:
Child's Physician:		Phone:
Address:	Date of last exam:	Outcome?
Child's Dentist:		Phone
Address:	Date of last exam:	Outcome?
Is your child taking any medications currently?		Yes No
Medication:		Dosage:
Medication:		Dosage:
Specific Health Problems:		

Daily Schedule

What will your child's daily schedule look like?				
(We ask for staffing purposes. Please give a week's advance notice if schedule needs to change.)				
Monday	Tuesday	Wednesday	Thursday	Friday
__ : __ - __ : __	__ : __ - __ : __	__ : __ - __ : __	__ : __ - __ : __	__ : __ - __ : __
Drop Off <u>IT IS THE POLICY OF OUR CENTER THAT ALL CHILDREN ARRIVE BY 9:30 AM PLEASE NOTIFY US IN AT LEAST 2 DAYS ADVANCE OF ANY APPOINTMENTS, AND CALL US BY 9:00 AM IF YOUR CHILD IS SICK.</u> This policy is in place so that the center may follow the posted classroom schedules without upset to your own and the other children in our care, and to ensure staffing needs.				
Pick Up I understand and agree that when a serious situation, emergency, or illness occurs, my child must be picked up within 30 minutes from the time I am called. I also understand and agree that my child must be picked up by me, someone on my emergency list, or someone I approve in writing to the director or management at ABC Learning Center. I also understand that this requirement is for the health and safety of all the children enrolled at ABC Learning Center.				
Parent/Guardian's Signature			Date	

Review

ABC Learning Center	
How did you hear about ABC Learning Center?	
What do you hope to gain from their experience at ABC Learning Center?	

Licensing Agreements

Right to Licensing Information

I understand that ABC Learning Center is required to keep the following licensing information available for parents and staff: Copies of the most recent childcare monitoring checklist and facility licensing compliance agreements for any deficiencies noted.

Parent/Guardian's Signature	Date

Right To Free Access

ABC Learning Center has an open-door policy. You may have free access to any area of the center that your child has access to. You may visit your child's classroom at any time. For the safety of all the children in our care, please stop by the office before entering the classrooms. At no time shall you or any parent of other children, or any person not having passed a background check and that is not employed by our center have unsupervised contact with any child that is not their own.

Parent/Guardian's Signature	Date

Consent to medical care and medical treatment of minor children:

I, _____ (parent/legal guardian) hereby give permission that my child, _____ (child's name) may be given emergency treatment to include First Aid and CPR by a qualified staff member at ABC Learning Center.

I further authorize and consent to medical, surgical and hospital care, and treatment and procedures to be performed for my child, by my child's regular physician, or when that physician cannot be reached, by a licensed physician or hospital, when deemed immediately necessary or advisable by the physician to safeguard my child's health, when I cannot be reached. I waive my right to informed consent of such treatment. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

Parent/Guardian's Signature	Date

Tuition and Fees

I the Parent/Guardian signed below agree to pay ABC Learning Center the following: (DSHS does not apply)		
Registration Fee: \$	Parent/Guardian's Signature	Date
Current Monthly Rate: \$	Parent/Guardian's Signature	Date
Applicable Discounts:	Parent/Guardian's Signature	Date
Payment Date(s):	Parent/Guardian's Signature	Date

I the Parent/Guardian signed below agree to pay ABC Learning Center the following:	
- A late fee of \$50.00 will be charged to your account if you do not pay by the monthly tuition due date.	
- A fee of \$30.00 will be charged for each returned check fee instance.	
- We close at 6:30pm . If your children are in the building past 6:30pm; a \$5 /minute fee will apply. This payment must be paid at pick-up.	
- By STATE LAW , children cannot be in childcare for over 10 hours , unless authorized by DSHS. If your child is in our care for over 10 hours, a \$5 /minute fee will apply. If it is an ongoing issue, we reserve the right to call CPS and withdraw your child from our program.	
Parent/Guardian's Signature	Date

Photo Permission

Child's Name:		D.O.B:
Photo & Video I the Parent/guardian signed below gives permission for ABC Learning Center Photograph/video record my child named above, for the following:		
Type of Use	Grant Permission	Decline Permission
Take Photographs of my child	<input type="checkbox"/>	<input type="checkbox"/>
Take Video of my child	<input type="checkbox"/>	<input type="checkbox"/>
Capture my child's image to display in the facility	<input type="checkbox"/>	<input type="checkbox"/>
Capture my child's image to display on childcare Website/Socials	<input type="checkbox"/>	<input type="checkbox"/>
Post individual photos/videos on ProCare App	<input type="checkbox"/>	<input type="checkbox"/>
Post group photos/videos on ProCare App	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Guardian's Signature		Date
Water Play Activities I the Parent/guardian signed below gives permission for my child named above to participate in ABC Learning Center's provided and supervised water play activates such as Kiddie Pools, Sprinklers, and/or Water Tables		
Parent/Guardian's Signature		Date

Parent Handbook Acknowledgement

I, the undersigned, acknowledge that I have received a copy of the Parent Handbook for ABC Learning Center. I recognize that it is my responsibility to read and understand the policies, provisions, and procedures contained in the Parent Handbook.

In addition, I understand that the contents of the Parent Handbook are subject to change. I acknowledge that the Parent Handbook will be revised in accordance with the rules or regulations of state, federal, and accrediting entities, best practices for childcare service providers, or at the discretion of the corporate management of ABC Learning Center. I recognize that any such revision will supersede, modify, or eliminate the current contents of the Parent Handbook.

I acknowledge that it is my responsibility to stay informed of the policy and procedure revisions to the Parent Handbook, which will be posted on the parent board for the center. I understand that I can obtain an electronic copy of the updated Parent Handbook upon request by emailing the center email and following up with the director on it.

Moreover, I recognize that it is my responsibility to contact the ABC Learning Center for any questions I might have about the contents of the Parent Handbook now and in the future.

Parent/Guardian's Printed Name	Parent/Guardian's Signature	Date
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Hard Copy of Parent Handbook Provided by:

ABC Learning Center Representative's Signature	Date
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Child Orientation

Child's Name:		D.O.B:	
Food			
Does your child have any food preferences?		Yes	No
Are there any foods your child does NOT eat or restricted from eating?			
Are there any food that your child is sensitive to or may have allergies to?			
Household			
Has there been any major changes in your child's environment or behavior in the past 6 months?			
What are your child's Interests and favorite activities?			
List of any fears or dislikes your child has?			
What holidays or traditions do you celebrate/practice at home?			
What method of discipline do you use?			
Child Care			
Has your child had previous group experience?		Yes	No
How did they react?			
Is your child fully toilet trained?		Yes	No
What does your child act when ill?			
What helps your child fall asleep?			
Family			
Household Members (Sibling, Other Relatives that live in the same household as the child)			
Name:	Relation:	Phone Number:	Add to Pick Up List
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
Other Relatives (who do not live in the same household as the child)			
Name:	Relation:	Phone Number:	Add to Pick Up List
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>



Certificate of Immunization Status (CIS)

Reviewed by:	Date:
Signed COE on File? <input type="checkbox"/> Yes <input type="checkbox"/> 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):
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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.
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X Parent/Guardian Signature	X Parent/Guardian Signature Required if Starting in Conditional Status	Date	Date
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▲ 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
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 form 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: waitrecords@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	Menvéo	Meningococcal	Rotarix	Rotavirus (RV1)
Adacel	Tdap	Flucelvax	Flu	Hiberix	Hib	Pediarix	DTaP + Hep B + IPV	RotaTeg	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	Twinnix	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	Recombinax 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).

ABC LEARNING CENTER



WHAT TO BRING ON YOUR FIRST DAY

INFANT CLASSROOM

- ✓ Spare change(s) of clothes (at least 2 pair – socks, pants, onesie, long sleeved shirt)¹
- ✓ Hooded jacket¹
- ✓ Diapers ¹²
- ✓ Wipes¹
- ✓ Bottles (at least 4-6 – will be washed in dishwasher after use)¹
- ✓ Pacifier (optional – only if used at home)
- ✓ Diaper ointment (optional – only if used at home)¹
- ✓ Sunscreen (optional – if you want it applied when the teachers take infants out for a walk in the stroller, during monthly emergency (fire/evacuation) drills, and/or to the outdoor area for tummy time picnics)¹
- ✓ Solid foods (optional – only if eating at home)¹³

WADDLER & TODDLER CLASSROOM

- ✓ Spare change(s) of clothes (at least 2 pair – socks, pants, shirt, long sleeved shirt)¹
- ✓ Hooded jacket¹
- ✓ Diapers ¹²
- ✓ Wipes¹
- ✓ Pacifier (optional – only if used at home)
- ✓ Diaper ointment (optional – only if used at home)¹
- ✓ Sunscreen (optional – if you want it applied when the teachers take children outside)¹
- ✓ 1 Sippy Cup (for water – to be taken home every Friday)¹
- ✓ Naptime sleeping bag¹

PRESCHOOL 1 CLASSROOM

- ✓ Spare change(s) of clothes (at least 2 pair – socks, pants, shirt, long sleeved shirt)¹
- ✓ Hooded jacket¹
- ✓ Diapers ¹²
- ✓ Wipes¹
- ✓ Diaper ointment (optional – only if used at home)¹
- ✓ Sunscreen (optional – if you want it applied when the teachers take children outside)¹
- ✓ 1 Water bottle (for water – to be taken home every Friday)¹
- ✓ Naptime sleeping bag¹

PRESCHOOL 2 & PRE-K CLASSROOM

- ✓ Spare change(s) of clothes (at least 2 pair – socks, pants, shirt, long sleeved shirt)¹
- ✓ Hooded jacket¹
- ✓ Sunscreen (optional – if you want it applied when the teachers take children outside)¹
- ✓ 1 Water bottle (for water – to be taken home every Friday)¹
- ✓ Naptime sleeping bag¹

¹ Please label clearly with the child's first and last name or initials (ex. on clothing item's tag). ² Please do not bring more than a full sleeve of diapers (labeled with name) due to storage limitations. ³ Refrigerated food(s) should be taken home at the end of each day if not consumed; dry food can be brought in original bags as purchased from store and stored in classroom snack cabinet – teacher(s) will inform you when running low