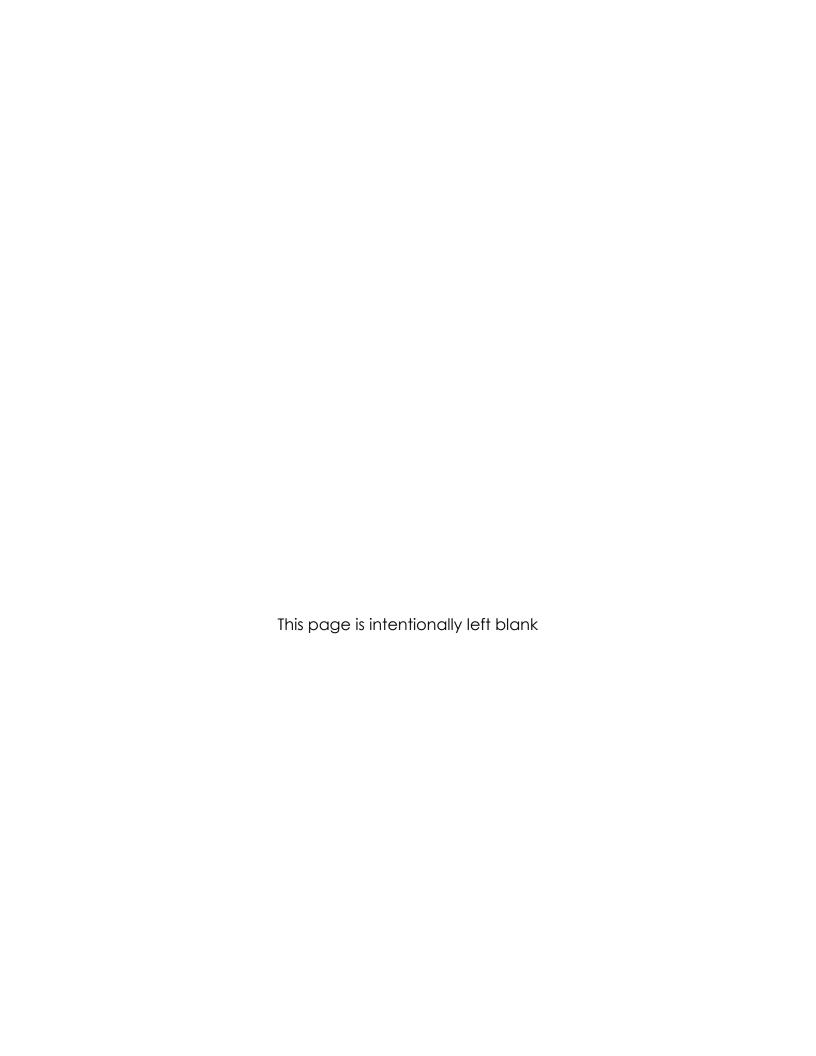
509.334.4114

Pullman, WA 99163

Returning Families

Form Packet

2021 - 2022



2021-2022 Signature Sheet- Returning Families

This collection of forms are required by the Montessori School of Pullman and Washington State Department of Children, Youth and Family Services to be signed by a parent or guardian and placed in each child's file at the time your child enters our school. It is understood that in two- or more-parent/guardian families, one guardian may sign on behalf of all guardians.

As a returning family, you may review all documents on the website and sign below to verify compliance with each policy for the 2021-2022 school year. All new and returning children are required to complete a new Student Information Sheet, Emergency Authorization Form and Permission Form and to review, update and sign your child's Washington Immunization Sheet (available in the office). Several policies have also been updated; please read carefully and sign.

By signing below, I verify that I have read the Handbook (available on our website: www.pullmanmontessori.org) and agree to the following policies:

Required to be in your child's file by the first day of school:

- 1. Washington Immunization Sheet (you can update and sign in the office)
- 2. Student Information Sheet
- 3. Permission Form
- 4. Emergency Authorization

Updated policies:

- 5. Fee Policy
- 6. Meeting Individual Needs
- 7. Bathroom Policy
- 8. Behavior Management and Anti-Bullying Policy
- 9. Sick Children
- 10. Covid-19 Waiver
- 11. Medications at School (if needed)

Additional Forms and Policies:

	12. Parent-Teacher Communication	Signature:	_ Date:
	13. Health History and Examination	Signature:	_ Date:
	14. Crisis/Disaster Response Plan	Signature:	_ Date:
	15. Workplace Bullying involving a Parent and	Teacher Policy	
		Signature:	_ Date:
	16. Whistleblower Policy	Signature:	_ Date:
	17. Diaper Cream Application	Signature:	_ Date:
Nam	e of Child:		
Pare	nt/Guardian Printed Name:		
Pare	nt/Guardian Signature:	Date:	



WHealth (Certificate of Immunization Status (CIS)

Reviewed by:
Signed Cert. of Exemption on file? □ Yes □ No

Office Use Only:

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

Birthdate (MM/DD/YY): Sex:	I certify that the information provided on this form is correct and verifiable.	d Date	Documentation of Disease Immunity Healthcare provider use only	for the child named in this CIS has a history of	Varicella (Chicketta to the show immunity but the death of the show immunity but the death the show immunity but the death the show immunity but the death the show in MILES to see the show in MILE	by blood test (titer) it most 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.	□ Diphtheria □ Mumps □ Other:		Hepatitis B Rubella Tetanus	Measles Varicella		Licensed healthcare provider signature Date			Printed Name	
Birthdate	nation provided	nature Require	Date MM/DD/YY										4	3 3						
Middle Initial:	certify that the inform	Parent/Guardian Signature Required	Date Date MM/DD/YY MM/DD/YY					10 33			,			Entry)						
Midd	Φ	Date	Date I	Care Entry	- 1	\$				0. 0		2		ol or Child Care			3 3		0	
·	ion information itain my child's		Date MM/DD/YY N	for School or Child Care Entry										Required for School or Child Care Entry)						
First Name:	are immunizati ne school main		Date MM/DD/YY	Required Vaccines for				6 23				8		I COLUMN						
Child's Last Name:	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.	Parent/Guardian Signature Required	Required for School and Child Care/Preschool Required Only for Child Care/Preschool	Require	◆ DTaP / DT (Diphtheria, Tetanus, Pertussis)	◆ Tdap (Tetanus, Diphtheria, Pertussis)	◆ Td (Tetanus, Diphtheria)	◆ Hepatitis B ☐ 2-dose schedule used between ages 11-15	• Hib (Haemophilus influenzae type b)	+ IPV / OPV (Polio)	◆ MMR (Measles, Mumps, Rubella)	PCV / PPSV (Pneumococcal)	◆ Varicella (Chickenpox) ☐ History of disease verified by IIS	Recommended Vaccines (Not	Flu (Influenza)	Hepatitis A	HPV (Human Papillomavirus)	MCV / MPSV (Meningococcal)	MenB (Meningococcal)	Rotavirus

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

Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Abbreviations Full Vaccine Name
DT	Diphtheria, Tetanus Hep A	Hep A	Hepatitis A	MCV / MCV4	Meningococcal Conjugate Vaccine	OPV	Oral Poliovirus Vaccine	Tdap	Tetanus, Diphtheria, acellular Pertussis
ОТаР	Diphtheria, Tetanus, acellular Pertussis	Hep B	Hepatitis B	MenB	Meningococcal B	PCV / PCV7 / PCV13	Pneumococcal Conjugate Vaccine	VAR / VZV	Varicella
DTP	Diphtheria, Tetanus, Pertussis	₽	Haemophilus influenzae 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	Rotavirus		W
HBIG	Hepatitis B Immune Globulin	IPV	Inactivated Poliovirus Vaccine	MMRV	Measles, Mumps, Rubella with Varicella	Td	Tetanus, Diphtheria		

order	
alphabetical	
trade names in	
for vaccine trade	
guide	
Reference	

State of the state		and an annual	Date in the						
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	HIDTITER [®]	Hb	PedvaxHIB®	HB	Tenivac®	PI
Bexsero®	MenB	FluMist [®]	Flu	lpol®	VdI	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	9	20

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 September 2019

Student Information Sheet

First Name:	Last Name:	Birthdate:
Gender:	Name to be used at school:	
With whom does y	our child live?	
Siblings names and	d ages:	
Languages Spoke	n:	
We pride ourselve	s on celebrating cultural diversity o	and love to know the culture of our
families. Please sho	are your information below.	
Cultural He	ritage (optional):	
Cultures/Hc	olidays you might be interested in s	sharing with our school:
Help us know your	child better: ended childcare or preschool? Tel	I us about it:
What would you lil	ke us to know about your child?	
Are there any med	dical concerns that we should kno	w about? (allergies, etc.)
Are there any beh	avior concerns that we should kno	ow about?
Are there any lear	ning concerns that we should kno	w about?
What goals do you	u have for your child this school ye	ear? (academic, emotional, etc.)
•	rs, does your child need a nap? s – normal duration, time, routine, c	Yes No etc
Describe your child	d in a few words:	

Permission Form

Child's Name:		
Date 12 - March 1 - 1		
		hool website, social media pages and for e teaching and administrative staff of the
Montessori School of Pullman. No		Yes No
Children's Art		
	·	hool's website and social media as seen ne only. Yes No
Field Trips		
newsletter, classroom bulletin boo planned activities and approxime my child's safety. I give permission	ard, or take-home notes pridate duration of the field tripon for my child to walk to the in automobiles. In the even	d trips. I expect to be informed via the or to the trip as to the destination, b. I expect the staff to take precautions for e parks, library, and nearby locations. The t of an accident I release the Board of ity. Yes No
Gym Use I give permission for my child to u	se the Gladish gym for rece	ess purposes. Yes No
my child. We recommend that pe before arriving at School. We will	r sunscreen, vaseline lip balt arents provide hats and ap make every effort to have s ns when lips and hands tend	m, hand lotion and/or hand sanitizer to aply sunscreen each day to their children sunscreen available to parents at the d to become chapped, we will provide Yes No
People Authorized to Pick Up You	<u>ır Child</u> (must be over 18 ye	ears old)
Please provide names and phone	 ·	·
Name:	Phone:	Relationship:
		Relationship:
Name:	Phone:	Relationship:
Guardian Signature:		Date:

Emergency Authorization

Child's Name:	Date of Birth:	
Address:		
Guardian Name:	Guardian Name:	
Cell Phone:	Cell Phone:	
Work Phone:	Work Phone:	
E-mail Address:	E-mail Address:	
Alternative people to contact if gu	ardians cannot be reached:	
Name:	Phone:	Name:
	Phone:	
Medical Records and Preferences:		
Physician's Office:	Dentist's Office:	
Physician:	Dentist Name:	
Phone:	Phone:	
Please list medical information about y	your child that would be important to know in an emerg	gency (e.g.,
chronic illness, asthma, allergies to me	dication, hypersensitivity to insect stings, etc.)	

(read and sign other side)

Emergency Authorization

In case of an accident or severe illness at school, you will be called immediately after first aid is administered. If neither guardian can be reached, and a physician's care is required, your child's doctor or his/her designated alternate will be called and a message will be left for you at one of the above telephone numbers. For this reason, we require you to sign this emergency authorization form before your child enters school.

In case of sudden onset of non-emergency illness, or other situation that requires your child to be taken home from school, you will be called. If neither guardian can be reached, your alternative person(s) will be called to pick up your child.

I authorize the staff of the Montessori School of Pullman, Inc. to arrange for medical care and emergency surgery for the above child in the event of an accident or sudden illness, when I cannot be reached. This permission includes authorization to call an ambulance, if necessary. Every attempt will be made to send a familiar adult in the ambulance with the child if a parent or the alternative person listed above is unavailable.

Parent/Guardian Signature:	Date:
Parent/Guardian Sianature:	Date: