

Admission Date:

Termination Date:

### Beyond the Rainbow Registration Form

Child's Name: _____	Child's Address: _____
DOB: _____	Your Relationship to Child: _____
Your Relationship to Child: _____	Parent/Guardian Name: _____
Parent/Guardian Name: _____	SSN: _____
SSN: _____	Address: _____
Address: _____	_____
Homephone #: _____	Homephone #: _____
Cellphone #: _____	Cellphone #: _____
Work #: _____ Employer: _____	Work #: _____ Employer: _____

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

Name	Relationship to Child	Phone #

### Emergency Information Record

Health History: \_\_\_\_\_ Date of Last Physical Exam: \_\_\_\_\_

Allergies/Medication: \_\_\_\_\_

Doctor/PNP	Address	Phone #
Dentist(if have one)	Address	Phone #

Emergency Contact (Family, Friend): \_\_\_\_\_

### Child Care Agreement

Days and times my child will receive care:

	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time:					
Departure Time:					

Fee: \$ \_\_\_\_\_ Day \_\_\_\_\_ Week \_\_\_\_\_ Month \_\_\_\_\_

Payment due the 1<sup>st</sup> of every month      Late Fee: 5% of balance after the 15<sup>th</sup> of each month

Overtime Rate: \$ 2.00 per minute per child after 6:00 pm and/or after scheduled departure time (pick-up time)

I agree that my child will only attend Beyond the Rainbow during the scheduled days and times which will not exceed ten (10) hours a day.

I agree to promptly notify Beyond the Rainbow of any changes of the above information.

I understand that I am fully responsible for the terms of this agreement as stipulated.

I have reviewed the parent handbook and Beyond the Rainbow policies

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Beyond the Rainbow

Child's Name: \_\_\_\_\_

## Emergency Medical Authorization

I, (the natural parent or legal guardian) hereby give permission that my child may be given emergency treatment to include first aid and CPR by a qualified childcare staff member at Beyond the Rainbow, I further authorize and consent to medical, surgical and hospital care, 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 and I cannot be contacted. I waive my right of informed consent to such treatment.

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

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

Parent's Signature: \_\_\_\_\_

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

# Beyond the Rainbow

## Key Points

- **The Laws of the state of Washington require providers including Beyond the Rainbow to report any suspected child abuse or neglect.**
- Child will attend child care only during the scheduled days and times which will not exceed ten (10) hours a day. More than ten (10) hour days will be reported to DSHS and/or CPS.
- Monthly Charges are due on the first day of each Month for the month. Late fees will be assessed at **5%** per month. We are not responsible for collector's fees.
- Center closes at 6:00p.m. Parents who pick up their child after 6:00p.m. will be charged a late fee of **\$2.00 per minute**, per child, which will be applied to next month's bill. (No Exceptions) It is 5:00p.m. for Infants.
- Children (Infants-Pre-k) should arrive at the center no later than 9 am.
- School age children can NOT be dropped off no later than 8:10am.
- Parents are required to sign their children in and out of the Daycare using their full legal signature.
- Make sure child has an extra set of clothes (pants, shirt, underpants/disposable diapers, and socks) at the daycare in case your child has an accident.
- Please do not allow your child to bring food, gum, or toys to school.
- State laws require that all children attending Beyond the Rainbow have current immunizations. Records will be kept on file at the daycare, parents are required to keep these records updated each time the child receives immunizations.
- Please keep child home when he/she has the following symptoms: Diarrhea, Vomiting, and Fever above 99 degrees Fahrenheit, or other contagious illness, such as pinkeye, strep throat, or chicken pox.
- If child is going to be absent, please call us. After 5 absent days without notice your children will be terminated.
- To assure that medicines are given properly each medicine must be in the original container and labeled with the child's name, date, doctor's name, the medication's name and the dose and directions for use, accompanied by a signed permission slip from the parent. We prefer not having to administer medication.
- Parents are required to provide disposable diapers, baby wipes, a change of clothes, bottles, nipples, and formula.
- Each day, depending on the class, the children eat Breakfast (8:30am or 9:00am) lunch (11:00am or 12:00p.m.), and a mid-morning (10:15a.m.) and afternoon snack (3:00p.m. & 5:00pm).
- We have a few basic rules and limits. No hurting others, or ourselves physically or emotionally, and no destroying property.
- We do not use physical discipline. For severe discipline problems the child will be immediately removed from the other children and the **parent will be called to pick up the child as soon as possible.**
- Children are usually with their age group; however, there are times when your child may be grouped with a different age group/classroom.
- You know your child best! Let us know what is going on with your child (accidents, toilet training, a bad night's sleep, etc.). We will keep you informed about your child's day at the daycare.
- Please be reminded we have an open-door policy, parents are welcome anytime.
- If your child uses Extra clothes that are not returned will be **\$2** per article of clothing.

I have been given a parent handbook and understand the daycare's policies, which includes Beyond the Rainbow's health policy, pesticide policy, pet policy, grouping policy and disaster plan.

Child's Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

# Child and Adult Care Food Program ENROLLMENT/INCOME-ELIGIBILITY APPLICATION

## PART 1 - CHILDREN'S INFORMATION - Required for all children in care.

Child's Name	Birthdate	Age	Select Normal Days/ Print Normal Hours of Care		Select Meals and Snacks Normally Received					
			<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tu <input type="checkbox"/> Wed <input type="checkbox"/> Th <input type="checkbox"/> Fri <input type="checkbox"/> Sat Normal Hours _____ to _____	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tu <input type="checkbox"/> Wed <input type="checkbox"/> Th <input type="checkbox"/> Fri <input type="checkbox"/> Sat Normal Hours _____ to _____	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tu <input type="checkbox"/> Wed <input type="checkbox"/> Th <input type="checkbox"/> Fri <input type="checkbox"/> Sat Normal Hours _____ to _____	<input type="checkbox"/> Breakfast <input type="checkbox"/> P.M. Snack	<input type="checkbox"/> A.M. Snack <input type="checkbox"/> Supper	<input type="checkbox"/> Lunch <input type="checkbox"/> Eve. Snack		

## INCOME ELIGIBILITY

Please check the boxes that apply to help determine the other parts of this form to complete:

- A family member in our household receives benefits from Basic Food, TANF, or FDIPIR. (Please complete Part 2 and 5.)
- One or more of the children in Part 1 is a foster child. (Please complete Part 3 and 5.)
- My child(ren) may qualify for Free/Reduced-Price meals based on household income. (Please complete Part 4 and 5.)
- My child(ren) will not qualify for Free/Reduced-Price meals. (Please complete Part 5 only.)

## PART 2 - HOUSEHOLD MEMBER RECEIVING BASIC FOOD/TANF/FDIPIR -

Any household member receiving benefits can establish eligibility for all children in the household.

Case Number or Identification Number

## PART 3 - FOSTER CHILDREN - List the names of any children listed in Part 1 who are foster children.

## PART 4 - TOTAL HOUSEHOLD GROSS INCOME FROM LAST MONTH - Not required if you have reported a case number in Part 2.

Tell us how much and how often. If no income, write "0". Use net income if self-employed.

List names (First and Last) of everyone in your household, including foster children	Earnings from Work Before Deductions	Welfare, Alimony, Child Support				Retirement, Pensions, Social Security, Other								
		Weekly	Every 2 Weeks	2X Month	Monthly	Weekly	Every 2 Weeks	2X Month	Monthly					
1.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## PART 5 - SIGNATURE AND CERTIFICATION - REQUIRED

The adult household member who fills out the application must sign below. If Part 4 is completed, the adult signing the form must also list the last four digits of his/her Social Security Number (SSN) or check the box if no SSN. See Privacy Act Statement on the back of this page.

If you have listed a case number in Part 2 or are applying on behalf of a foster child, or have checked the box that your child(ren) will not qualify for Free/Reduced-Price meals, the last four digits of the SSN is not needed.

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Signature of Adult	Today's Date	Print Name of Adult Signing
X _____	_____	Social Security Number (SSN) (last four digits) XXX-XX-_____ <input type="checkbox"/> Check if no SSN
Address	City/State/Zip Code	Daytime Phone

**PART 6 - CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)**

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for receiving meals during care.

- Ethnicity (check one):  Hispanic or Latino  Not Hispanic or Latino
- Race (check one or more):  American Indian or Alaskan Native  Asian  Black or African American  Multi-Racial  
 Native Hawaiian or Pacific Islander  White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, the funds your child care center/provider receives may be impacted. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Basic Food, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine the meal reimbursement for your child care center/provider. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

**MAIL\*:** U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue SW  
Washington, D.C. 20250-9410

**FAX:** 202-690-7442  
**EMAIL:** [program.intake@usda.gov](mailto:program.intake@usda.gov)

**\*Only use this address if you are filing a complaint of discrimination.**

**This institution is an equal opportunity provider.**

**DO NOT FILL OUT - CENTER USE ONLY**

- Child(ren) are categorically free based on Basic Food/TANF/FDPIR.
- Foster child(ren) have been identified on this form and qualify for the free category.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

- Child(ren) on this form who are not categorically eligible qualify as follows:

- Check one:  Free  
 Reduced-Price  
 Above-Scale

Total Income: \$ \_\_\_\_\_  
 Annual  Monthly  Twice Per Month  
 Every Two Weeks  Weekly

X \_\_\_\_\_  
Signature of Institution's Representative

\_\_\_\_\_  
Today's Date

**NOT VALID WITHOUT SIGNATURE AND DATE.**

**EIEA Effective Date:** If the institution is using the parent/guardian signature date as the effective date, the form must have been signed by the institution representative within the same month the parent signed the form or the immediately following month. If the institution representative does not evaluate and sign the EIEA within these guidelines, the institution representative's signature date must be used as the effective date.

CENTER NAME: \_\_\_\_\_



**Participation Agreement**  
*to email and publish my child's work, photographs or videos via HiMama*

To: Parent / Legal Guardian,

Please read this page carefully as it includes information about safety and security issues associated with privacy and behavior.

In the interest of safety and security we require parent permission for the publishing of children's work, photographs or videos through a software program called HiMama (the "Program"). By signing this form you grant permission for us to photograph or video your child for the purposes of sharing this information with you through the Program. You will also receive updates and information about your child through the Program to the email you have provided herein.

Note that sometimes other children in the center may feature in photos, videos or stories of your child. By giving your consent you agree not to share photos or video of any child, other than your own, outside the Program without permission.

To learn more about the Program, please visit [www.himama.com](http://www.himama.com). Please complete, sign, and return this form to the center if you wish to participate. We encourage you to contact us if you have any questions.

I hereby acknowledge that I wish to voluntarily participate in the Program:

My Child's Name: \_\_\_\_\_

My Name: \_\_\_\_\_

My Email: \_\_\_\_\_

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

**Note:** Please complete the Participation Agreement for each parent / guardian of the child.

## Early Achievers: Parent/Guardian Consent for On-Site Evaluation

Dear Families:

As you know, **Beyond the Rainbow** is participating in an exciting new program called **Early Achievers**. We need your help to make this effort a success! Please read below for more information on how you can help us continue to provide high-quality care that helps children learn and grow.

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**Early Achievers** is a voluntary program that:

- Provides families with information about the quality of care through a Level 1 through 5 rating system
- Offers child care programs resources like coaching and training so they can support children's learning and development

### On-Site Evaluation:

Child care programs that participate in Early Achievers receive **on-site evaluation** visits from the **University of Washington (UW)**. The purpose of the evaluation visits is to observe and gather information about the program in order to create an **Early Achievers Rating**.

**Beyond the Rainbow** has invited the UW evaluation team to visit a random selection of its classrooms as part of the Early Achievers rating process. Your child's classroom may be chosen and observed to help the rating team measure the quality of care provided at **Beyond the Rainbow**.

This process includes collecting information that will be used to create a program rating and can be used in the next phase of Early Achievers to improve the quality of care provided for your child, like:

- Observing the child care environment to learn about the materials, activities and experiences available to support children
- Observing interactions between teachers and children
- Audiotaping teachers' language to understand the amount and type of language your child's teacher uses
- Observing children engaging in the classroom to understand how the environment stimulates children's learning
- Interviewing teachers and directors about how they use their practice to support their young children
- Interviewing interested families to learn about how the facility staff partner with families to supports their child's learning and development

- Reviewing program files and documentation to learn how program policies and procedures support quality practice
- Reviewing child files to see how the program supports each child's learning and development

**Please note:**

- Your child's care and education will not be interrupted or altered during this process.
- One Early Achievers rating will be assigned for each participating child care program. Information about your facility's participation will be posted on the Department of Early Learning and Child Care Aware of Washington websites.
- Any information that is made publically available as part of Early Achievers will never include information about your specific child.
- **No identifiable information about individual children will be collected**

**Please let us know if your child's files can be included during the evaluation visit.**

- I allow my child's files to be reviewed as part of the facility evaluation as outlined above
- I would like my child's files to be excluded during this process
  - o Reason (optional): \_\_\_\_\_

Child care facility name: \_\_\_\_\_ Classroom: \_\_\_\_\_

Child name: \_\_\_\_\_

Parent/Guardian name (printed): \_\_\_\_\_

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

**Optional:** The UW Evaluation Team would like to hear what you think about how your child care program works with children and families. If you are interested in participating in an interview with the UW team, please indicate below:

- Yes, I am interested and willing to be contacted by UW for an interview  
(Note: not all families who check yes will be contacted)

- Please contact me by phone

Phone number \_\_\_\_\_

Best time to reach me \_\_\_\_\_

- Please contact me by email so I can access a link to an online parent survey

Email address \_\_\_\_\_



## Developmental Screening Consent Form

Developmental screenings can identify a child's strengths as well as needs. Your participation in the Developmental Screening program means that you will complete screenings throughout the year about your child's overall developmental skills using parent completed Ages & Stages Questionnaires (ASQ-3 & ASQ:SE). Your child's screening information will only be shared with you and his or her Early Learning Provider. The screening information cannot be released to other persons, programs or schools without your permission. You will have access to all information collected about your child at any time.

By giving consent you

- Freely agree to participate in the developmental screening program using Ages & Stages Questionnaires (ASQ-3 & ASQ:SE).
- Can change your mind about participating in the developmental screening program at any time.

**Please initial one of the two options**

I give consent for my child, \_\_\_\_\_, to participate in developmental screening.  
(Name of child)

I do not give consent for my child, \_\_\_\_\_, to participate in developmental screening.  
(Name of child)

Parent/guardian name: \_\_\_\_\_

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

Parent/guardian signature: \_\_\_\_\_

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