



Northside Learning Center Preschool

A division of Pawsitively Bassett, Inc.

EARLY CHILDHOOD DEVELOPMENT & EDUCATION

6721 N. Monroe St., Spokane WA 99208

www.nlcpreschool.com (509) 328-2002

2010-2011

Dear Parents,

Thank you, for your interest in the Northside Learning Center Preschool. Please, print out the attached form, complete the information, sign it and mail it to the address given below. When we receive your registration form and \$50.00 registration fee, your child is enrolled and his/her place is reserved for fall. If classes are filled we will call you immediately to advise you. You may call or email us to inquire about availability. (Sorry, we will not hold a place without the registration form and the \$50.00 registration fee.) Your child's immunization record must be on file when school starts in September, but, it is not necessary to register your child. If you do not have the immunization information, please, forward it before our first day of school.

If you have a special request for placement, we will do our best; however, the children are divided by their abilities, both academically and socially, not just by age. The emotional development and social skills of a very young four year old differs greatly from those of a four and a half to five year old. Combining those ages together can make the preschool class very difficult for the teacher and for some children. Also, please understand that we cannot guarantee that a specific teacher will be teaching a specific age; OR that she will even be returning in the fall!

Our Mailing address is:

Northside Learning Center Preschool
c/o Tammy Bassett
4207 W. Excell Ave.
Spokane, WA 99208

Home phone: (509) 327-9283
email: tammybassett@nlcpreschool.com

Sincerely,

Tammy Bassett and the preschool staff

PLEASE LIST ANY HEALTH CONDITION (MENTAL OR PHYSICAL) OF WHICH WE SHOULD BE AWARE, THAT MAY REQUIRE SPECIAL ATTENTION.

AND/OR

PLEASE TELL US ANY SPECIAL SITUATIONS THAT WILL HELP US GIVE YOUR CHILD A MORE POSITIVE PRESCHOOL EXPERIENCE. (Example: A new baby at home, a pending divorce, recent death in the family, ill parent. special word for "potty", etc.)

CONSENT FORM

IN CASE OF EMERGENCY, I GIVE MY CONSENT FOR THE NORTHSIDE LEARNING CENTER PRE-SCHOOL STAFF TO TAKE MY CHILD TO THE NEAREST HOSPITAL FOR MEDICAL CARE, TREATMENT OR SURGERY. I UNDERSTAND THAT ALL EFFORTS WILL BE USED TO REACH ME, FIRST.

PARENT'S SIGNATURE _____ DATE _____

Child's Name _____

Doctor's Name _____ Office Phone _____

Date of Last Physical Examination _____

Medical Insurance Co. _____

Policy Number _____



I give consent for my child _____ to go to excursions from the Center grounds under proper supervision. I understand parents will be notified in advance of such trips and that I will have the opportunity to participate by supervising on said trips.

PARENT'S SIGNATURE _____ DATE _____

Statement of Exemption to Immunization Law

NOTICE:

Your Child can be exempted (excused) from immunization for medical, personal or religious reasons. However, if there is an outbreak of a vaccine-preventable disease that your child has not been immunized against, she or he can be excluded from school, preschool or child care until the outbreak is over.

Medical Exemption

I certify that the child named on this form is medically exempted from the requirement for the following vaccine(s):

_____ Until _____
Vaccine(s) Date

Type or Print Name of Licensed Health Care Provider (MD, DO, ND, PA, ARNP)

Licensed Health Care Provider Signature Date

Personal Exemption Religious Exemption

I am opposed to immunization. I understand that my child can be excluded from attendance during an outbreak.

I do not want my child to receive the following vaccine(s):

Vaccine(s)

Signature of Parent or Guardian Date

Documentation of Immunity

I certify that the child named on this form has laboratory evidence of immunity to measles/mumps/rubella/varicella.
(please circle)

Attach TITER results

TYPE or PRINT Name of Licensed Health Care Provider (MD, DO, ND, PA, ARNP)

Licensed Health Care Provider's Signature or Stamp Date

For More Information

<http://www.doh.wa.gov/cfh/Immunize/documents/childschedule05.pdf>

<http://www.doh.wa.gov/cfh/Immunize/schools.htm>