



**St. Luke's Preschool & Kindergarten
Registration Packet 2020-2021**
www.stlukes-church.com
Registrar: Kim Jeroma
Email: kjeroma@stlukes-church.com
253-941-3000

Dear Parents,

We thank you for considering St. Luke's as a place to nurture and teach your young child during a most formative time in his/her life. It is sincerely our privilege to serve you and your family in any way possible.

We at St. Luke's believe that we exist to serve people. Our purpose as a church is to seek out and bring people into a personal relationship with Jesus Christ as their Savior and Lord. Our purpose in our Early Childhood Program is to affirm children and their families of God's love for them. We partner with parents to provide a solid foundation meeting the spiritual, mental, emotional, and physical needs in this important developmental stage of their child's life.

We are blessed with a well-trained staff offering class choices for 3-, 4-, and 5-year olds and Kindergarten. St. Luke's has been providing quality Early Childhood Education in the Federal Way community for fifty years.

We ask that you provide us with the information required on the following attached forms and return them to the office at the time of registration:

- 1. Registration Form**
- 2. Student Profile Form**
- 3. Emergency Information Form**
- 4. Permission to Photograph**
- 5. Family Photograph Form**
- 6. Immunization Form**
- 7. A copy of child's Birth Certificate (Kindergarten only)**

When registering your child for Kindergarten, please note that a copy of your child's Birth Certificate must accompany the above listed forms. The Immunization Form is required by the State of Washington prior to school entrance for all children. Students will be enrolled in the order in which we receive completed forms and registration fee.

Please note that the **first tuition payment is due July 1** and it covers your last month in advance. The September tuition payment is due September 15. All payments thereafter are due by the 15th of each month.

We look forward to a year filled with exciting growth for your child. By providing your child with a safe environment surrounded by loving, caring Christian teachers, developmentally appropriate curriculum, positive social interaction, and meaningful experiences and activities, we will, with our Lord's direction, nourish the seed that has been planted in your child's life, a seed that will grow and continue to blossom.

In His Service,

A handwritten signature in blue ink that reads "Kimberly Jeroma".

Kimberly Jeroma
Front Office Manager and School Registrar



ST. LUKE'S PRESCHOOL AND KINDERGARTEN

Programs and Classes

2020-2021

Preschool for 3-year-olds

Age 3 by August 31, 2020

Tuesdays and Thursdays

9:00 am – 12:00 pm

Monthly tuition for 10 months: \$185

Pre-Kindergarten

Age 4 by August 31, 2020

Tuesdays, Wednesdays and Thursdays

9:00 am – 1:00 pm

Students bring a packed lunch and eat together as a class.

Monthly tuition for 10 months: \$295

S.T.E.A.M.

Age 4 by August 31, 2020

Fridays

9:00 am – 12:00 pm

Students may enroll in this class as a supplement to Pre-K or as a stand-alone class.

Monthly tuition: \$75

Kindergarten

Age 5 by August 31, 2020

Monday – Friday

8:45 am – 3:15 pm

Students bring a packed lunch and eat together as a class.

Monthly tuition for 10 months: \$565

St. Luke's Preschool

3-Year-Old Program 2020-2021

Age Criteria: 3 by August 31, 2020

Days: Tues/Thurs

Times: 9:00 AM – 12:00 PM

Class Description

This is a first exposure class that fosters a sense of security and confidence in the child through its structure and routine. Children are encouraged to be independent, active and responsible members in their classroom experiences. Curriculum encompasses colors, shapes, letters, numbers and patterns, as well as exposure to fine motor skills such as letter formation and scissor use. Daily activities include Bible stories, calendar, weather, art, music, learning center and outdoor play. Special activities are chapel, field trips and holiday celebrations.

Entering Student Profile

Independent toileting skills
Able to verbally express desires and needs
Able to separate from parents
Able to follow simple directions
Able to attend to "tasks" for 10 minutes

Teaching Topics

Bible – Chapel time as a school, Bible stories from both Old and New Testaments, Christian songs, prayers, and devotions which aid in creating an atmosphere for developing a personal relationship with Jesus Christ.

Language Arts – Recognition of alphabet letters and sounds, rhyming; reinforced by use of alphabet tubs and Show and Tell. Later in the year, children will learn to verbally spell and formulate the letters of their names.

Math – Exposure to mathematical concepts such as recognition of numbers 1-10, shapes, and patterns.

Science and Social Studies – Discovery and exploration of their world and the world around them, i.e. animals, nature, customs and cultures.

Art and Music – Children alternate between Free Art (child guided) and Directed Art (teacher guided) using various artistic mediums. Music is introduced into the program using a range of songs, rhymes, instruments and special programs.

Gross and Fine Motor Skills – Assembling puzzles, coloring, scissor use (activities introduced later in the year), regular outdoor playtime which helps to develop/strengthen running, jumping, climbing and throwing a ball.

St. Luke's Pre-Kindergarten Programs 2020-2021

Age Criteria: 4 by August 31, 2020

Days: 3-Days per week T/W/TH

Times: 9:00 AM – 1:00 PM

Class Description

The Pre-Kindergarten programs encourage children to learn through observation, imitation, experimentation, practice, and interaction with other children and teachers. We focus on the spiritual, emotional, physical, social, and academic growth of our students. This class provides rich readiness skills in a structured group setting as well as many opportunities for creative expression and individual choice activities.

Entering Student Profile

Independent toileting skills

Able to verbally express desires and needs

Able to separate from parents

Able to follow simple 1 and 2 step directions

Able to attend to "tasks" for 10 minutes

Teaching Topics

Bible – Chapel time as a school, Bible stories from both Old and New Testaments, Christian songs, prayers, and devotions which aid in creating an atmosphere for developing a personal relationship with Jesus Christ.

Language Arts – Recognition of alphabet by name, sound, and phonemic awareness.

Communication skills will be learned and strengthened through social interaction with peers, following directions, listening to rhymes, stories and singing songs.

Math – Students are exposed to numbers 1-100, and counting by rote to 100 with an emphasis on writing and number values for numbers 1-20. Introduction to geometric shapes, patterning and sequencing. Students develop an understanding of size and positional concepts.

Science and Social Studies – Students explore our world through different thematic units such as weather, plants, animals, etc.

Art and Music – Students express their personalities through the use of many different art mediums. Singing is an important part of each school day. Children have the opportunity to share their musical talent with their families several times a year.

Gross and Fine Motor Skills – Different activities are implemented in the daily curriculum to help children develop their gross and fine motor skills. Running, skipping, painting, writing, scissor use, assembling puzzles, and using manipulatives are part of our daily routine.

St. Luke's S.T.E.A.M. Program 2020-2021

Age Criteria: 4 by August 31, 2020

Days: Friday

Times: 9:00 AM – 12:00 PM

Class Description

This class explores God's world through the topics of Science, Technology, Engineering, Art and Math. These subjects are a part of daily life. Imagination and curiosity are cultivated as students explore S.T.E.A.M. through experiments, discussions, books, crafts, games and more. The rapidly developing brain turns the ordinary into extraordinary with S.T.E.A.M. This class can be a stand-alone class or a supplement to St. Luke's Pre-K classes.

Entering Student Profile

Independent toileting skills

Able to verbally express desires and needs

Able to separate from parents

Able to follow simple 1 and 2 step directions

Able to attend to "tasks" for 10 minutes

Teaching Topics

Science – Students conduct fun, silly experiments in a safe environment. A discussion and conclusion on the topic accompany the experiment.

Technology – Use of simple tools such as pencils and rulers are implemented, in addition to more complex tools such as magnifying glasses and a microscope.

Engineering – Students engage in innovative activities that involve problems and testing out a solution.

Art – Students express their personalities through the use of different art mediums as well as expression through drama and music.

Math – Math concepts are introduced through games and activities which incorporate numbers, patterns, shapes and organizational skills.

St. Luke's Kindergarten Program 2020-2021

Age Criteria: 5 by August 31, 2020 (copy of birth certificate required)

Days: Monday – Friday

Times: 8:45 AM – 3:15 PM

Class Description

Our Kindergarten curriculum is designed to value the unique skills and abilities of each student while preparing them for the academic standards and requirements of First Grade. A Christ-centered environment nurtures students to develop intellectually, spiritually, emotionally, physically, and socially.

Entering Student Profile

Able to take care of personal needs

Able to verbally express desires and needs

Able to separate from parents

Able to follow directions

Able to attend to "tasks" for 10 minutes

Able to use crayons and scissors

Able to work independently, with peers and in a group setting

Able to demonstrate a basic knowledge of numbers and letters

One year of preschool experience recommended

Teaching Topics

Bible – Chapel time as a school, Bible stories from both Old and New Testaments, Christian songs, prayers, and devotions which aid in creating an atmosphere for developing a personal relationship with Jesus Christ.

Language Arts – Recognition of the alphabet by name and sound, rhyming, recognition of numerous sight words, phonics instruction to develop reading skills, shared reading of quality literature, a variety of writing experiences, and building comprehension of the things we read as a class and as individuals.

Math – Students develop a foundation of skills relating to number concepts, measurement, geometry, data/graphing, algebraic concepts such as patterning and sorting, and solving simple addition and subtraction equations.

Science and Social Studies – The use of specific units as well as seasonal STEM projects and experiments help emphasize scientific and social exploration of the world around them. Arranged field trips highlight certain units. (Past trips have included the Museum of Flight, Northwest Trek, etc.)

Art and Music – Students explore art concepts through the use of colors, lines, shapes and different types of media. Musical instruction through singing, playing instruments, and movement provides a rich environment for musical expression and for learning important academic concepts.

Gross and Fine Motor Skills – Students are exposed to a variety of projects and experiences to develop fine motor skills. Emphasis is placed on learning how to use daily utensils. Gross motor skills such as hopping, skipping, galloping and ball skills are taught.

ST. LUKE'S PRESCHOOL AND KINDERGARTEN

TUITION, FEES, DISCOUNTS & PAYMENTS

2020-2021

MONTHLY TUITION*

2-Day Preschool T/TH (9am-12pm)	\$185.00
3-Day Pre-K T/W/TH (9am-1pm)	\$295.00
S.T.E.A.M. Friday (9am-12pm)	\$ 75.00
Kindergarten M-F (8:45am-3:15pm)	\$565.00

*** Monthly tuition is based on an annual rate with payments divided evenly over ten months. The monthly tuition amount remains the same regardless of the number of days your child will be attending class during any given month (i.e. vacation, non-school days, sick days.)**

ANNUAL REGISTRATION FEE:

New Enrollment	\$175.00
Re-Enrollment/Alumni/Members	\$125.00
S.T.E.A.M. Enrollment	\$ 60.00 (waived for currently-enrolled students)

The one-time registration fee is due at the time of registration and is non-refundable as it covers administrative processing costs.

ANNUAL SUPPLY FEE:

2-Day Preschool	\$ 50.00
3-Day Pre-K	\$ 75.00
S.T.E.A.M.	\$ 40.00
Kindergarten	\$100.00

In lieu of bringing supplies to your child's classroom, we will be charging a one-time annual fee. The supply fee will be required with the first tuition payment.

TUITION DISCOUNTS**

1. St. Luke's members will receive a 10% discount off school tuition for each child enrolled.
2. School families with more than one child enrolled will receive a 10% discount off the tuition of the second child enrolled and each child thereafter.
3. Students enrolled in both St. Luke's Childcare and School will receive a 10% discount off school tuition.

****Tuition discounts may not be stacked or combined.**

PAYMENT SCHEDULE

- **The first tuition payment is due by July 1, 2020, and will be applied in advance to the final month's tuition.** If payment is not received by July 1, you will be contacted either by phone or mail. If payment is not received by July 15, your child may be removed from the class list and put on a waiting list.
- **The second tuition payment is due by September 15, 2020, and will be applied to September tuition.** The remaining tuition payments are due thereafter by the 15th day of each month.

ST. LUKE'S PRESCHOOL AND KINDERGARTEN REGISTRATION FORM 2020-2021

PROGRAMS (Circle class choice)

Preschool 2-Day T/TH
9:00am-12:00pm

Pre-K 3-Day T/W/TH
9:00am-1:00pm
Red _____ Yellow _____

STEAM FRI
9:00am-12:00pm

Kindergarten M-F
8:45am-3:15pm

FAMILY BACKGROUND

Child's Name: _____ Name to be used in school: _____ Male ____ Female ____

Address: _____ City: _____ Zip Code: _____

Home Phone #: _____ Birthday: _____

Child lives with: Mother ____ Father ____ Other _____

Mother's Name: _____ Cell Phone # _____

Mother's Address: _____

Mother's Employer: _____ Occupation: _____

Work Phone #: _____ Email: _____

Father's Name: _____ Cell Phone # _____

Father's Address: _____

Father's Employer: _____ Occupation: _____

Work Phone #: _____ Email: _____

Other Children in Family	Age	Grade Level in School
_____	_____	_____
_____	_____	_____

Current marital status of child's parents: _____

Has there been a divorce, death, illness, or other event in the family which might affect your child? (If so, explain) _____

CHURCH AFFILIATION

Are you currently a member of a particular church? Yes ____ No ____

Church Name/Address _____

Pastor's Name _____

Is student baptized? _____ Where does child attend Sunday School? _____

GENERAL

How did you hear about St. Luke's? Word of mouth ____ St. Luke's Website ____ Internet ____ Social Media ____

Other (Please list where) _____

What do you feel will be the advantage of your child attending a Christian Preschool/Kindergarten?

ST. LUKE'S PRESCHOOL AND KINDERGARTEN

STUDENT PROFILE FORM 2020-2021

Student Name _____ Date _____

1. Does your child have any health issues the school should be aware of? _____

2. Does your child have any food allergies? _____

3. Primary language spoken at home? _____

4. Has your child previously attended preschool? Yes No

If so, where and for how long? _____

Do we have permission to contact prior teachers if needed? Yes No If yes, please provide the teacher's name and contact information _____

5. Is your child right or left-handed? _____

6. Can your child articulate needs, wants and thoughts in English? Yes No

7. Does your child use speech that can be understood by those outside of his/her family? Yes No

8. Do you have concerns regarding his/her speech? Yes No

9. Does your child use language to interact with peers? Yes No

10. Does your child use words to solve problems or when upset? Yes No

11. Does your child express anger appropriately? Yes No

If not, please explain _____

12. Can your child express frustration appropriately? Yes No

If not, please explain _____

13. Does your child understand the consequences of behaviors? Yes No

If not, please explain _____

14. Has your child received or are you considering any type of therapy? (Please circle all that apply)

Speech/Language

Physical

Occupational

Vision

Behavioral

Counseling

Learning Disabilities

15. How do you discipline your child? _____

16. Does your child have difficulty separating from family members? Yes No

If so, please explain _____

17. Can your child transition from one activity to another easily? Yes No

18. Can your child adjust to changes in routine? Yes No

If not, please explain _____

19. Has your child had experience in a group setting? Yes No

Please specify _____

20. Does your child pay attention in a group setting? Yes No

Please specify _____

ST. LUKE'S PRESCHOOL AND KINDERGARTEN

STUDENT PROFILE FORM 2020-2021

Student Name _____ Date _____

21. Check any characteristics that apply to your child:

<input type="checkbox"/> Cries easily	<input type="checkbox"/> Temper tantrums	<input type="checkbox"/> Sulks	<input type="checkbox"/> Fearful in new situations
<input type="checkbox"/> Destructive	<input type="checkbox"/> Sleeping problems	<input type="checkbox"/> Whines	<input type="checkbox"/> Easily angered
<input type="checkbox"/> Sucks thumb	<input type="checkbox"/> Eating problems	<input type="checkbox"/> Daydreams	<input type="checkbox"/> Jealous
<input type="checkbox"/> Other (explain) _____			

22. Is your child self-sufficient in the restroom? Yes No
(Students must be completely toilet trained before starting school, no Pull-Ups)

23. Can your child dress independently, including outerwear? Yes No

24. Does your child have difficulty holding a crayon or pencil? Yes No

25. Have you had other children in our program? _____

26. What do you expect your child to acquire through the Preschool/Kindergarten experience? _____

27. What else would you like your child's teacher to know about your child? _____

28. When is the best time to call or meet with you? (Please circle)

Mother:	Morning	Afternoon	Evening	Anytime
Father:	Morning	Afternoon	Evening	Anytime

29. What is the most effective way to contact you? (Please circle then provide number or email address on line below)

Home telephone Cell Phone Texting Email

*A minimum enrollment is required. If the minimum enrollment is not attained, we reserve the right to cancel the class. In such an event, your full registration fee will be refunded.

**St. Luke's does not discriminate on the basis of race, color, denomination, national or ethnic origin in administration of its educational policies or other school-administered programs.

***You are encouraged to contact your child's teacher regarding anything you feel might affect your child's education.

Signature: _____ Date: _____

**ST. LUKE'S PRESCHOOL AND KINDERGARTEN
EMERGENCY and CARE INFORMATION FORM
2020-2021**

Child's Name: _____ Class: _____ Male _____ Female _____
Address: _____ City: _____ Zip: _____
Home Phone # _____ Birthday: _____

Mother's Name: _____ Cell Phone #: _____
Mother's Employer: _____ Work Phone # _____

Father's Name: _____ Cell Phone #: _____
Father's Employer: _____ Work Phone # _____

Physician's Name: _____ Phone # _____

Special health issues or comments: _____

Child Care Provider: _____ Phone # _____
Alternate Phone #: _____

Alternate persons (local) to be notified in case of emergency:

(1) Name: _____ Relationship to student: _____
Home Phone #: _____ Work Phone # _____
Cell Phone #: _____ Text ok? _____ yes _____ no

(2) Name: _____ Relationship to student: _____
Home Phone #: _____ Work Phone # _____
Cell Phone #: _____ Text ok? _____ yes _____ no

_____ My child may be picked up by: _____ after school daily.
_____ My child will go to: _____ after school daily.
_____ Further instructions or comments: _____

I authorize school personnel to act according to the instructions I have indicated above. If parents or authorized physician cannot be reached at the time of an emergency, and if immediate observation or treatment is urgent in the judgment of the school authorities, I authorize and direct the school authorities to send the student (properly accompanied) to the hospital or doctor most easily accessible. It is understood that I will assume full responsibility for payment of any services rendered.

Signature: _____ Date: _____

FAMILY PHOTOGRAPH 2020-2021

As part of St. Luke's School registration packet we ask for a picture of your family. The photo will be used only to help us know who you are and what your names are. It will not be published or given out to anyone.

Circle class choice:

Preschool 2-Day T/TH | Pre-K 3-Day T/W/TH | STEAM | Kindergarten

Child's Name: _____

Please attach the photo here:

Please write the names of your family members below in the order they appear in your photograph:

_____, _____, _____, _____, _____
_____, _____, _____, _____, _____

St. Luke's Preschool & Kindergarten Permission to Photograph Form 2020-2021

I give permission for my child to be photographed and/or videotaped during scheduled Preschool/Kindergarten activities. Photographs and/or video of my child/student may be used by St. Luke's for publicity or educational purposes. This would include, but is not limited to, brochures, newspaper ads, programs, special PowerPoint presentations, worship services, St. Luke's website and St. Luke's social media sites.

Child's Name

Child's Class

Parent or Guardian's Signature

Relationship to Child

Date



Immunization Record Requirements

January 17, 2020

Dear Parent or Guardian,

Starting August 1, 2020, all immunization records turned in to schools or child care centers are required by state law to be medically verified. Immunization records must be turned into the school on or before the first day of attendance. This means immunization records turned in to the school must be from a health care provider, or you must attach paperwork from a health care provider to your handwritten form that shows your child's records are accurate. Your child cannot attend school until you provide these records.

Here are some examples of medically verified immunization records:

- A completed [Certificate of Immunization Status \(CIS\)](#) signed by a health care provider. Find the CIS form by visiting <https://www.doh.wa.gov/SCCI> and clicking on "Certificate of Immunization Status."
- A CIS filled out by you or another parent/guardian with medical records attached.
- A CIS printed by a health care provider or school from the Washington State Immunization Information System.
- A CIS printed from [MyIR](#) which is a free Department of Health online tool that allows families to view and print their official immunization records themselves. Go to <https://wa.myir.net/register> to begin the sign-up process.

If you are requesting an exemption from one or more of the immunization requirements, you must provide the school a completed Certificate of Exemption.

If your child already meets immunization requirements and has records on file with the school, you do not need to do anything. If you aren't sure, or if you have any questions, please contact Kim Jeroma, 253-941-3000 or kjeroma@stlukes-church.com.

Sincerely,

Kimberly Jeroma

Front Office Manager and School Registrar

St. Luke's Lutheran Church, Preschool/Kindergarten, Childcare

515 S 312 St, Federal Way WA 98003, Phone: 253.941.3000, Fax: 253.941.8994 | stlukes-church.com



DOH 348-744 January 2020

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.



Certificate of Immunization Status (CIS)

Reviewed by: _____ Date: _____
Signed COE on File? ☐ Yes ☐ 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): _____

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.

X

Parent/Guardian Signature _____

Date _____

X

Parent/Guardian Signature Required if Starting in Conditional Status _____

Date _____

- ▲ 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	Date MM/DD/YY
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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 (*Haemophilus influenzae type b*)
- ▲ IPV (Polio) (any combination of IPV/OPV)
- ▲ OPV (Polio)
- ▲ MMR (Measles, Mumps, Rubella)
- PCV/PPSV (Pneumococcal)
- ▲ Varicella (Chickenpox)
- ☐ 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:
☐ A verified history of varicella (chickenpox) disease.
☐ Laboratory evidence of immunity (titer) to disease(s) marked below.

☐ Diphtheria ☐ Hepatitis A ☐ Hepatitis B

☐ Hib ☐ Measles ☐ Mumps

☐ Rubella ☐ Tetanus ☐ Varicella

☐ 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: _____

If verified by school or child care staff the medical immunization records must be attached to this document.

Signature: _____ Date: _____

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.myr.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 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 Pediarix 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	Menveo	Meningococcal	Rotarix	Rotavirus (RV1)
Adacel	Tdap	Flucelvax	Flu	Hiberix	Hib	Pediarix	DTaP + Hep B + IPV	RotaTeg	Rotavirus (RV5)
Afluria	Flu	FluLaval	Flu	HHbTTER	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	Twintrix	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		

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711).