



Welcome to ABC Learning Center! Our goal is to provide families with the best child care. We are a full service daycare built and developed to meet the needs of the children as well as their parents.

We provide a nurturing, caring environment that supports imagination and the love of learning. Your child will experience positive and encouraging support during these 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 based on mutual trust, confidence and respect between the parent and caregiver 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 – abclearningcenter@comcast.net

ABC Learning Center – Marysville

9315 State St., Unit A
Marysville, WA 98270
Office: 360.322.7117
Fax: 360.386.9924
Email Us – abcmarysville@comcast.net

ABC Learning Center – Silver Lake

1327 112th St SE
Everett, WA 98208
Office: 425.948.6200
Fax: 425.948.6149
Email Us – abclc@abcsilverlake.com

ABC Learning Center – Mill Creek

5006 132nd ST, Ste. D
Everett WA 98028
Office: 425.316.8999
Fax: 425.316.8990
Email Us – abcmillcreek@comcast.net

ABC Learning Center – Mukilteo

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

Coming soon:

ABC Learning Center
Edmonds, WA

Child and Guardian Registration Information

Office Use Only
Starting Date _____
Manager Initials _____

Child's Name _____ Age _____ D.O.B _____

Date Enrolled: _____ Date Terminated: _____

Primary Classroom _____

Parent/Guardian 1:

Name: _____ Relationship _____ D.O.B _____

Does the child live with this Parent/Guardian? ____ yes ____ no

Home Address: _____

Mailing Address: _____

Email Address: _____

Cell Phone # _____ Work Phone #: _____ Ext. _____

Home Phone # _____ Phone # to call 1st: Cell ____ Work ____ Home ____

Social Security Number _____ - _____ - _____ WDL/ID# _____

Employer: _____ City _____ How Long? _____

Parent/Guardian 2:

Name: _____ Relationship _____ D.O.B _____

Does the child live with this Parent/Guardian? ____ yes ____ no

Home Address: _____

Mailing Address: _____

Email Address: _____

Cell Phone # _____ Work Phone #: _____ Ext. _____

Home Phone # _____ Phone # to call 1st: Cell ____ Work ____ Home ____

Social Security Number _____ - _____ - _____ WDL/ID# _____

Employer: _____ City _____ How Long? _____

Which Guardian should we call first _____

Parent/Guardian 1: Signature _____ Date _____

Parent/Guardian 2: Signature _____ Date _____

Child's Name: _____

Child's Schedule

Monday	Tuesday	Wednesday	Thursday	Friday
-	-	-	-	-

Please note our staffing schedules are based on your child's schedule. If there is going to be a major variance (25 minutes or more) please call us. If there is going to be a **permanent schedule change** you will need to fill out a new schedule. Please call us by 9 a.m. if your child is not going to attend that day as we need to know how many staff we will need in each room. Please refer to our absence policy for any questions regarding charges for those days. This policy is in place so that our center may follow posted classroom schedules with upsetting the other children in our care.

Child School _____ Transportation _____

Parent/Guardian 1: Signature _____ Date _____

Parent/Guardian 2: Signature _____ Date _____

Payment Agreement

Registration Fee \$50 - due upon enrollment

Annual Registration Fee \$50 due every September 1st

Monthly Tuition Charge is \$ _____

Tuition Discount Boeing- *15% first 3 months *5% ongoing starting the 4th month discount amount

Boeing Discount amount \$ _____ first 3 months \$ _____ 4 months ongoing

Sibling Discount Sibling- 10% \$ _____ ongoing with 2 or more enrolled

I choose to pay Monthly _____ Bi-Monthly _____

Payment of \$ _____ will be due on _____

Drop-In Tuition Charges \$ _____ per hour will be due on the day your child has attended.

Payment Due Dates and Late Fees Please initial all lines below:

_____ All payments are due the day before that service begins. If you choose to pay monthly it is due by the last day of the previous month. Example: For the month of August the payment must be made by the last day of July.

_____ If you choose to pay semi-monthly your first payment is due the last day of the previous month to cover the 1st-15th and the second payment must be made by the 15th to cover the 16th- the end of the month. _____ A \$35.00 late fee will be added to your account on the 3rd day after the payment was due at 12:00pm. \$3.00 per day that you are late at 12:00 PM each day.

_____ Returned check fees are \$35.00 per check. \$3.00 per day that you are late at 12:00 PM each day.

_____ Drop- in fees (staff & space permitting) \$14.00/hour for infants and \$12.00/hr. for 1 to 5 year olds, with a minimum of two hours. You will need to call ahead of dropping your child off on an un-scheduled day to ensure there is space in their classroom.

_____ Vacation- After 6 months of continued care and a week notice you will receive credit for the days you will be gone. If your child attends full time each week you receive 5 days per of vacation. If your child attends 3 days per week you receive 3 days of vacation. If your child attends 2 days per week you receive 2 days of vacation _____ Absences - You will be charged the amount on the payment agreement regardless of your child's attendance.

_____ Illness- You may use a vacation day if your child does not attend due to illness. You would need to call that day and let us know that you would like to use a vacation day.

_____ Withdraw/Schedule Change- Two week written notice must be given prior to withdrawal or two additional weeks will be charged. Two week written notice must be given regarding a schedule charge.

_____ Late Pick Up Rates- After the state limit (10 hrs.) or 6:30pm there is a \$1.00per Minute, per child late fee payable to the teacher at the time of pick-up. If you are consistently past the 10 hours or here after 6:30P.M., C.P.S. can be called and daycare may be terminated. I fully understand and will comply with all of the above payment policies

Parent/Guardian 1 Signature _____ Date _____

Parent/Guardian 2 Signature _____ Date _____

Pick Up and Emergency Contacts

People that are picking up this child must provide I.D.

Name: _____ Relationship _____

Does the child live with this person ___ yes ___ no

This person has permission ___ pick up this child ___ be contacted for an emergency

Address: _____

Cell Phone # _____ Work Phone #: _____ Ext. _____

Home Phone # _____ which # should we call 1st: Cell ___ Work ___ Home ___

Name: _____ Relationship _____

Does the child live with this person ___ yes ___ no

This person has permission ___ pick up this child ___ be contacted for an emergency

Address: _____

Cell Phone # _____ Work Phone #: _____ Ext. _____

Home Phone # _____ which # should we call 1st: Cell ___ Work ___ Home ___

Name: _____ Relationship _____

Does the child live with this person ___ yes ___ no

This person has permission ___ pick up this child ___ be contacted for an emergency

Address: _____

Cell Phone # _____ Work Phone #: _____ Ext. _____

Home Phone # _____ which # should we call 1st: Cell ___ Work ___ Home ___

Names of persons **not** allowed to pick up your child. You must supply a restraining order regarding any one on this list.

1. _____ 2. _____

Parent/Guardian 1 Signature _____ Date _____

Parent/Guardian 2 Signature _____ Date _____

Acknowledgement of ABC Family Handbook

I _____ acknowledge that I have read and understand the policies and procedures of ABC Learning through the Family Handbook, as it was provided to me.

Especially but not limited to:

_____ Enrollment and Admissions Requirements

_____ Fees & payment policy

_____ Hours of Operation

_____ Typical activity schedule

_____ Sign In/Out Requirements

_____ Child Abuse & Reporting Requirement

_____ Behavior Management & Discipline

_____ Religious Activities

_____ Transportation & Fieldtrips

_____ Ill Child Practices

_____ Medication Management

_____ Disaster Preparedness & Kiddy Kits

_____ Diapering, Toilet Training, and Feeding Practices if applicable

Parent/Guardian 1 Signature _____ Date _____

Parent/Guardian 2 Signature _____ Date _____

Child Health Information

Child's Physician:

Name: _____ Phone: _____

Address: _____

Date of last physical exam: (if more than a year has passed it's time for a well-child check-up): _____

Outcome: _____

Does your child have any specific health problems the ABC staff should be aware of?

(For example vision or hearing loss, allergies, physical limitations, frequent ear infections, etc.):

Is your child taking any medications at this time?

(if medicine is to be given by ABC staff please fill out a medication form and may need a doctor's note): _____

Name of medication: _____ Dosage: _____

Name of medication: _____ Dosage: _____

Child's Dentist: _____ Phone: _____

Address _____

Last Exam _____ Out come? _____ Cavities? Yes No

Does your child have any food allergies? _____

If so, please list: _____

Reaction _____

Does your child have any other allergies? _____

If so, please list: _____

Reaction _____

Parent/Guardian 1 Signature _____ Date _____

Parent/Guardian 2 Signature _____ Date _____

Child Information

Are there any foods your child does not eat? _____

Does your child have a good appetite? _____

Please list the names, ages, and relationships of the other members of your household.

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Have there been any major changes in your child's environment or their behavior in the past 6 months?

What are your child's interests and or favorite activities?

List any specific fears, likes, or dislikes your child has so that we are aware and can help them:

Has your child had previous group experience? _____ What was their reaction?

What do you hope your child will gain from their experience at ABC Learning Center?

How does your child act when ill? _____

Does your child nap? _____ How Long? _____

Are there any problems with nap? _____

Is your child fully toilet trained? _____ At what age? _____

What method of discipline do you use? _____

Does it work effectively? _____

How did you hear about ABC Learning Center:

_____ Drove By

_____ Referral from a friend or family, if it was a client please list their name: _____ On-line, if

so which site? _____

_____ Other, if so please specify: _____

Parent/Guardian 1 Signature _____ Date _____

Parent/Guardian 2 Signature _____ Date _____

Other Acknowledgements

ABC Learning Center staff will use redirection whenever possible. When your child shows signs of knowing right from wrong and re-direction becomes less effective, the staff will evaluate each situation and employ age appropriate discipline techniques. (EX. time out, (younger) or signing a behavior contract (school-age). I understand that ABC Learning Center is required to keep the following licensing information available for parents and staff. ~Copies of the most recent child care center checklist for licensing renewal and Facility licensing compliance agreements for any deficiencies noted: and ~Copies of the most recent child care monitoring checklist and facility licensing Compliance agreement for any deficiencies noted.

Parent/Guardian 1 Signature _____ Date _____

Parent/Guardian 2 Signature _____ Date _____

Right to free access Initial _____

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 criminal inquiry and that is not employed by our center have unsupervised contact with any child that is not their own.

Medical and Emergency Consent Initial _____ (Consent to medical care and medical treatment of minor children.)

I, (please print) _____ Parent/Legal Guardian do hereby give permission that my child 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, 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.

I, (please print) _____ understand/agree that when serious situations or emergencies or illness occur, my child must be picked up within 30 minutes from the time I am called. I understand/agree that my child must be picked up by me, someone on my emergency list, or someone I approve over the phone to the director or a ABC Learning staff member. I also understand that this requirement is for the Health and Safety of all the children enrolled in our center.

Parent/Guardian 1 Signature _____ Date _____

Parent/Guardian 2 Signature _____ Date _____

Public Photos

I, (please print) _____, _____ (initial) **give** permission _____ (initial) **do not give** permission, for ABC learning to publically share photos of my child. (e.g., ABC website, FaceBook, etc.)

Parent/Guardian 1: _____
Signature Date

Parent/Guardian 2: _____
Signature Date