

Keiki's Learning Center

Address: 213 & 212 S Parkway Ave. Battleground, WA 98604

Phone Numbers:

213: 360.342.8462

212: 360.342.8528

Registration Information

Today's Date: _____

Date Child Entered Care: _____ Date Child Left Care: _____

Child's Full Name: _____

Name Used (Nickname): _____ Date of Birth: _____

Contact Information

Parent/Guardian #1

Full Name: _____ Relationship to Child: _____

Address: _____ Social Security #: ____ - ____ - ____

City/ST/Zip: _____ Date of Birth: _____

Cell Phone: _____ Home Number: _____

Employer: _____ Work Number: _____

Employer's Address: _____

Employer's City/ST/Zip: _____

Email: _____

Parent/Guardian #2

Full Name: _____ Relationship to Child: _____

Address: _____ Social Security #: ____ - ____ - ____

City/ST/Zip: _____ Date of Birth: _____

Cell Phone: _____ Home Number: _____

Employer: _____ Work Number: _____

Employer's Address: _____

Employer's City/ST/Zip: _____

Email: _____

Medical Information

Doctor Information:

Name of Child's Physician or Clinic: _____ Phone: _____

Clinic Address/City/State: _____

Date of last exam: _____

Dentist Information:(If none, when dentist will be assigned) _____

Name of Child's Dentist or Clinic: _____ Phone: _____

Clinic Address/City/State: _____

Date of last exam: _____

Consent to Medical Care and Treatment of Minor Child

I give permission that my child, _____ may be given first aid/emergency treatment by the child care licensee and or qualified staff at Keiki's Learning Center.

Parent/Guardian signature: _____ Date: _____

When I cannot be contacted, I authorize and consent to medical, surgical, hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician to safeguard my child's health. I waive my right of informed consent to such treatment.

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

Parent/Guardian signature: _____ Date: _____

Authorized Emergency Contacts

Child's Name _____

Date: _____

Parent Name: _____

Parent Signature: _____

YOUR CHILD WILL ONLY BE RELEASED TO THOSE PEOPLE AUTHORIZED BY A PARENT OR GUARDIAN.

Please provide at least two local persons authorized to pick up your child **AT ANY TIME** and in case of emergency, illness, accident, late pick-up, or any other reason. Please list them in order of preference for us to contact.

Name _____ Cell Phone: _____

Address: _____ City/St: _____ Home Phone: _____

Relation to Child: _____ Work Phone; _____

Name _____ Cell Phone: _____

Address: _____ City/St: _____ Home Phone: _____

Relation to Child: _____ Work Phone; _____

Name _____ Cell Phone: _____

Address: _____ City/St: _____ Home Phone: _____

Relation to Child: _____ Work Phone; _____

Keiki's Learning Center - Parent Agreement

Parents or Guardian must sign they have read and agree to the following guidelines of Keiki's Learning Center. Initial each line then sign and date at the bottom of the reverse side.

_____ **Registraion Forms:** I have filled out all forms completely, I understand I will update all information immediately in writing upon any changes. I understand an annual update with my signature is also required.

_____ **Parent Financial Contrast:** I have signed the Parent Financial Contract

_____ **Policies and Procedures:** The Directors or Assistant Director has explained the Center's Philosophy, program and facility.

_____ **Parent Handbook:** I have read the parent handbook completely and I understand all policies and procedures.

_____ **Pesticide Policy:** I have read the pesticide policy and understand I will be notified in advance of any procedures of the center.

_____ **Nondiscrimination Policy:** I have read the nondiscrimination policy.

_____ **Emergency/Disaster Plan:** I have read the emergency/disaster plan.

_____ **Schedule & Absences:** My child's schedule is given to the Director or the Assistant Director upon enrollment. I will notify in writing any changes to my child's schedule immediately. I will notify the center if my child will be absent or when he/she will no longer attend.

_____ **Extra change of clothes:** I will provide an extra change of clothing for my child (multiple changes if my child is not fully potty trained) at all times.

_____ **Diapers & wipes:** I will provide all diapers , pull ups, and wipes for my child.

_____ **Pictures:** I give permission for pictures of my child taken and used for the following (circle all that applies) **projects, display in center, calendars.**

_____ **Parent communication:** I understand the center staff will communicate with me about my child's progress, issues, relating to my child's care and individual practices based on my child's individual needs. I understand if I need to speak to my child's teacher in more depth I will need to schedule a conference with the Director or Assistant Director.

_____ **Child Abuse Reporting Requirements:** I understand that Keiki's Learning Center's staff are mandated reporters and are required by Washington State Law to notify Child Protective Services or Local Law Enforcement of any suspected child abuse, neglect, or exploitation. I also understand or may not be notified of such a report, at the recommendation of Child Protective Services.

_____ **Illness:** I understand that if my child shows signs of illness (fever, rash, vomiting, diarrhea, lethargy, lice, etc...) he/she may be excluded from the center for 24 hours or a Doctor's note is brought to the center saying they can attend. If your child shows signs at home, I will keep them home and call the center to let them know.

_____ **Withdrawing or Terminating Care:** I understand if a two-week notice is not given I may not receive a refund.

Parent Name Print

Parent signature

Date

Keiki's Learning Center- Parent Financial Contract

<u>Monthly Rate</u>	<u>Overtime Care</u>
Full Time Rate	(10+hours- Additional Fee)
Infants \$1890.00	\$44.50
Toddlers \$1700.00	\$40.00
Preschool 3 \$1583.00 (not potty trained)	\$33.00
Preschool \$1533.00	\$33.00

REGISTRATION FEE: \$100.00 for the first child and 50.00 dollars for each additional child upon enrollment, this is due on the anniversary of your enrollment day and is Non-refundable.

PRIVATE PAY: Keiki's Learning Center operates on a monthly payment system. Payments are due on the 1st and become late on the 5th of the month a \$50.00 late fee will be added to your ledger unless you have prior arrangements with the Director. If the account isn't paid by the 10th of the month your care will be terminated until payment is paid in full unless prior arrangements have been made with the Director. Full-time rates are listed above, this is for anything over 5 hours up to 10 hours, if you are looking for part-time you will be charged the daily rate.

STATE PAYMENTS: You must pay your copay by the 1st of each month. A late fee of \$25.00 dollars will be added to your account if not paid by the 5th of each month. If you do not pay for two months, your child's care will be terminated and reported to DSHS which may end your care with them until the balance is paid. If your child attends more than the authorized days, you must pay the private pay rates unless you call the State and see if they will cover the overage.

OVERTIME CARE: WAC 170-295-2020 states that children can be in care for a maximum of 10 hours per day unless the parent's work schedule or commute to the center requires more than 10 hours. If your child attends more than 10 hours, there will be an additional fee added to your ledger for each day that care is provided over 10 hours.

STATE PAYMENT: If you receive your childcare subsidy from DSHS or Children's Administration, this fee will still be applied to your register, unless covered by DSHS or Children's Administration. Contact your case manager for approval.

MISSING CLOCK IN/CLOCK OUT: WAC 170-295-7030 \$5.00 per electronic clock in/clock out if your child is not clocked in and clocked out this fee will be added to your account for each time the Director has to do it. This is also important because if you do not do this any extra charges found at the end of the month will be your responsibility to pay.

LATE PICKUP FEE: The charge is \$15.00 dollars for the first minute and then \$1.00 dollar per minute for every minute after 6:00 pm, for each child.

OPERATING HOURS: The Center is open from 6:00 am to 6:00 pm, Monday through Friday.

VIEW ACCOUNT: You may view your account by clicking the ACCOUNTING button on the check-in computer.

PAYMENTS ACCEPTED: Our center accepts checks, cash, money orders, and credit/debit cards and you have the option to pay online at MyProcure.com you must have an email on file, please see the office if this is an option you would like to do. We also have an option to leave your credit/debit card number in the file so we can charge the card on the 1st of the month, when billing is supposed to be done. There is a \$30.00 charge for any NSF charges, and you will not be allowed to pay by check.

Collection Agency: If your account is left unpaid for 30 days it will be turned over to Solv erity Collections they are located at 9707 NE 54th St. Vancouver, Washington 98662 their contact information is 360-604-8514, please keep in mind that Keiki's Learning Center will make every attempt to keep this from happening and will try everything we can to help you resolve this from happening but in some cases no matter what we do to help it may result to going to collections. Please keep in mind once it is turned over to collections, we can no longer accept payments from you or discuss your account, you will need to contact the collection agency.

WITHDRAWING FROM KEIKI' S: Keiki's Learning Center will no longer be giving refunds. We operate on monthly tuition and it is up to you to finish out the month that has been paid for and forfeit the remaining balance. All personal items must be removed from the center within 30 days of termination or withdrawal, after which they will be donated to Keiki's Learning Center. If a refund is given Keiki's Learning has 30 days from the notice given to issue the refund whether in person or through the mail.

Crediting Accounts: Keiki's Learning Center will no longer be crediting accounts for absent days, you are responsible for your monthly tuition whether in attendance or not. Keiki's Learning Center will credit for vacation days with proper two weeks' notice, without proper notice credit will not be given.

ADDITIONAL DAYS IF NEEDED ARE AS FOLLOWS:

	Full Days (more than 5 hours)	Half Days (5 hours or less)
Infants	\$90.00	N/A
Toddlers	\$81.00	\$60.00
Preschool 3(Not Potty Trained)	\$75.00	\$55.00
Preschool	\$73.00	\$55.00
School Age	\$66.00	\$33.00

Parent/Guardian Name

Signature

Date

Child's Name: _____

Child Care Contract

Attendance Schedule:

Monday: Arrive: _____ Depart: _____

Tuesday: Arrive: _____ Depart: _____

Wednesday: Arrive: _____ Depart: _____

Thursday: Arrive: _____ Depart: _____

Friday: Arrive: _____ Depart: _____

Notes:

A two-week notice is required for a schedule change or withdrawal from the Center. If a two week notice is not given, parents/guardians are still responsible for payment of the two weeks of childcare specified (unless the Director chooses not to have the notice) your schedule above is what you will be responsible for each month.

Keiki's Learning Center will no longer give credit for closure dates or absent dates, you will be responsible for your scheduled days tuition, remember you are paying for the spot. Keiki's Learning Center enrolls children according to your schedule so there is very limited space for add on days, we will do our best to accommodate your needs if possible.

Keiki's Learning Center does not hold spots for an extended amount of time ex: Summer Breaks, Winter Breaks, without payment you are responsible for two days a week in order for us to hold your spot.

Without payment there is no guarantee your spot will be available when returning.

Keiki's Learning Center will offer a 10 day unpaid vacation each year. You will need to notify the Directors of your planned days of vacation with at least 2 weeks notice.

Late Payments

Payments are due on the 1st of each month and become late on the 5th at this time a late payment fee will be added to your account of \$50.00 dollars if payment is not paid by the 10th Keiki's Learning Center will suspend your care until payment is made (for State parents we will red flag your account of no-payment) unless other arrangements have been made through the office.

Late Child pickup

If your child is picked up after our closing time, Keiki's Learning Center will charge \$15 the first minute and \$1 after each additional minute.

Overtime Care

A child is not allowed to be in care for more than 10 hrs a day, if your child is here for more than 10 hrs a overtime fee will be added to each additional day they are here.

Parent Signature

Date



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.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature Required if Starting in Conditional Status _____ Date _____

Required for School	Required Child Care/Preschool	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
Required Vaccines for School or Child Care Entry								
<input checked="" type="checkbox"/> DTaP (Diphtheria, Tetanus, Pertussis)								
<input checked="" type="checkbox"/> Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)								
<input checked="" type="checkbox"/> DT or Td (Tetanus, Diphtheria)								
<input checked="" type="checkbox"/> Hepatitis B								
<input checked="" type="checkbox"/> Hib (<i>Haemophilus influenzae type b</i>)								
<input checked="" type="checkbox"/> IPV (Polio) (any combination of IPV/OPV)								
<input checked="" type="checkbox"/> OPV (Polio)								
<input checked="" type="checkbox"/> MMR (Measles, Mumps, Rubella)								
<input checked="" type="checkbox"/> PCV/PPSV (Pneumococcal)								
<input checked="" type="checkbox"/> Varicella (Chickenpox)								
<input type="checkbox"/> History of disease verified by IIS								

Recommended Vaccines (Not Required for School or Child Care Entry)								
COVID-19								
Flu (Influenza)								
Hepatitis A								
HPV (Human Papillomavirus)								
MCV/MPSV (Meningococcal Disease types A, C, W, Y)								
MenB (Meningococcal Disease type B)								
Rotavirus								

I certify that the information provided on this form is correct and verifiable.

Health Care Provider or School Official Name: _____ Signature: _____

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

Date: _____

Licensed Health Care Provider Signature _____ Date _____

Printed Name _____

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.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 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/erms/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	RotaTeq	Rotavirus (PV5)
Afluria	Flu	FluLaval	Flu	HibTTTER	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	Twinnix	Hep A + Hep B
Cervarix	2vHPV	Fluzone	Flu	Kiariix	DTaP + IPV	Prevnar	PCV	Vagta	Hep A
Daptacel	DTaP	Gardasil	4vHPV	Menactra	MCV or MCV4	ProQuad	MMR + Varicella	Varivax	Varicella
Engerix-B	Hep B	Gardasil 9	9vHPV	Menomune	MPSV4	Recombinax 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).

Child and Adult Care Food Program (CACFP) Enrollment Income Eligibility Application (EIEA)

PART 1 – CHILDREN'S INFORMATION (REQUIRED)									
Child's Name	Birthdate	Age	Days of Attendance	Arrival Time	Departure Time	Circle Meals and Snacks Normally Received	Check Below if Foster Child		
			Sun Mon Tu Wed Th Fri Sat			Breakfast A.M. Snack Lunch Eve. Snack P.M. Snack Supper	<input type="checkbox"/>		
			Sun Mon Tu Wed Th Fri Sat			Breakfast A.M. Snack Lunch Eve. Snack P.M. Snack Supper	<input type="checkbox"/>		
			Sun Mon Tu Wed Th Fri Sat			Breakfast A.M. Snack Lunch Eve. Snack P.M. Snack Supper	<input type="checkbox"/>		
			Sun Mon Tu Wed Th Fri Sat			Breakfast A.M. Snack Lunch Eve. Snack P.M. Snack Supper	<input type="checkbox"/>		
PART 2 – HOUSEHOLD MEMBER RECEIVING BASIC FOOD/TANF/FDPIR IN WA STATE - Any household member receiving benefits can establish eligibility for children in the household. If listing case number or ID, please skip to part 5.									
PART 3 – TOTAL HOUSEHOLD GROSS ANNUAL INCOME The adult signing the form must list the last four digits of their Social Security Number (SSN) or check the box if no SSN. See <i>Privacy Act Statement and Sources of Income on the back of this page</i> (Annual Income Conversion by pay frequency: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12)									
List names (First and Last) of everyone in your household, including foster children	Annual Earnings from Work Before Deductions	Annual Welfare, Alimony, Child Support	Retirement, Pensions, Social Security, Other	/yr	/yr	/yr	/yr		
1.	\$ /yr	\$ /yr	\$ /yr	/yr	/yr	/yr	/yr		
2.	\$ /yr	\$ /yr	\$ /yr	/yr	/yr	/yr	/yr		
3.	\$ /yr	\$ /yr	\$ /yr	/yr	/yr	/yr	/yr		
4.	\$ /yr	\$ /yr	\$ /yr	/yr	/yr	/yr	/yr		
5.	\$ /yr	\$ /yr	\$ /yr	/yr	/yr	/yr	/yr		
6.	\$ /yr	\$ /yr	\$ /yr	/yr	/yr	/yr	/yr		
Number of Household Members		Last 4 of SSN (check box if no SSN) <input type="checkbox"/>							
PART 4 – CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)									
We are required to ask for information about your children's race and ethnicity. This information helps to make sure we are fully serving our community. Responding to this section is optional, it will not affect your children's eligibility for receiving meals during care.									
Ethnicity (check one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Race (check one or more): <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Native Hawaiian or Pacific Island <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> White									
PART 5 – PARENT/GUARDIAN SIGNATURE AND CERTIFICATION –(REQUIRED) SIGNATURE CONFIRMS ALL INFORMATION PROVIDED IS CORRECT AND ACCURATE									
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 _____				Print Name _____ Date _____					
Address _____				City, State, Zip _____ Phone Number _____					
DO NOT FILL OUT – CENTER USE ONLY									
Institution Representative Signature _____				Date _____					
INVALID WITHOUT SIGNATURE AND DATE (see back for effective date requirements)									
				Total Annual Income \$ _____ <input type="checkbox"/> Free <input type="checkbox"/> Reduced-Price <input type="checkbox"/> Above-Scale		<input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> AS OSPI Rep. _____			

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, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf> from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or

FAX: (833) 256-1665 or (202) 690-7442; or *Only use this address if you are filing a complaint of discrimination.
EMAIL: program.intake@usda.gov

This institution is an equal opportunity provider.

EIEA Effective Date

If the institution uses the parent/guardian signature date as the effective date, the form must be signed by the institution representative within the same month as the parent, or the following month. If the institution representative does not sign the EIEA within these timeframes, the institution representative's signature date must be used as the effective date.

Valid TANF or Basic Food Number Guidelines and Contact Resources for WA State Recipients

Consists of seven to nine digits, such as 004235555
A parent may omit the zeros preceding the number and write as (ex. 4235555)
May start with 002, 003, 004, 005 or 05
Does not include any letters

Is not a social security number (unless it's a tribal case number).
Does not start with a 200 series number
Is not a case number for state-paid childcare
Is not an EBT card number

DSHS Customer Service Number: (877) 501-2233		Basic Food and TANF website: www.washingtonconnection.org	
Earnings from Work	Public Assistance, Alimony, Child Support	Pension, Retirement, Other Sources of Income	Sources of Child Income
<ul style="list-style-type: none"> • Salary, wages, cash bonuses • Net income from self-employment (farm or business) • If you are in the U.S. Military: <ul style="list-style-type: none"> • Basic pay and cash bonuses (does NOT include combat pay, FSSA, or privatized housing allowances) • Allowances for off-base housing, food, and clothing 	<ul style="list-style-type: none"> • Unemployment benefits • Workers' compensation • Supplemental Security Income • Cash assistance from State or local government • Alimony payments • Child support payments • Veterans benefits • Strike benefits 	<ul style="list-style-type: none"> • Social Security (including railroad retirement and black lung benefits) • Private Pensions or disability benefits • Income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • Regular cash payments from outside household 	Earnings from work Social Security -Disability Payments -Survivors Benefits Income from any other source
Examples:		Examples:	
A child of legal working age has a regular full or part-time job where they earn a salary or wages		A child is blind or disabled and receives Social Security benefits	
A parent is disabled, retired, or deceased, and their child receives Social Security benefits		A parent is disabled, retired, or deceased, and their child receives Social Security benefits	
A child receives regular income from a private pension fund, annuity, or trust		A child receives regular income from a private pension fund, annuity, or trust	

**Keiki's Learning Center
Social Media & Picture Permissions**

I, _____
Parent Name

Give Keiki's Learning Center permission to put my

Child's _____
Child's Name

Pictures on:

- Facebook Page
- Keiki's Learning Center Website
- Displays in Center including Classrooms
- Projects done in their Classrooms

We will never place names on any social media; only in the classrooms on their projects and art activities.

Parent Signature _____ Date _____

