



5910 Evergreen Way  
Everett, WA 98203  
425-212-3255

## **Registration Packet for 2023 – 2024 School Year**

Open Monday – Friday  
6:30 AM – 6:00 PM

**DCYF Working Connections Provider # 471491**

Tomorrowshopechildcare.com  
Housinghope.org



**Proudly Participating in Early Achievers**



Dear Parent or Guardian:

Welcome to Tomorrow's Hope Child Development Center!

Here at Tomorrow's Hope, we provide a unique child development program that is safe and nurturing for your child with a rich array of supportive services including:

- Skilled and experienced classroom teachers with degrees in Early Childhood Education
- Individualized play-based creative curriculum using an innovative online tool of Teaching Strategies Gold
- On-site early intervention services from Child Strive
- On-site health care services every Wednesday through Community Health Center of Everett

**We currently partner with Madison Elementary, View Ridge Elementary and Jackson Elementary due to transportation limitations.** If your child is on an IEP and gets transportation through the school district, please let us know and we may be able to work with you to allow your child to enroll with us.

To enroll your child, the following enrollment packet, ASQ- questionnaires, immunization records, child strive acknowledgement, Everett School District Release of Information, and Community Health kids' clinic health forms will need to be completed and returned to the Tomorrow's Hope Child Development Center Office at least 2 business days before your child can attend. You will be given a parent handbook, and a school year calendar after all enrollment forms are complete and accurate. Please print clearly on all forms. Thanks in advance for your partnership.

If you have any questions regarding the childcare or additional needs, please contact us at 425.212.3255.

We look forward to partnering with you in your child's education.

Sincerely,

Tomorrow's Hope Staff

This packet was last updated October 2023



**Tomorrow's Hope Child Development Center  
Child Enrollment Form**

**Child's Full Name:** \_\_\_\_\_

**Child's Date of Birth:** \_\_\_\_\_ **Preferred Name:** \_\_\_\_\_

**Preferred Enrollment Date:** \_\_\_\_\_ **Exit date (If known):** \_\_\_\_\_

**Other Children in Family enrolled:** \_\_\_\_\_

---

**Parent/Legal Guardian 1 Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Cell Phone #:** (\_\_\_\_) \_\_\_\_\_ **Cell Phone Provider:** \_\_\_\_\_ **Work Phone #:** (\_\_\_\_) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Employer Address:** \_\_\_\_\_

**Relationship to Child:**  Mother  Father  Grandparent  Legal Guardian  Foster Parent  Other

\*If other please explain: \_\_\_\_\_

**Does Child live with Parent/Legal Guardian 1?**  Yes  No

---

**Parent/Legal Guardian 2 Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Cell Phone #:** (\_\_\_\_) \_\_\_\_\_ **Cell Phone Provider:** \_\_\_\_\_ **Work Phone #:** (\_\_\_\_) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Employer Address:** \_\_\_\_\_

**Relationship to Child:**  Mother  Father  Grandparent  Legal Guardian  Foster Parent  Other

\*If other please explain: \_\_\_\_\_

**Does Child live with Parent/Legal Guardian 2?**  Yes  No

---

**My Child lives in:**  One single Parent/Guardian Household  Two Parent/Guardian Household

Two separate single Parent/Guardian Households

Temporary Housing with 1 or 2 Parent(s)/Guardian(s)

---

**Do you have a current parenting plan in place?**  Yes, (Please provide copy)  No

**Are there any current restraining or protection orders in place for Child?:**  Yes, (please provide copy)  No

**Is there a current open CPS case regarding this Child?**  Yes  No

\*If yes please provide the name, phone number and email for your case manager:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Tomorrow's Hope Child Development Center Child Emergency Contacts/Consents and Authorization for Pick-Up

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

In the case of illness or emergency, we will try to contact the child's parent(s)/guardian(s) first. If we are unable to reach you by phone, we will then begin to call your emergency contacts.

**\*We require at least 1 contact authorized to pick up your child. If we cannot get ahold of you or any persons authorized to pick up your child at the end of the day, we will have to call CPS.**

Full Name (First & Last)	Date of Birth (Must be 18)	Phone Number	Relationship to Child	Authorized as Emergency Contact?	Authorized for pick up?
1				Yes / No	Yes / No
2				Yes / No	Yes / No
3				Yes / No	Yes / No
4				Yes / No	Yes / No

\*If you'd like to add more just let us know and we will get you an additional form to add more people.

### Emergency Medical Information

\*If your child has allergies or dietary restrictions, we will need a signed doctor's note and have additional paperwork that needs to be filled out to accommodate. \*

**Current medication being taken by Child:** \_\_\_\_\_

**Child's dietary restrictions:** \_\_\_\_\_

**Any known allergies for Child:** \_\_\_\_\_

➤ **What are their signs of allergic reaction?** \_\_\_\_\_

**Does Child need an EPI Pen?**  Yes (Please provide EPI pen for use at daycare)  No

**Additional medical concerns for Child?** \_\_\_\_\_

---

---

---

---

---



## Insurance Information and Emergency Consents

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

Tomorrow's Hope is required by licensing to have on file children's medical and dental insurance information as well as the date they were last seen.

**Does your child have medical and dental insurance?**  Yes  No

**Insurance Company(s):** \_\_\_\_\_

**Doctor's Clinic and Site:** \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_ **Date of last physical exam:** \_\_\_\_\_

**Dentist's Office:** \_\_\_\_\_

**Dentist's Name:** \_\_\_\_\_ **Date of last dental exam:** \_\_\_\_\_

---

### Emergency Consents

It may be necessary for Tomorrow's Hope Child Development Center staff to call 911 for the emergency care of your child. Tomorrow's Hope must have your permission for transport by ambulance/aid care to emergency medical centers. Please initial next to each statement to indicate your permission.

For my Child, \_\_\_\_\_,

\_\_\_\_\_ I give permission to the qualified staff at Tomorrow's Hope Child Development Center to administer CPR and/or First Aid when appropriate or necessary.

\_\_\_\_\_ I give permission, if deemed necessary in an emergency by Tomorrow's Hope Child Development Center staff, to call 911 and to transport my child to the nearest licensed physician, clinic, dental office, or hospital emergency room. I understand that Tomorrow's Hope staff will try to get in contact with me and will notify my child's emergency contacts if I, parent/guardian, cannot be reached.

\_\_\_\_\_ I give permission, if deemed necessary in an emergency by a physician or a dentist, for my child to receive emergency treatment by a licensed physician, dentist or hospital. This authorization shall include all rights of emergency or medical treatment and be rely upon parent/guardian's consent.



## Tomorrow's Hope Child Development Center Child Information Sheet

\*This form will be shared with your child's teacher in order to help your child have a great start at Tomorrow's Hope. \*

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Has your child been in a child development center or daycare before?  Yes  No

➤ If yes, where? \_\_\_\_\_

Are there any goals you'd like to see worked on with your child?  Yes  No

➤ If yes, please note: \_\_\_\_\_

What do you like about your child? \_\_\_\_\_

What is your child's favorite place to be? \_\_\_\_\_

What is your child's favorite activity at home? \_\_\_\_\_

What is your child's favorite toy and book? \_\_\_\_\_

Does your family celebrate birthdays/holidays?  Yes  No

If your child is in school, what school do they attend? \_\_\_\_\_

What time does your child go to sleep and wake up? \_\_\_\_\_

Does your child regularly wake up during the night?  Yes  No

Does your child take a nap?  Yes (If so, what time? \_\_\_\_\_)  No

Does your child need something to sleep with at home?  Yes (If so, what? \_\_\_\_\_)  No

If your child is an infant, what kind of formula or breast milk do they drink? \_\_\_\_\_

If your child is an infant, do you swaddle them to sleep?  Yes  No

What kind of bottle, size of bottle nipple, and pacifier does your infant use? \_\_\_\_\_

Is your child toilet trained?  Yes  No  My child is not ready yet

Are you in the process of toilet/potty training?  Yes  No

If your child is toilet trained, do they need assistance wiping?  Yes  No

Are there any special fears that your child may have that we need to be aware of?  Yes  No

➤ If yes, please expand: \_\_\_\_\_

Does your child have an IEP through the school district?  Yes (If yes, please provide copy)  No

Do you have any concerns about your child's development?  Yes  No

Check any boxes that apply:  Behavior  Health  Hearing  Speech/Language

Physical: large motor skills  Physical: fine motor skills  Social: Interactions with adults

Social: Interactions with other children

Are there any other concerns/problems that we may need to be aware of?  Yes  No

---

---

---



## Tomorrow's Hope Child Development Center Release Forms

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please initial next to each statement to indicate that you have read, understand, and agree to the statement. I hereby acknowledge that:

\_\_\_\_\_ Tomorrow's Hope Child Development Center is under constant surveillance and is being monitored by audio and video recordings, as well as the surrounding property.

\_\_\_\_\_ All of the information I have provided in this registration packet will be kept confidential.

\_\_\_\_\_ I have received a copy of the Parent Handbook for this year and have read through all of the policies and procedures set in place for Tomorrow's Hope Child Development Center.

\_\_\_\_\_ Trained Tomorrow's Hope Child Development Center staff will transport my child to and from school, partnering agencies, or field trips when necessary.

\_\_\_\_\_ Pictures sent through Tomorrow's Hope Child Development Center's Pro Care app will be kept confidential between teachers and guardians, and that my child's photo will not be posted on social media unless I give consent on the social media policy.

\_\_\_\_\_ I have read through Tomorrow's Hope Child Development Center's Code of Conduct and understand myself and other adults I have included in this registration packet must adhere to these regulations.

\_\_\_\_\_ Tomorrow's Hope Child Development Center is **nut-free**.

\_\_\_\_\_ My child is not permitted to bring outside food, toys, or equipment to Tomorrow's Hope Child Development Center. Per our licensor, we cannot have any stuffed animals with bead eyes in the classrooms. If they do Tomorrow's Hope is not responsible for any broken or lost toys.

By signing below, you agree to all the information above.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*



## Tomorrow's Hope Code of Conduct

At Tomorrow's Hope, we believe everyone should feel accepted and connected to the Housing Hope community. We are committed to creating a safe and welcoming environment for all our children, families, and employees. We expect and will provide fair, respectful treatment and acceptance of people from all backgrounds/cultures/communities.

We strive to represent broad diversity among our children and staff in the communities we serve. We believe that leveraging our differences, whether it be in background, perspective or thought, is critical to our success in delivering exceptional care.

Acts of discrimination and harassment are taken very seriously, and we will not stand for bias and/or racism. We will not tolerate these behaviors and will promptly address disrespectful and inappropriate actions or comments that negatively affect our employees and/or children and their families. Should any employee, or other individual experience the behavior(s) outlined below, we will actively engage to understand, and seek a timely solution. The following will not be tolerated and may lead to consequence up to and including closure of account(s) and termination of family enrollment (i.e., expulsion):

All parents/guardians and visitors involved with the program will:

1. Respect and promote the unique identity of each child and family.
2. Maintain safe boundaries with staff, other children, and their families including not physically picking up or overly hovering around other children.
3. Not stereotype on any basis, including gender, race, ethnicity, culture, religion, disability, sexual orientation, or family composition.
4. Follow program confidentiality policies concerning information about children, families, and staff members. No photos or video without permission will be permitted to be taken.
5. Not allow any child, regardless of age, to be left alone or unsupervised while in their care, including not leaving children unattended in your vehicle.
6. Use positive methods to support children's well-being and prevent and address boundaries of other challenging behavior. Guardians will not engage in corporal punishment, emotional or physical abuse, or humiliation while on the Tomorrow's Hope property.
7. Conduct themselves in a manner that reflects positively upon the programs' reputation and upon the children and families the program and is in accordance with Tomorrow's Hope values.
8. Maintain courteous and respectful relationships with program associates, consultants, and staff, as well as other parents, guardians, volunteers, children, and other participants.

Tomorrow's Hope will not tolerate behavior by parents/guardians, visitors, or anyone else involved with the program that violates the Code of Conduct. Examples of violations include, but are not limited to the following:

1. Using threatening, hostile, intimidating, bullying, harassing, or coercive language or behavior toward employees, volunteers, or children, including a child's family members and care providers.
2. Words or actions that intimidate, harass, or discriminate against any person based on race, color, national origin, religion, age, gender, sex, sexual orientation, or disability.
3. Physical or verbally aggressive punishment of a child.
4. Excessive swearing or cursing.
5. Smoking/vaping within 25 ft of all building entries.
6. Quarreling, verbal fighting, loud shouting, and displays of anger.
7. Possession, consumption, or distribution of alcoholic beverages and/or controlled substances or being under the influence of either while on Tomorrow's Hope property or at an agency function.
8. Possession or use weapons in or on Tomorrow's Hope property or at an agency function.
9. Physical violence.



10. Inappropriate or excessive displays of physical affection between adults.
11. Clothing with discriminatory, offensive, or inappropriate statements or designs is prohibited. Nothing in this policy is intended to discriminate against any person and does not limit or alter any person's apparel or grooming styles dictated by one's religion, ethnicity, or national origin. Inappropriate revealing clothing is also prohibited.
12. Violating any federal or state statute, local ordinance, or board policy while on agency property or at an agency function.
13. Any action that disrupts the program or safety of staff and children.

I, \_\_\_\_\_, have read through Tomorrow's Hope and agree to uphold the standards set in place within this policy. I understand that if I, or someone whom I have listed or added to my child's list of authorized pick-ups, Tomorrow's Hope will seek a timely solution that could lead to the termination of my families' services with Tomorrow's Hope.

Parent/Guardian 1 Name (Printed): \_\_\_\_\_

Parent/Guardian 1 Signature: \_\_\_\_\_

I, \_\_\_\_\_, have read through Tomorrow's Hope and agree to uphold the standards set in place within this policy. I understand that if I, or someone whom I have listed or added to my child's list of authorized pick-ups, Tomorrow's Hope will seek a timely solution that could lead to the termination of my families' services with Tomorrow's Hope

Parent/Guardian 2 Signature: \_\_\_\_\_

Parent/Guardian 2 Name (Printed): \_\_\_\_\_

\*Protected statuses include: race, color, national origin, citizenship, ancestry, sex, age, religion, physical or mental disability, medical condition, veteran status, marital status, pregnancy, sexual orientation, gender identity or expression, genetic information, political affiliation, or any other classification protected by applicable local, state, or federal laws



# Tomorrow's Hope Child Development Center

## Childcare Agreement

### A. Basic Services

1. Tomorrow's Hope Child Development Center shall provide childcare for:

\_\_\_\_\_

*Child's Name*

\_\_\_\_\_

*Date of Birth*

\_\_\_\_\_

*Parent/Legal Guardian Name*

\_\_\_\_\_

*Relationship to Child*

Please provide your proposed schedule below. Children cannot attend more than 10 hours a day unless they have preapproved overtime care through Working Connections and DCYF. **You must provide a consistent schedule for your child.** We are open Monday through Friday from 6:30am to 6:00pm.

**Monday:** \_\_\_\_\_

**Tuesday:** \_\_\_\_\_

**Wednesday:** \_\_\_\_\_

**Thursday:** \_\_\_\_\_

**Friday:** \_\_\_\_\_

2. My child or children must be signed in and in their classroom before 9:00am each day, unless there is an approved appointment, doctor's note, or emergency that I have communicated to the office the previous day. If my child is not at Tomorrow's Hope by 9:00am, I understand that my child can be denied care for the day.
3. My child must be awake and able to walk into Tomorrow's Hope and participate in activities if I drop them off after 7:30am. Tomorrow's Hope will not accept any children who are asleep after 7:30am.
4. School-age children will not be accepted during school hours during the school year; they will only be able to attend before and after school or on days there is no school.
5. Tomorrow's Hope Child Development Center is closed on the following holidays: New Year's Day, Martin Luther King Jr. Day, Presidents Day, Memorial Day, Juneteenth, Labor Day, Veterans Day, Thanksgiving Day and the Friday after Thanksgiving. We are also closed the week of July 3<sup>rd</sup> through July 7<sup>th</sup>, 2023, and the week of December 25<sup>th</sup> through December 29<sup>th</sup>, 2023. We will also be closed 8 times per year for in-service employment training. You will be notified of these closure dates in advance. They are listed on the school year calendar you receive upon enrollment.
6. My child will be provided a United States Department of Agriculture (USDA) approved meals while they are in attendance. We serve breakfast, lunch, afternoon snack, and evening snack.
7. If my child has dietary restrictions or food allergies, additional documentation and forms will be required for Tomorrow's Hope to accommodate. These forms will need to be submitted within the first 30 days of enrollment and will include a doctor's note that clearly communicates the needs/requirements/food or liquid substitutions needed, and additional forms required by licensing.
8. My child shall be given assistance with personal care as needed. This includes diaper changing, hand washing, changing of clothing and assistance in the bathroom when needed.
9. My child will be provided a nap/rest time following lunch if they are not yet enrolled in kindergarten.
10. My child shall be placed in a group of peers based on age and state ratios in accordance with childcare licensing standards. When there is space in the next classroom and my child is ready developmentally and based on age, Tomorrow's Hope will talk with me and determine an appropriate date for my child to be transitioned into the new classroom.
11. My child shall be involved in a program of play and learning experiences that are age appropriate. A balance of active and quiet play is provided with individual and group activities geared toward emotional, social, physical, language, and cognitive development.

12. State licensing requires Tomorrow's Hope to conduct a health check on each child before the parent/guardian drops their child off. Once this health check is completed, Tomorrow's Hope will assume responsibility for the child and retain responsibility for the child until they are picked up by the parent/guardian.
13. My child will *only* be given physician-prescribed medication in the original container when a medication form is filled out by the parent/legal guardian. Tomorrow's Hope will not give a child any non-prescribed or over the counter medication unless it is accompanied by a physician's written request.
14. Tomorrow's Hope staff will administer first aid/CPR to my child when deemed necessary. I, parent/legal guardian, will be contacted if medical attention is necessary. If my child has an injury that is considered an emergency, Tomorrow's Hope will call paramedics and contact myself, parent/legal guardian.
15. When my child is ill, they will be given appropriate care until I, parent/guardian, arrives to pick up my child. My child will be sent home if they have a fever higher than 100.4 degrees Fahrenheit, have a blowout diarrhea or 3 or more watery stools within a 24-hour period, if they throw up twice within a 24-hour period, or if they are too tired/lethargic to participate in daily tasks. If a child is sent home for fever, diarrhea, or vomiting they need to be kept home until they are symptom free for 24 hours and they will not be able to attend Tomorrow's Hope the following day. I, parent/guardian, will receive an illness report and read over the illness report before leaving Tomorrow's Hope. Additional requirements to return to Tomorrow's Hope may be required.
16. My child will not be permitted to bring personal items to Tomorrow's Hope including food, toys, or any items other than extra clothes and a backpack. Tomorrow's Hope is not responsible for any lost or damaged personal items other than clothes.
17. Washington State law will not allow Tomorrow's Hope to send home my child with any person who appears intoxicated or under the influence of any controlled substance.
18. Tomorrow's Hope staff are required by Washington State to report any known or reasonably suspected incidents of child abuse, neglect, or endangerment to Child Protective Services (CPS).

## **B. Expectations of Parents/Guardians**

1. Tomorrow's Hope expects parents/guardians to follow the guidelines laid out in the Tomorrow's Hope Code of Conduct.
2. Tomorrow's Hope expects parents/guardians to set up an account through Pro Care connections in which Tomorrow's Hope staff and parents/guardians can communicate and check it regularly.
3. Tomorrow's Hope expects parents/guardians to check the blackboard in the entry way for paperwork or communications from Tomorrow's Hope as well as check in with their child's teacher daily about information regarding their child.
4. Tomorrow's Hope expects parents/guardians to provide medical information at the time of enrollment and update it as necessary with appropriate forms and doctor's notes.
5. Tomorrow's Hope expects parents/guardians to pick up their ill child within a hour of being notified they need to be picked up due to illness or lack of participation due to fatigue.
6. Tomorrow's Hope expects parents/guardians to dress their child(ren) appropriately for the weather and provide extra clothing for children appropriate for the season. Tomorrow's Hope has limited extra clothing available for use.
7. Tomorrow's Hope expects parents/guardians to notify us in writing when someone not listed on their child's authorized pick-up list will be coming to pick up their child. Your child will not be released to anyone who does not have written consent to pick them up or anyone who fails to provide a picture ID when asked.
8. Tomorrow's Hope expects parents/guardians to notify us when your child will be absent or if a school age child will not be returning to Tomorrow's Hope after school.
9. Tomorrow's Hope expects parents/guardians to sign their child out by electronic fingerprinting or person code on our Pro Care system available in each entry way. If you need assistance with signing your child in or out, please seek assistance in the office.
10. Tomorrow's Hope expects parents/guardians to give at least two weeks' notice in writing when they wish to withdraw their child from Tomorrow's Hope.

### **C. Termination of the Agreement**

1. This agreement may be terminated under one or more of the following conditions:
  - The parent/guardian allows their account to become delinquent.
  - There is a serious illness that prevents the child from attending and/or a serious family event/change in circumstance that makes the child's attendance infeasible.
  - The parent/guardian fails to honor the obligations listed in the agreement or any rules and regulations set by Tomorrow's Hope.
  - Tomorrow's Hope, at its discretion, determines that it is not in the best interest of other children, staff, and the program, to have the child in attendance. i.e., expulsion.
2. Procedure:
  - While exercising its discretion regarding the list above, Tomorrow's Hope may require the child and/or parents/guardians to attend conferences with Tomorrow's Hope staff regarding the issues that may warrant termination of this agreement.
  - The parents/guardians may request a conference with Tomorrow's Hope staff regarding the issues that may warrant termination. Tomorrow's Hope will do its best to accommodate these requests but is under no obligation to grant such a request.

I, the undersigned, have read, fully understand, and agree to all of the information and responsibilities listed in this agreement. I have received a copy of the parent handbook and read, fully understand, and agree to the policies and procedures as they are written.

---

*Parent/Legal Guardian Signature*

---

*Date*



## Tomorrow's Hope Child Development Center

### Social Media Policy

Dear Families,

Tomorrow's Hope has a Facebook and a company website. We use these sites to post upcoming events, new staff or staff celebrations, resources, and information about Tomorrow's Hope. We also have a monthly digital newsletter that is shared with families who have children attending Tomorrow's Hope.

Tomorrow's Hope uses a secure communication system called Pro Care connections to share pictures and videos of what your child is doing throughout the day. These pictures and videos are confidential between you and Tomorrow's Hope staff. Tomorrow's Hope will not post these pictures anywhere else unless you have given permission below to allow your child's photo to be posted publicly.

Below is our social media policy and an area for you to sign whether or not you give permission for photos/videos of your child and your child's artwork publicly. Please read the policy fully and sign below with your preference.

With social media sites becoming more prevalent as a means of sharing information and communicating with one another, Tomorrow's Hope has an opportunity to build stronger relationships with parents, provide resources, and enhance family engagement. The sole purpose of using these sites is to provide information to families to for them to be more connected to their child(ren) and their activities here at Tomorrow's Hope.

Tomorrow's Hope can only post photographs, audio, and video recording publicly with parent/legal guardian permission. These sites provide us with the ability to share what is happening at Tomorrow's Hope and a snapshot of our child development center culture.

Each parent/guardian will be provided a written copy of the social media policy to sign and date indicating their preference. Families have the right to not participate, and their child's photos will not be posted. Granting permission for photos to be posted on official Tomorrow's Hope websites does not allow Tomorrow's Hope staff to post photos or videos to unofficial Tomorrow's Hope sites or personal social media accounts.

**Child's Full Name:** \_\_\_\_\_

**Check a box below, then sign and date:**

- Yes**, my child's photos may be posted to official Tomorrow's Hope websites.
- No**, my child's photos may not be posted to official Tomorrow's Hope websites

---

*Parent/Guardian Signature*

---

*Date*

Please check us out, follow and friend us on Facebook

Facebook: @TomorrowsHopeCDC



## Department of Children, Youth, and Families (DCYF) and Working Connections Fee Agreement

The parent/guardian is responsible for paying the co-payment that is set by Washington State Department of Children, Youth, and Families (DCYF). **Co-Payments are due on the 5<sup>th</sup> of each month. If not paid by the 6<sup>th</sup> of each month there will be a fee of \$25 added to the account.**

- I understand that I am responsible for paying my co-payment, in full, by the 5<sup>th</sup> of each month for the current month of care and that if I do not pay my co-payment, in full, before the 6<sup>th</sup> of the month there will be a fee of \$25 added to my account.
- I understand that I am responsible for full payment of all childcare fees each month. I understand that if I am unable to pay on my account, I must communicate this to the Center Director. Hope Works does not mean to be punitive or to create hardship. Past due accounts put a strain on both families and Tomorrow's Hope.
- I understand that a \$25 fee is charged on all returned checks, or any non-sufficient funds through Tuition Express.
- I understand that if my account is past due, without an approved payment plan, my child may be denied attending Tomorrow's Hope until my account balance is paid off.
- I understand that, in the event that Hope Works is required to seek collection of any portion of my bill, the responsible party will be held liable for any and all costs, fees and expenses accumulated for the collection.
- I understand it is my responsibility to complete, in a timely fashion, all paperwork and appointments required by DCYF to continue my childcare funding.
- I understand that Tomorrow's Hope Child Development Center may terminate care if they have not received my funding award letter from DCYF.
- I understand that if I extend my child's care after a termination from DCYF, I will be fully responsible to pay for the care of my child and the cost will be based on Private Pay rates.
- I understand that I will be charged a late pick-up fee of \$25 OR the DCYF rate if approved per hour per child over my 10-hour maximum. I will need to pay this amount before my child returns to Tomorrow's Hope. If being late is work related, I will contact Working Connections (DCYF). I will need to submit my paperwork within 10 days of being late to pick-up my child. Once I have been approved by Working Connections and I show Tomorrow's Hope the approval paperwork, I will then receive a credit on my account.
- I understand that a late fee is charged if I pick up my child after Tomorrow's Hope's posted closing time, which is 6:00 p.m. or earlier when posted in Pro Care for staff trainings/meetings. The cost will be \$25, per child, for the first 10 minutes (6:01-6:10) and \$1.50 per minute, per child, thereafter. **Payment is due before my child/children can return.**
- I understand that I must contact Tomorrow's Hope if I am unable to pick up my child as scheduled. If my child has not been picked up by 6:00 p.m., Tomorrow's Hope staff will attempt to contact me and/or my emergency contacts. At 6:30 pm, if there is no contact by me or my emergency contacts, staff will consider my child abandoned and will call law enforcement and Child Protective Services.
- I agree to communicate my grievances honestly, respectfully, and directly to the Center Director.

I, the undersigned, have read, fully understand, and agree to all of the information and responsibilities as listed above.

---

Parent/Legal Guardian Signature

---

Date



## Private Pay Fee Agreement

The parent/guardian is responsible for paying the tuition for their child's care, as established by Tomorrow's Hope. **50% of tuition payments are due on the 5<sup>th</sup> of each month. The other 50% of the tuition for the month is due by the 25<sup>th</sup> of that month. If not paid in full by the 25<sup>th</sup> of each month there will be a fee of \$25 added to the account.**

- I understand that I am responsible for paying 50% of my child's tuition by the 5<sup>th</sup> of each month and that the tuition is due in full by the 25<sup>th</sup> of each month. If my child's tuition is not paid in full by the 25<sup>th</sup> of each month there will be an additional fee of \$25 added to my account.
- I understand that if I am unable to pay on my account, I must communicate this to the Center Director immediately. Hope Works does not mean to be punitive or to create hardship. Past due accounts put a strain on both families and Tomorrow's Hope. I will talk to the Director when my account is at risk of becoming past due.
- I understand that if my account is past due, without an approved payment plan, my child may be denied attending Tomorrow's Hope until it is paid, or arrangements are made.
- I understand that a \$25 fee is charged on all returned checks, or any non-sufficient funds through Tuition Express.
- I understand that, in the event that Hope Works is required to seek collection of any portion of my bill, the responsible party will be held liable for any and all costs, fees and expenses accumulated for the collection.
- I understand that I may request up to 10 days (2 weeks) of vacation per year, to be taken in one-week increments. The request must be in writing and the monthly rate will be prorated.
- I understand that I am required to pay an annual registration fee of \$75 in September each year my child is enrolled, and that it will be automatically added to the tuition in the month of September.
- I understand that I will be charged a late pick-up fee of \$25 per hour per child over my 10 hour maximum. I will need to pay this amount before my child returns to Tomorrow's Hope. If being late is work related, I need to arrange this ahead of time and bring a letter from my manager stating I was working overtime.
- I understand that a late fee is charged if I pick up my child after Tomorrow's Hope's posted closing time, which is 6:00 p.m. or earlier when posted in Pro Care for staff trainings/meetings. The cost will be \$25 for the first 10 minutes (6:01-6:10) and \$1.50 per minute, per child, thereafter. **Payment is due before my child/children can return.**
- I understand that I must contact Tomorrow's Hope if I am unable to pick up my child as scheduled. If my child has not been picked up by 6:00 p.m., Tomorrow's Hope staff will attempt to contact me and/or my emergency contacts. At 6:30 pm, if there is no contact by me or my emergency contacts, staff will consider my child abandoned and will call law enforcement.
- I agree to communicate my grievances honestly and directly to the Center Director.

I, the undersigned, have read, fully understand, and agree to all of the information and responsibilities as listed above.

---

Parent/Legal Guardian Signature

---

Date



## Tomorrow's Hope Child Development Center Family Demographics

Tomorrow's Hope Child Development Center uses the following information for the purposes of writing and receiving grants. This data collection is optional, if you choose, please make appropriate marks next to your selections. Thank you in advance for helping us gather this information to better help us!

**How did you hear about Tomorrow's Hope?** \_\_\_\_\_

---

### Child:

**What is the child's race?**  Native American  Asian  African American  
 Hawaiian/ Pacific Islander  Caucasian  Multi-Racial  Unknown/Decline

**What is the child's ethnicity?**  Hispanic/Latino  Non-Hispanic/Latino  
 Unknown/Decline

**Does the child have a disability or special needs?**  Yes  No  Decline

**Has the child had immigrant or refugee status in the last 10 years?**  Yes  No  Decline

---

### Parent or Legal Guardian 1:

**What is your race?**  Native American  Asian  African American  
 Hawaiian/ Pacific Islander  Caucasian  Multi-Racial  Unknown/Decline

**What is your ethnicity?**  Hispanic/Latino  Non-Hispanic/Latino  
 Unknown/Decline

**Do you have a disability or special needs?**  Yes  No  Decline

**What income bracket do you fall under?**  Low-Income  Moderate  High  Decline

**Have you had immigrant or refugee status in the last 10 years?**  Yes  No  Decline

---

### Parent or Legal Guardian 2:

**What is your race?**  Native American  Asian  African American  
 Hawaiian/ Pacific Islander  Caucasian  Multi-Racial  Unknown/Decline

**What is your ethnicity?**  Hispanic/Latino  Non-Hispanic/Latino  
 Unknown/Decline

**Do you have a disability or special needs?**  Yes  No  Decline

**What income bracket do you fall under?**  Low-Income  Moderate  High  Decline

**Have you had immigrant or refugee status in the last 10 years?**  Yes  No  Decline

---

**Family size:** \_\_\_\_\_

**Family Monthly income:** \_\_\_\_\_





**Tomorrow's Hope Child Development Center- *Child Strive* Partnership**

Welcome- *Child Strive* is proud to be partnering with Tomorrow's Hope to help ensure that your child has the best possible early learning experience!

*Child Strive* is a community-based Snohomish provider serving families with children, age's birth to three, who have developmental disabilities, developmental delays, or are at risk of falling behind their peers. The success of our work stems from our core belief in family and caregiver empowerment. We use a strengths-based, adult coaching approach that maximizes the learning opportunities your child will have, to help them succeed in school and in life.

As part of our partnership with Tomorrow's Hope, *Child Strive* staff is onsite weekly to consult with childcare staff regarding classroom environments and daily activities. We provide valuable information to help ensure that your child spends their day in an environment that is developmentally appropriate and stimulate their natural drive to always be learning.

In addition, *Child Strive* is available to provide free developmental screenings for any child, birth to three, in the childcare. Developmental screenings provide you and the childcare with information about how your child is doing. You will be asked permission before any screening occurs and you will be asked to sign a mutual exchange of information in order for us to release the results of the screening to the childcare. You have the right to refuse both the developmental screening and the release of developmental information. If you have any questions, please feel free to let childcare staff know, or contact *Child Strive* directly and they will be happy to provide assistance to your family.

***I have read the above information and understand that Child Strive staff will be in my child's classroom regularly for the purpose of supporting childcare staff. I will be informed before any developmental screening of my child occurs and be given the opportunity to decide if I want a screening to occur, and if I want any information about my child to be exchanged between the Tomorrow's Hope Child Development Center and Child Strive.***

---

Parent/Guardian Signature

---

Date



## WELCOME TO KIDS CLINIC

Dear Parent

Community Health Center of Snohomish County (CHC) is proud to partner with Tomorrow's Hope Child Development Center to provide intermittent health assessments to your child. We have named this program KIDS CLINIC – dedicated to the wellness and prevention of illness for your child.

### **How the program works:**

We will support and supplement your choice of medical care in the community. If your child already has a clinic where he/she is seen for regular care, please continue to seek care through your provider. If you do not have a regular provider, Community Health Center of Snohomish County has medical offices AND dental offices in the local area available to serve you and your children. The Outreach CHC Nurse Practitioner visits the Tomorrow's Hope Child Development Center weekly. We bring with us all that we need to assess your child for minor illnesses and perform well child exams; vaccinations are given once a month. We are happy to assess your child's health whether he/she is ill, or simply needs a well-child exam.

We do need a few things from you, the parent, prior to examining your child.

### **What we need from you:**

1. Complete CHC registration form.
2. Sliding fee application (if applicable) (Not applicable for THCDC children).
3. Signed "Consent to Treatment" for your child.
4. If immunizations or medications are needed, signed permission to administer vaccinations or medications in your absence.
5. If your child is being seen due to illness, a short note from you detailing that illness, in your absence.

### **What you can expect from KIDS CLINIC services:**

1. You are more than welcome to accompany your child to his/her visit with the Medical Provider at KIDS CLINIC.
2. Whenever we see your child we will send you a note with recommendations, instructions, information about the visit, or call you to discuss your child's condition.
3. We *will not* administer medication or vaccinations without your written permission.
4. Prescriptions will be faxed to your pharmacy of choice.
5. We often will send home information with you or your child on preventive health care issues.

Thank you for the opportunity to serve you and your children, if you have any questions, you may reach Community Health Center of Snohomish County at any time. The enclosed information lists contact information.



# Authorization to Release and Disclose Protected Health Information

<b>Patient Information</b>	Patient Name: _____ Date of Birth: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____
<b>Clinic Health Care Provider (Who has the information you want released?)</b> Please list the specific Provider and/or Clinic.	Clinic or Provider Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Fax#: _____ Day Phone: _____
<b>Receiving Party</b> (Where do you want the information sent?)	Name of Receiving Party: _____ Attention: _____ Address: _____ City: _____ State: _____ Zip: _____ Fax#: _____ Day Phone: _____
<b>Authorization Content</b>	I hereby authorize Community Health Center of Snohomish County and Recipient to discuss and disclose to each other specific Protected Health Information (PHI) as initialed below. I understand without this specific authorization, my PHI is protected from disclosure under the Health and Insurance Portability and Accountability Act (HIPAA), 45 CFR parts 160 and 164, and under 42 CFR part 2 protecting alcoholism and drug treatment records. I intend this authorization to include information concerning substance abuse services governed by RCW 70.96A, mental health services governed by RCW 71.05 or 71.24. The purpose of this disclosure is for evaluating my progress, treatment and coordinating my health care. I also understand that I may refuse to sign this authorization and my refusal will not result in denial of treatment.
<b>Information Authorized for Release</b>	Initial all Information you are authorizing to release: ____ Evaluation, Discharge & Treatment plans _____ Alcohol/Drug and Mental Health Assessments (progress) ____ Attendance (Compliance) _____ Urinalysis and other drug testing ____ Medications _____ Financial status to establish health insurance coverage ____ All Records (Continuity of Care) _____ Last Two Years of Records (All)
<b>Release Instructions</b> (How and When do you want the Information? Who do you want to pick up if not you and does CHC have valid documents on file?)	1. Release records by: a. <input type="checkbox"/> Paper <input type="checkbox"/> In person pickup <input type="checkbox"/> Mail to receiving party <input type="checkbox"/> Fax to receiving party <input type="checkbox"/> Fax number: _____ b. <input type="checkbox"/> CD/DVD <input type="checkbox"/> In person pickup <input type="checkbox"/> Mail to receiving party 2. Email is <b>not secure</b> and records will not be delivered in any other manner than above. 3. If in person pickup, the person picking up the records is the <input type="checkbox"/> Patient <input type="checkbox"/> Parent/Family/Friend <input type="checkbox"/> Legal Representative (must have appropriate documents on file with CHC) 4. Name of person picking up records: _____ Relationship to patient: _____ 5. Verify identity of person picking up records: Driver's License, Costco Card or Bank Card with Photo ID.
1. Authorization is valid for one year after date signed unless you enter a different date or expiration here: Date: _____ 2. I may remove this authorization, in writing, at any time, except to the extent that action has been taken in reliance upon it. I also understand the information used or disclosed pursuant to this authorization may be subject to re-disclosure and no longer protected by federal regulations. 3. A fee is charged for some copies of healthcare information and must be paid in advance. 4. <b>MINORS 13-17:</b> A minors signature is required in order to release information regarding the following conditions: Reproductive care such as contraception, pregnancy (any age), sexually transmitted diseases (14 years and older), alcohol/drug abuse (13 years and older), and mental health (13 years and older). I consent to releasing the protected health information. _____ _____ _____	
<b>Patient/Guardian/Power of Attorney Signature</b>	<b>Authority to Sign on Behalf of Patient (Document Required)</b> <b>Dat</b>



# Patient Acknowledgement and Consent Form

## Release of Medical Information:

I authorize the physician or staff to leave health information such as test results, medication information, and/or answers to my question on my answering system. I also authorize the physician or staff to communicate via electronic means regarding my medical care.

## Consent to Care:

I consent to the plan of care proposed by the providers in this clinic. I understand that I, or my authorized representative, have the right to decide whether to accept or refuse this plan of care. I will ask for any information I want to have about my care and will make my wishes known.

## Notification of Release for Payment:

I understand that CHC will disclose any diagnosis and pertinent information to the extent required to assure payment from insurance companies and any liable third party payers. I understand that this disclosure, unless expressly limited by me in writing, will extend to all aspects of treatment including testing and/or treatment for HIV/Aids, sexually transmitted diseases, substance abuse or mental health conditions.

## Financial Agreement:

I understand co-payments are due at the time of service. I assign payment from my insurance directly to CHC.

I understand I am financially responsible to CHC for the charges not paid by insurance and that those charges are due within 30 days of invoice. I understand that in addition to the bill from my provider, I may also receive separate bills from the laboratory, radiology and other specialized services.

## Receipt of Notice of Health Information Practices:

I have been offered or received a copy of CHC Privacy Practices and No Show Policy. The Privacy Practices provide me information on my rights as a patient in regards to protection of my health information. The No-Show Policy provides me information on how important it is to keep my appointments and the consequences for failing to show or cancel appointments.

## Patient Rights and Responsibilities:

I have been offered or received a copy of CHC's Patient Rights and Responsibilities, which provides me with information about being a patient at CHC.

## Telehealth Care

Just like an in-person visit we need to inform you that telehealth visits are billable. We will abide by all patient privacy laws. If you participate in a telehealth visits and we feel that an office visit is needed, we will schedule one for you. Because telehealth visits are electronic, we may lose connection, which could cause an issue with privacy. If the connection is lost, we will call you back at the number you have given us.

By signing below, you agree to all of the information above.

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



## Patient Rights and Responsibilities

### YOU HAVE THE RIGHT TO:

- Quality care and service.
- Be treated with respect and dignity.
- Not be discriminated against.
- Speak with a provider regarding emergency medical / dental needs after business hours.
- Complete information about your health and your choices for treatment and service. We will give this information to you in a language and manner you can understand.
- Take part in decisions about your health care. If you refuse treatment, we will explain the possible results.
- Ask about fees, charges and payment policies.
- Refuse to take part in research.**
- Suggest changes in procedures.**
- Take part in choosing your primary care provider.**
- Participate in decisions about your plan for end of life care.**
- Complain if you have concerns about any clinic services.**
- File a grievance if you are not satisfied with how your complaint is resolved.
- Have your health information disclosed as allowed by law.**
- To have access to, request to make amendments to, and obtain information on disclosures of your health information, in accordance with applicable law.
- Reasonable notice if CHC decides to change or end its relationship with you.**

### YOUR RESPONSIBILITIES ARE TO:

- Give correct and complete medical history and billing information.
- Inform your provider about any living will, medical power of attorney, or other directives that could affect your care.
- Keep scheduled appointments. If you need to cancel, call us 24 hours before the appointment.
- Do your part to keep yourself as healthy as possible by following treatment plans and care instructions you agreed to with your health care provider.
- Treat staff and other patients with respect.**
- Respect the privacy of others.**
- Respect CHC's property.**
- Abide by the policies of CHC.**
- Pay for services received as per CHC policies**
- Pay for the services you received when referred to other health care providers outside of CHC.
- Watch and keep safe any children you bring to the health center.**

Failure to meet these responsibilities may result in inability to access future services from CHC