



Registration Packet
2020-2021 School Year

Welcome to Bugs Bubbles & Books!

We are excited to be sharing the year with you! We designed our registration process to be short and sweet - please review this entire packet so registration can proceed as smoothly as possible. We would love to hear if you have any questions or suggestions that would help the process to go even more smoothly. Please complete and return the following:

- Registration Application & School Policies
- Attendance, Participation, & Transportation Agreement
- Emergency Medical Information & Release
- Driving Record Disclosure and Release (Optional, but required for all of our volunteer drivers. Each volunteer driver must complete and sign their own driving record disclosure and release.)
- Model Release (Optional, but required for us to use photos of your child.)
- Copy of Immunization Record **OR** Idaho School Immunization Requirements Exemption
- \$100 Non-refundable Registration Fee

How To Contact Us

Indelible Fingerprints LLC was founded in 2013 and began doing business as Bugs Bubbles & Books with the opening of our school in 2016. We are located at 1418 North Chase Road, Post Falls, Idaho 83854.

Our owner and founder, Melissa Kauffman, can be reached by phone or text at 208-818-5442 or by email at info@bugsbubblesbooks.com. Feel free to call, text, or email us at any time - we usually respond within one business day while school is in session. We welcome your questions and suggestions and are looking forward to a great year together!

Indelible Fingerprints LLC is doing business as Bugs Bubbles & Books. Our owner and founder, Melissa Kauffman, can be reached by phone or text at 208-818-5442 or by email at info@bugsbubblesbooks.com.

Registration Application & School Policies

Child's Information

Child's Full Name: _____ Child's Birth Date: _____

Does your child have a preferred nickname? _____

Has your child attended a daycare or preschool in the past? If so, how would you describe the experience? _____

What types of activities does your child enjoy? _____

Does your child have any special dietary needs? Is your child sensitive to any foods? _____

Is your child potty-trained? Does your child need reminders to use the bathroom? _____

Does your child have any siblings? How old are they? _____

Parents' / Legal Guardians' Information

All parents and legal guardians must be listed.

Full Name: _____ Phone Number: _____

Physical Address: _____

Mailing Address: _____

Occupation: _____ Email Address: _____

Full Name: _____ Phone Number: _____

Physical Address: _____

Mailing Address: _____

Occupation: _____ Email Address: _____

Full Name: _____ Phone Number: _____

Physical Address: _____

Mailing Address: _____

Occupation: _____ Email Address: _____

Indelible Fingerprints LLC is doing business as Bugs Bubbles & Books. Our owner and founder, Melissa Kauffman, can be reached by phone or text at 208-818-5442 or by email at info@bugsbubblesbooks.com.

Authorized Pick Up List

For occasions when you will not be available to pick up your child, please list other people authorized to pick up your child. If you will not be picking up your child, please notify the school by 9:00 AM about who will be picking up your child that day. For your child's safety, we will release your child only to you or to an individual on this list.

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Volunteer Opportunities

Would you like to drive for school field trips? _____ How frequently? _____

Which day(s) of the week would you be available? _____

How many preschoolers in car seats and/or booster seats can you transport? _____

For your child's safety, we do a criminal history background check and driving record check for all drivers.

Are you or someone in your family interested in sharing about your job or a special hobby with the preschoolers at Bugs Bubbles & Books? What jobs or special hobbies would you be interested in sharing? I'd be delighted to discuss the possibilities with you! _____

Tuition Payment Plan

For your convenience, we offer two payment plans. Please initial to the left of your preferred payment plan:

- Monthly Plan:** I commit to pay the \$100 non-refundable registration fee with this application and the balance of \$3150 in nine installments of \$350 each payable by the first day of school each month from September 2020 through May 2021.
- Annual Plan:** I commit to pay the \$100 non-refundable registration fee with this application and the balance of \$3000 by the first day of school in September 2020.

We accept cash, check, and credit card payments. Credit card payments will incur a 3.5% processing fee.

Our Policies

Please read and initial to the left of each policy:

- Late Payment Fees:** If tuition is not paid when due, I will immediately contact the school to schedule payment, and I will pay the \$35 late payment fee without complaint.

Indelible Fingerprints LLC is doing business as Bugs Bubbles & Books. Our owner and founder, Melissa Kauffman, can be reached by phone or text at 208-818-5442 or by email at info@bugsbubblesbooks.com.

- **Drop-off / Pick-up Times & Fees:** I understand that school is in session from 9:00 AM through 1:00 PM. I commit to dropping off and picking up my child in a timely manner. Unless arrangements have been made at least 24 hours in advance, I commit to drop off my child between 8:50 AM and 9:05 AM and to pick up my child between 12:50 PM and 1:05 PM. If I am not able to drop off and pick up my child at these times, I will immediately contact the school to let them know. For my child's safety, if I drop off my child before 8:50 AM or after 9:05 AM, I will escort them inside. **I understand there will be a \$1 fee for each minute before 8:50 AM or after 1:05 PM that my child is at school. Because it is disruptive to have children arriving late or leaving early, there will also be a \$1 fee for each minute my child arrives after 9:05 AM or leaves before 12:50 PM, unless arrangements have been made at least 24 hours in advance.** If I or the person dropping off or picking up my child is not on time, I will pay the late fee without complaint.
- **Missing Lunch Fees:** If my child arrives at school without a lunch, I understand that a school lunch will be provided, and I will pay the \$15 missing lunch fee without complaint.
- **School Holidays / School Closures:** I understand that school will be closed for Thanksgiving Break, Christmas Break, and Spring Break. School will also be closed if the Post Falls School District declares a snow day or similar closure. The school year will not be extended due to closures. Please see our school calendar for specific dates. Please note that we will not be celebrating Halloween at school.
- **Illness:** If my child has diarrhea, vomiting, fever over 100° F, persistent cough, eye or ear infection, rash, anything contagious such as lice or chicken pox, or just feels crummy, I will plan to keep them at home until they have been healthy for 24 hours. I will contact the school as soon as possible if my child will be absent.
- **Absences:** If my child will be absent for a family trip or other planned activity, I will contact the school as soon as possible. Knowing in advance how many students will be present helps us to plan our activities and field trips. Please note that there will not be make-up work for your child.
- **Field Trips:** I understand that transportation for field trips will be provided by volunteers. For your child's safety, we do a criminal history background check and driving record check for all drivers. Please contact the school if you are available to help transport kids for field trips.

I hereby affirm that I am a parent or legal guardian of my child, that all of the above information is correct and complete, and that I have read and agree to each of the above policies.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

All parents and legal guardians must sign.

Indelible Fingerprints LLC is doing business as Bugs Bubbles & Books. Our owner and founder, Melissa Kauffman, can be reached by phone or text at 208-818-5442 or by email at info@bugsbubblesbooks.com.

Attendance, Participation, & Transportation Agreement

Child's Full Name: _____ Child's Birth Date: _____

I hereby grant permission for my child to attend Bugs Bubbles & Books, to participate in any and all activities sponsored by Bugs Bubbles & Books, and to be transported in association with such attendance and activities at the discretion of Bugs Bubbles & Books.

I understand that such attendance, participation, and transportation involve risk to my child and to myself, including, but not limited to, risk of sickness, injury, and death.

I, on my own behalf and on behalf of my child, and on behalf of all other persons or entities claiming by or through me or my child, do hereby jointly and severally, generally, completely, absolutely and irrevocably, release, indemnify, and hold harmless Bugs Bubbles & Books and any and all affiliated companies or entities, their predecessors, successors, and assignees and their officers, directors, members, employees, stockholders, volunteers, lessors, attorneys and agents and all persons and entities acting by, through, under or in concert with any of them with respect to any and all claims of whatsoever kind (including, but not limited to, those arising from injuries or death) whether known, unknown, or unanticipated, arising out of any act, omission, circumstance, or event directly or indirectly associated with such attendance, participation, and transportation.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

All parents and legal guardians must sign.

Indelible Fingerprints LLC is doing business as Bugs Bubbles & Books. Our owner and founder, Melissa Kauffman, can be reached by phone or text at 208-818-5442 or by email at info@bugsbubblesbooks.com.

Emergency Medical Information & Release

Child's Full Name: _____ Child's Birth Date: _____

Does your child have any known allergies? _____

Is your child taking any medications? _____

Does your child have any special medical needs? _____

Emergency Contact Name: _____ Emergency Phone Number: _____

Emergency Contact Name: _____ Emergency Phone Number: _____

Emergency Contact Name: _____ Emergency Phone Number: _____

Health Insurance Provider: _____ Health Insurance ID: _____

Doctor's Full Name: _____ Doctor's Phone Number: _____

I agree to notify Bugs Bubbles & Books immediately, in writing, regarding any change to the above information. In the event of an emergency involving my child, I understand that Bugs Bubbles & Books will attempt to contact each of the emergency contacts listed above using the emergency phone numbers listed above. I agree that each of these emergency contacts is authorized to secure proper treatment for my child. In the event none of these emergency contacts can be reached, I hereby grant permission to the licensed health-care practitioner selected by the adult in charge of my child to secure proper treatment for my child, including but not limited to hospitalization, anesthesia, surgery, or injections of medication for my child. Further, I will be solely responsible for payment of these services.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

All parents and legal guardians must sign.

Indelible Fingerprints LLC is doing business as Bugs Bubbles & Books. Our owner and founder, Melissa Kauffman, can be reached by phone or text at 208-818-5442 or by email at info@bugsbubblesbooks.com.

Driving Record Disclosure & Release

Driver's Full Name: _____ Driver's Birth Date: _____

Driver's License State: _____ Driver's License Number: _____

I authorize Bugs Bubbles & Books to request and obtain my driving records, including, but not limited to, personal information such as my photograph, digitized signature, social security number, driving history, citations, suspensions, revocations, and other court actions appearing on my driving records.

I authorize, without reservation, all parties contacted by Bugs Bubbles & Books to disclose my driving records, including the above information, to Bugs Bubbles & Books, without giving me prior notice of such disclosure.

I release Bugs Bubbles & Books and all other parties from any and all liability arising out of or in any way related to such disclosure.

Signature: _____ Date: _____

Each driver must complete and sign a driving record disclosure and release.

Indelible Fingerprints LLC is doing business as Bugs Bubbles & Books. Our owner and founder, Melissa Kauffman, can be reached by phone or text at 208-818-5442 or by email at info@bugsbubblesbooks.com.

Driving Record Disclosure & Release

Driver's Full Name: _____ Driver's Birth Date: _____

Driver's License State: _____ Driver's License Number: _____

I authorize Bugs Bubbles & Books to request and obtain my driving records, including, but not limited to, personal information such as my photograph, digitized signature, social security number, driving history, citations, suspensions, revocations, and other court actions appearing on my driving records.

I authorize, without reservation, all parties contacted by Bugs Bubbles & Books to disclose my driving records, including the above information, to Bugs Bubbles & Books, without giving me prior notice of such disclosure.

I release Bugs Bubbles & Books and all other parties from any and all liability arising out of or in any way related to such disclosure.

Signature: _____ Date: _____

Each driver must complete and sign a driving record disclosure and release.

Indelible Fingerprints LLC is doing business as Bugs Bubbles & Books. Our owner and founder, Melissa Kauffman, can be reached by phone or text at 208-818-5442 or by email at info@bugsbubblesbooks.com.

Driving Record Disclosure & Release

Driver's Full Name: _____ Driver's Birth Date: _____

Driver's License State: _____ Driver's License Number: _____

I authorize Bugs Bubbles & Books to request and obtain my driving records, including, but not limited to, personal information such as my photograph, digitized signature, social security number, driving history, citations, suspensions, revocations, and other court actions appearing on my driving records.

I authorize, without reservation, all parties contacted by Bugs Bubbles & Books to disclose my driving records, including the above information, to Bugs Bubbles & Books, without giving me prior notice of such disclosure.

I release Bugs Bubbles & Books and all other parties from any and all liability arising out of or in any way related to such disclosure.

Signature: _____ Date: _____

Each driver must complete and sign a driving record disclosure and release.

Indelible Fingerprints LLC is doing business as Bugs Bubbles & Books. Our owner and founder, Melissa Kauffman, can be reached by phone or text at 208-818-5442 or by email at info@bugsbubblesbooks.com.

✿ Model Release ✿

Child's Full Name: _____ Child's Birth Date: _____

In consideration of the minor named above (the Minor) being engaged as a model, and for other valuable consideration received, I hereby grant to Bugs Bubbles & Books and their assigns the irrevocable and unrestricted right to take, use, reuse, publish, and republish photographs and video of the Minor or in which the Minor may be included, in any and all media, for any and all purposes, and to alter and composite the same without restriction and without my inspection or approval, provided that the name of the Minor is not published in association with said photographs and video. Further, I release Bugs Bubbles & Books and their assigns from any and all claims and liability relating to said photographs and video. Further, I warrant that I am a legally competent adult and either a parent or a legally appointed guardian of the Minor and that I have every right to contract for the Minor in the above regard.

I understand and agree that this release shall be binding upon the Minor and me, and our respective heirs, legal representatives, and assigns.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

All parents and legal guardians must sign.

Indelible Fingerprints LLC is doing business as Bugs Bubbles & Books. Our owner and founder, Melissa Kauffman, can be reached by phone or text at 208-818-5442 or by email at info@bugsbubblesbooks.com.

Daily School Supplies

We will be spending our days doing science experiments, creating art projects, playing outdoors and so much more!

Play clothes: Your child WILL get messy!! Please send them in play clothes EVERY day!

Shoes/sandals: We will be walking to nearby parks, so please send tennis shoes or sturdy sandals with your child.

Lunches/snacks: Each day we will be sharing lunch together, so please pack a lunch and snacks for your child. Please plan lunches and snacks that do not require refrigeration.

Seasonal School Supplies

We will be enjoying a lot of time outdoors! Please provide the following for your child to keep at school. If that is not possible, please send the following every day during the appropriate season. Please LABEL everything!!

Autumn (September-early November) and Spring (late March-May):

- Raincoat
- Rain boots
- Two pairs of socks
- Umbrella (optional)

Winter (early November-late March):

- Snowpants
- Snow jacket
- Hat (optional if snow jacket has a hood)
- One pair of mittens/gloves
- Two pairs of socks
- Snow boots

Year-round School Supplies

Please provide the following items for your child **to keep at school year-round.**

Extra clothes: Please send a full change of clothes in a Ziploc bag with your child's name on the front.

ART clothes: Although most projects will involve washable materials, we will sometimes use permanent materials that will stain clothing. Your child will need an "old" outfit at school for these projects. Please label this outfit ART, so it does not get mixed up with your child's extra clothes.

Indelible Fingerprints LLC is doing business as Bugs Bubbles & Books. Our owner and founder, Melissa Kauffman, can be reached by phone or text at 208-818-5442 or by email at info@bugsbubblesbooks.com.

Child's Name: _____

IDAHO SCHOOL IMMUNIZATION REQUIREMENTS EXEMPTION

In the event of a disease outbreak, a child exempted from Idaho school immunization requirements may be excluded from school for the duration of the outbreak. Please check the box(es) below, and date each line regarding all vaccine-preventable diseases for which an exemption is claimed.

- | | | | |
|--|-------|--|-------|
| <input type="checkbox"/> Diphtheria (DTaP, Tdap, Td) | _____ | <input type="checkbox"/> Hepatitis B | _____ |
| | Date | | Date |
| <input type="checkbox"/> Tetanus (DTaP, Tdap, Td) | _____ | <input type="checkbox"/> Hepatitis A | _____ |
| | Date | | Date |
| <input type="checkbox"/> Pertussis (Whooping Cough) (DTaP, Tdap) | _____ | <input type="checkbox"/> Meningococcal | _____ |
| | Date | | Date |
| <input type="checkbox"/> Measles (MMR) | _____ | <input type="checkbox"/> Varicella (Chickenpox) | _____ |
| | Date | | Date |
| <input type="checkbox"/> Mumps (MMR) | _____ | <input type="checkbox"/> Varicella Disease History: My child has had | |
| | Date | chickenpox but was not diagnosed by a licensed | |
| <input type="checkbox"/> Rubella (German Measles) (MMR) | _____ | healthcare professional. | _____ |
| | Date | | Date |
| <input type="checkbox"/> Polio | _____ | <input type="checkbox"/> All required immunizations | _____ |
| | Date | | Date |

I decline to provide details regarding my child's exemption status. **NOTE:** Your child will be considered exempt from all required school immunizations.

MEDICAL EXEMPTION (This exemption requires the signature of a licensed physician.)

As the child's physician, I certify that the physical condition of this child is such that the immunization(s) checked above would endanger the health of the child.

- This medical exemption is permanent.
 This medical exemption is temporary. Duration of temporary exemption: _____/_____/_____

I hereby request that this child be exempted from the Immunization Requirements for Idaho School Children (IDAPA 16.02.15) due to a medical condition for which immunizations are contraindicated.

Name of Physician (PRINT)

Signature of Physician

Medical License #

Date

As the child's parent/guardian, I understand that in the event of a disease outbreak my child may be excluded from school for the duration of the outbreak. By signing this form, I am not waiving any of my child's rights to an education under Article 9, Section 1 of the Idaho Constitution if my child is excluded from school during a disease outbreak.

Name of Parent/Guardian (PRINT)

Signature of Parent/Guardian

Date

Full Name of Exempted Child (PRINT)

Child's Date of Birth (Month, Day, Year)

RELIGIOUS/OTHER EXEMPTION

As the child's parent/guardian, I am exempting for religious or other reasons. I understand that in the event of a disease outbreak my child may be excluded from school for the duration of the outbreak. By signing this form, I am not waiving any of my child's rights to an education under Article 9, Section 1 of the Idaho Constitution if my child is excluded from school during a disease outbreak.

Name of Parent/Guardian (PRINT)

Signature of Parent/Guardian

Date

Full Name of Exempted Child (PRINT)

Child's Date of Birth (Month, Day, Year)

OPTIONAL: Parents/guardians may include a signed written statement regarding religious/other exemptions on the back/Page 2 of this document.

OPTIONAL STATEMENT:

As the child's parent/guardian, I exempt my child from school immunizations for the following reason(s):

Name of Parent/Guardian (PRINT)

Signature of Parent/Guardian

Date