



## CLIENT DEMOGRAPHICS

First/Last Name: \_\_\_\_\_

Preferred Name/Pronouns: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender Assigned at Birth: M/F

Sexual Orientation: Lesbian/Gay/Homosexual/Heterosexual/Bisexual/Something Else/Choose not to Disclose

Gender Identity: Male/Female/Transgender Male/Transgender Female/Genderqueer/Neither exclusively Male or Female/  
Additional Gender Category/Choose not to Disclose

SSN: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Primary Language: \_\_\_\_\_

Marital Status: Single/Divorced/Married/Other

Employment Status: Employed/FT Student/PT Student/Unemployed/Other

Mailing/Billing Address:

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

Primary Phone: \_\_\_\_\_

Okay to leave voicemails: Y/N

Okay to send text messages: Y/N

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

Okay to send emails: Y/N

Primary Insurance: \_\_\_\_\_

ID Number: \_\_\_\_\_

Group Name/Number: \_\_\_\_\_

Primary Holder: \_\_\_\_\_

(IF APPLICABLE)

Secondary Insurance: \_\_\_\_\_

ID Number: \_\_\_\_\_

Group Name/Number: \_\_\_\_\_

Primary Holder: \_\_\_\_\_

Emergency Contact (Name, Relation, Phone):

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

How did you hear about us?

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What type(s) of services are you seeking? (Circle all that apply)

- Mental Health Therapy
- Educational Support
- Specialized Habilitation
- Life & Social Skills Group
- Respite Care
- Parent Coaching
- applied Behavior Analysis/ Autism Services



# NURTURING FAMILIES

*Empower, Nurture, Educate*

## Parent Policies and Information:

Client Name: \_\_\_\_\_

Welcome to Alta Vista ILS *Nurturing Families Programs*, we are so excited you are here! We are thrilled to bring our services to the area and look forward to working with you and your children.

All Staff are background checked, CPR/First Aid Certified, and have their Registered Behavior Technician training.

The Nurturing Families Center is a locked facility during school times. Doors are locked 5 minutes after school begins and unlocked 5 minutes before school lets out. If you need to pick your child up early, we have a doorbell on the door. Please use that to reach us or call the phone number above.

### Tuition Payments –

Tuition Prices are contingent on the class your child is enrolled in, and Square bill pay will automatically send out electronic invoices via email. All tuition is due on the 1<sup>st</sup> of every month. If a check is returned, we reserve the right to bill you the outstanding tuition balance as well as the charges incurred from the returned check fee.

Alta Vista ILS Nurturing Families Center will provide no refunds or prorate tuition for any missed days. We follow standard preschool practices in that we do not provide refunds or prorate tuition due in a month where are observable holidays and school breaks. Because of this policy, tuition charges are equivalent to those of a full 10 month school year (Early Childhood Education only)

If you pay a year's tuition in full, Nurturing Families Center offers a 10% discount. If you withdraw your child mid-year we reserve the right to a 60 day transition period to prorate and refund tuition to reflect your child's actual attendance.

Payments may be made electronically through the Square bill pay platform or via check. Checks must be made to Alta Vista ILS or Nurturing Families.

**Initial** \_\_\_\_\_

### Withdrawal –

If you wish to unenroll your child from a Nurturing Families Program we require that you give a minimum of one month's notice and pay the final month's tuition.

**Initial** \_\_\_\_\_

### Emergencies and Inclement Weather –

The Nurturing Families Center will practice earthquake and fire drills with our students at least once a semester. In the event of a true emergency or a power outage greater than 30 minutes, you will be contacted to pick up your child. If you cannot be reached, emergency contacts will be called. If no one can be reached, a staff member will remain with your child until someone is able to pick them up.

We follow South Kitsap School District's policies for inclement weather. In the event weather occurs that will affect the school schedule, please check our secure Facebook page for updated information. Please familiarize yourself with the page so that in the event that there is inclement weather you are able to stay informed on whether or not school will be held. It is Nurturing Families' policy that school is cancelled if the district orders a two hour delay or cancels classes for the day. If more than 1 snow day occurs, make up days will be scheduled at the discretion of the director and owner, and parents will be notified of these days.

**Initial** \_\_\_\_\_

#### Illness –

If your child has a fever greater than 99.7, a rash, is vomiting, or has diarrhea they **must** stay home. If your child becomes sick at school we will contact you immediately, if you cannot be reached we will call your emergency contacts on file.

**Initial** \_\_\_\_\_

#### \*\* Covid-19 Policy\*\*

If your family has been exposed to anyone who has tested positive for Covid-19, your child needs to be quarantined at home for 72 hours and have no symptoms before returning to school.

**Initial** \_\_\_\_\_

#### Discipline Policies –

We understand that all children are unique, and some come with unique challenges. Our 1<sup>st</sup> step is always redirection, used in conjunction with calming words, to aid the child to self-regulate and manage their emotions. We use positive supports. We do not use punishment. A meeting will be scheduled if behaviors persist.

**Initial** \_\_\_\_\_

#### Drop Off/Pick Up Times –

Doors will be locked until 5 minutes before the start of the program. No students are permitted to be dropped off before this time due to liability. If you have a conflicting event and need to drop off early please speak with Ms. Dawn or Ms. Kristin and we will happily try to accommodate you. We use the morning time to prepare for your children, so that we are completely ready for them when they arrive. We appreciate your understanding and observance of this policy.

Please pick up your child promptly at the scheduled pick up time for your child's program. After 15 minutes we will phone the parent/guardian and the emergency contact on file. After 30 minutes with no communication, we are obligated to contact CPS. In the event of a true emergency, please call the center at the phone number listed below.

**Initial** \_\_\_\_\_

#### Drop Off/Pick Up Rules –

We require each child to be signed in and out of the premises. When you arrive please ensure your child is properly signed in, they will not be allowed into the class until this is done. Also, in compliance with CDC guidelines, all children must apply hand sanitizer prior to entering class, please help us by being diligent in doing this.

When picking up your child, please sign them out. They will not be released to you until this is complete. We only allow children to be picked up by authorized contact listed on this packet. If you need to add a new contact at any time, please see Ms. Dawn or Ms. Kristin. Valid photo ID is required for all individuals picking up a child.

**Initial** \_\_\_\_\_

#### Diaper/Toileting –

We strive to be supportive and inclusive. If your child needs assistance in these areas, please communicate this with a staff member upon enrollment and fill out our diaper changing authorization form. Also, please be sure to provide us with the necessary supplies once your child's program begins. We are happy to help.

**Initial** \_\_\_\_\_

#### Field Trips –

All Nurturing Families field trips are optional. If your child does attend, a parent or guardian is required to accompany them (Early Childhood Education only). We attempt to schedule all field trips on non-school days. However, this may not always be the case. Please monitor our secure Facebook page for upcoming field trip information. All field trips are relevant to the subject being taught for that month.

Additionally, our Elementary and Teen/Adult programs may visit the Cedar Heights field across from our campus for exercise.

**Initial** \_\_\_\_\_

**Snack Requirement –**

We ask that all families be willing to either donate snacks for the facility or pay a yearly snack fee of \$50. If choosing to donate to the center, please be mindful of common allergies. If choosing to pay, payment is due upon enrollment. If special considerations are needed, please speak with Ms. Dawn or Ms. Kristin. If your child has allergies of any sort that should be considered, please be sure to inform staff and fill out the allergy form.

**Initial** \_\_\_\_\_

Bring with you:

We ask that you provide the following for your child each day

- Socks
- A change of clothes (in a labeled gallon Ziplock bag, if needed)
- Diapers/Pull-ups and wipes (if needed)
- A reusable water bottle to be left at the center (staff will wash them)
- Optional: Backpack (if brought, it must remain at the center)

Alta Vista ILS Nurturing Families Center takes pride in providing a safe, happy, and engaging space for your child's growth and achievement. We are blessed to spend the time that we get with your children and are honored that you chose our programs. We have an open communication policy. If at any time you feel you have a question or concern, please do not hesitate to reach out. Staff members are available via email or phone, or in person during school hours to address any issues you may have.

Thank you!

Dawn Adams  
Early Childhood Education Coordinator  
Email: Dawn@altavistalife.com

Kristin Andrew M.Ed., BCBA, LBA  
Site Director  
Email: Kristin@altavistalife.com

Center Phone Number  
Phone: (360)355-8969

Parent Policies and Information Packet (Please initial and return)



# NURTURING FAMILIES

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I have received and read Alta Vista ILS Nurturing Families Program's Parent Policies and Information packet. I attest that I understand these policies and have initialed in the appropriate spaces indicating so. I understand that if I do not follow the rules and guidelines provided, Nurturing Families reserves the right to terminate services for my child with written notice.

Child/Children Name(s) \_\_\_\_\_

Parent/Guardian Name (Print) \_\_\_\_\_

Parent/Guardian

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Additional Persons Authorized for Pick-up (not required)

Name (first and last, print) \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Name (first and last, print) \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_



# NURTURING FAMILIES

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## Program Worksheet

Child Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Program of Interest

- ☐ Social Skills Groups/Therapy/Behavior Support
- ☐ Respite
- ☐ Early Learners
- ☐ Early Learners Specialized Behavioral Support
- ☐ Elementary Education Support
- ☐ Other: \_\_\_\_\_

What program will your child be attending?

Early Learners Program

- ☐ 2.5 – 3yrs Tues/Thurs 9am – 11:30am
- ☐ 3 – 5yrs Mon/Wed/Fri 9am – 12pm
- ☐ 3-5yrs Mon/Wed/Fri 12:30-3:30pm
- ☐ 3.5 – 6yrs Mon – Thurs or Fri 9am-12pm
- ☐ 3.5 – 6yrs Mon – Thurs or Fri 12:30pm – 3:30pm

Elementary Education Support: 6 – 12yrs

- ☐ Mon/Wed/Fri 12:30pm – 4:00pm
- ☐ Thurs 3:30pm-7:00pm
- ☐ Tues/Thurs 4:30pm – 8:00pm

Social Skills Groups/Therapy/Behavior Support/Respite: 6 – 12yrs

- ☐ Mon/Wed/Fri 3:30pm - 6:30pm

Social Skills Groups/Therapy/Behavior Support/Respite: 13 – adult

- ☐ Mon/Wed/Fri 4:30pm – 8pm

\*Those attending groups from 12:30pm to 4pm **must** bring a snack, and those attending groups from 4:30pm to 8pm **must** bring a packed dinner. Fridge and microwave available.

- ☐ I understand

DDA case manager name and contact (if applicable):

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\*If applicable, Please attach a copy of your child's Person Centered Support Plan (PSCP) and diagnosis

Medical Diagnosis:

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Medical Doctor and contact:

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Medical Alert and Procedures:

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Known Allergies:

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If your child has a severe allergy that will need immediate attention, please fill out our allergy form, and indicate below:

☐ I have filled out Alta Vista's Allergy Form

Communication Needs:

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Behavioral Challenges:

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Sensory Issues:

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Best Methods to Calm Me:

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Strengths:

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Favorite Foods:

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Favorite Characters:

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Favorite Toys/Hobbies:

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Goals:

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Any Additional Information:

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# NURTURING FAMILIES

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## Allergy Form

Child Name: \_\_\_\_\_

Parent/Guardian/Emergency contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please indicate which items your child has allergies to:

- ☐ Peanuts/Peanut products
- ☐ Dairy
- ☐ Eggs
- ☐ Nuts
- ☐ Bee Stings
- ☐ Other: \_\_\_\_\_

What are the signs and symptoms of your child's allergic reaction? (be specific):

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What are the procedures for responding if your child has an allergic reaction? (be specific and please include dosages if medication is involved):

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Physician: \_\_\_\_\_

Phone Number: \_\_\_\_\_



# NURTURING FAMILIES

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## EMERGENCY MEDICAL INFORMATION AND EMERGENCY CONTACT FORM

Information Current as of \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Date)

Client Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Home Address \_\_\_\_\_

Medical/Physical/Communication Limitations:

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Patient's Primary Care Physician \_\_\_\_\_ Phone: \_\_\_\_\_

Special medications, medical restrictions, food or drug allergies, or other relevant conditions:

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### Emergency Contacts - For Medical Emergency CALL 911

Name	Relationship	Phone	Email

I understand that my child/client/patient's private health information may be shared with emergency healthcare staff in the emergency treatment of my child/client/patient. I hold harmless and agree to indemnify Alta Vista ILS, its authorized agents and employees from decisions to seek emergency treatment.

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



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## Diaper Changing Authorization Form

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

Please Note: Depending on level of assistance needed, one to two staff members maybe present during diaper changing and/or potty breaks.

Please indicate what applies to your child:

- ☐ Diaper Changed
- ☐ Toilet Training – Sitting/Standing (Please circle)
- ☐ Toilet Trained – Sitting/Standing (Please circle)
- ☐ Pull Ups
- ☐ Assistance Wiping

We try to respect our students' boundaries and requests when it comes to personal space. We allow our students to refuse to be changed if they clearly demonstrate and verbalize that this is their wish. Should your child refuse to be changed, please be advised that we will contact you to inform you as soon as possible.

\_\_\_\_\_ Yes, allow my child to refuse and inform me

\_\_\_\_\_ No, please change my child and/or encourage them to use the restroom

I authorize Alta Vista ILS Nurturing Families employees to change my child in the event that I am unavailable. I understand that if this document is not signed I am obligated to pick my child up if an accident occurs. I agree to provide what is needed for my child, including a change of clothes, and release Nurturing Families from any responsibility concerning this matter.

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



**NURTURING FAMILIES**

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## **CLIENT INFORMATION RELEASE**

Staff at Nurturing Families operate as a team. We pride ourselves on our dedication to client empowerment and growth. In order to effectively care for our clients, it is important that our staff be on the same page. To ensure the best care possible, it is important that they have the ability to consult with other team members regarding your child's well-being, treatment goals, and other information.

By signing this, I agree that my child's personal information may be shared with Nurturing Families staff for the purposes of providing effective care.

Name of Child/Children: \_\_\_\_\_

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

Date: \_\_\_\_\_



# NURTURING FAMILIES

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## PERMISSION TO PHOTOGRAPH and RECORD AUDIO/VIDEO

### Permission to Photograph

\_\_\_\_\_ I give permission and consent for AVILS to photograph my child and/or myself during the time my child is enrolled in services. I understand these photographs may be used in educational training presentations, but not outside of the Company.

\_\_\_\_\_ In addition to the above, I also give permission for AVILS to use full-face Photographs of my child for promotional or marketing materials.

\_\_\_\_\_ I DO NOT give AVILS permission to photograph my child.

### Permission for Video or Audio Recording

\_\_\_\_\_ I give permission and consent for AVILS to record video and/or audio of my child and/or myself during the time my child is enrolled in services. I understand these video and/or audio recordings will not be used outside the company and will be kept confidential. I understand that these recordings will be used for the purposes of developing more effective educational and therapeutic plans for my child and also for the purpose of education and training for AVILS and the family.

\_\_\_\_\_ I DO NOT give AVILS permission to video or audio record my child.

Parent/Guardian Signature:

Date:

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