



# Welcome

## BACK TO SCHOOL

**2026-27**  
**NEW FAMILY REGISTRATION**



**REGISTRATION PACKET**

*We're glad you're here!*

From our humble beginnings in 1954 with only three grades, education at Christ the King has always been focused on infusing Catholic teaching into academics. Today, we educate 460 students in grades Pre-K through 8th, and continue the mission of educating the whole child in mind, body and spirit.

We're honored to partner with parents in their child's education journey, preparing them for high school and beyond. Please complete the attached registration packet to begin the admission process. Thank you for choosing Christ the King Catholic School!

1122 LONG AVE., RICHLAND, WA 99354 | (509) 946-6158 | CKSCHOOL.NET

EDUCATING THE WHOLE CHILD IN  
**MIND | BODY | SPIRIT**



Dear Crusader Families,

In January, the principal, Kris Peugh, and the school accounting department, with the assistance of the School Advisory Commission (SAC), Finance Committee, pastor, and others, began to develop the school's budget for the 2026-2027 school year. Significant contributions were made by everyone involved. We would like to acknowledge and thank Kendra Nies, Kris Peugh, Mark Austin, Bill Tierney, members of the SAC and Msgr. Champoux for their time and thoughtful deliberation in this process.

To sustain the high-quality education, resources, and programs that define Christ the King Catholic School, and to keep pace with the rising cost of living, annual tuition adjustments are necessary. We remain committed to keeping these increases as modest as possible while sustaining the exceptional educational experience you have come to expect. We are proud to note that CK tuition remains the lowest in the area for private schools. Tuition for 2026-2027 can be found in the registration packet. We appreciate your commitment to maintain a thriving learning environment for our students.

A registration fee of \$325.00 for the first student, and \$300.00 per student thereafter must be included with the registration application. This additional \$25 fee will help fund the 2027 auction procurement effort. For families with multiple children, you may opt to spread your registration payments over three months.

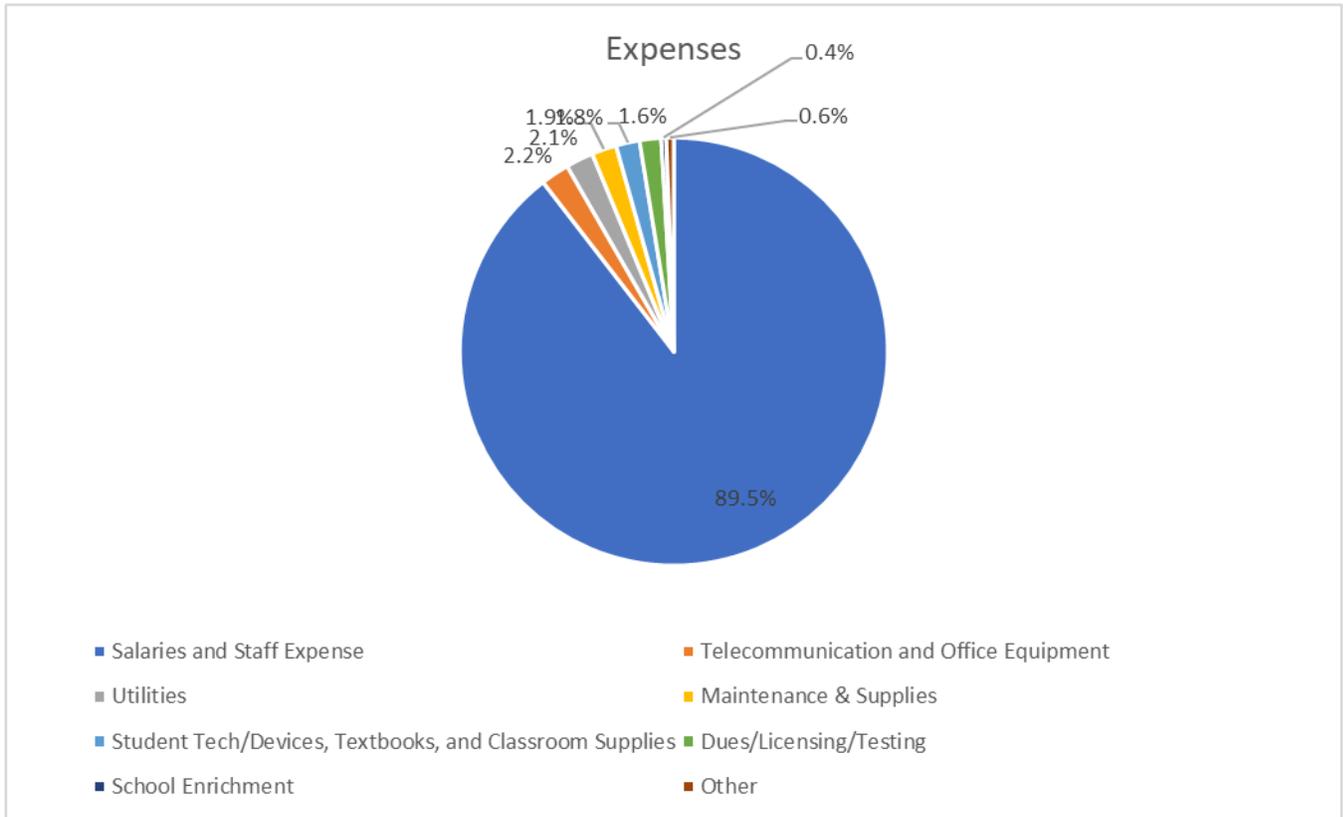
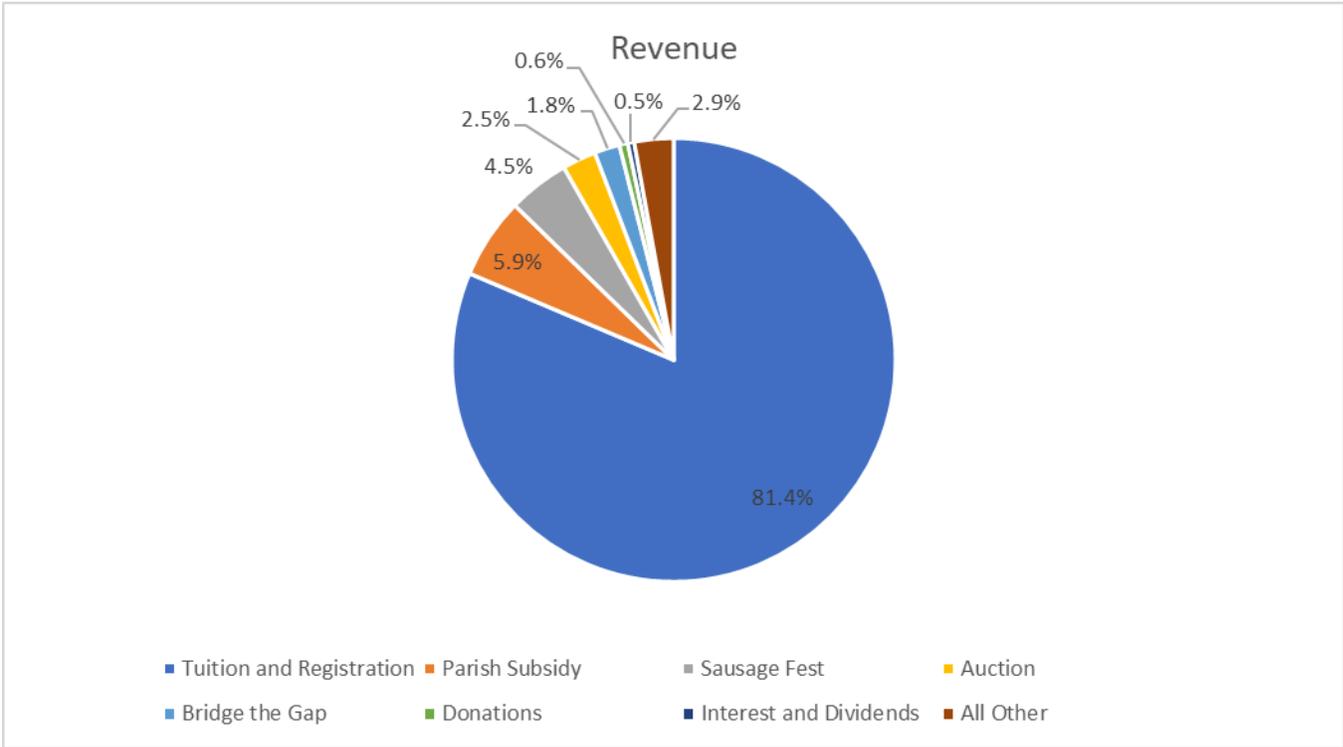
We are excited to share that this year's budget is focused on continuing to provide robust support for our students and staff. This includes maintaining our Educational Assistants in grades K-3 and as well as two interventionists specializing in reading and math support. These investments are a great step toward ensuring that all our students are empowered to reach their full potential.

Our Advancement Team continues to play a vital role in generating additional revenue outside of tuition. Their efforts are made possible by the commitment each family makes to volunteer 25 hours in our school each year. Included in your registration packet, you'll fill out a form to indicate how you plan to contribute your time and talents for the 2026 - 2027 school year. The culture of service that we foster in the students at CKCS starts with you, and we are grateful for your service.

We believe the budget will allow us to continue our mission of forming the whole child—mind, body, and spirit—while providing a nurturing environment for your child's growth and development. Thank you for your unwavering support of Christ the King Catholic School. We are honored that you have entrusted us to partner with you in the education and formation of your children.

Warmly,

Kris and the School Advisory Commission



# Welcome to Christ the King Catholic School



We are always excited to welcome new families to CK. To ensure the best educational experience for all students, we have updated our enrollment process for students who are new to CK. Below is an overview of the key requirements:

## Enrollment Requirement for Kindergarten

To help us better understand each child's developmental needs and to ensure we provide the best possible support, we require incoming kindergarten students who are not currently attending our preschool to spend a morning in our preschool program.

During this visit, our program director will complete a Kindergarten Readiness Assessment. This will allow us to observe your child in an age-appropriate setting, gather valuable insights into their readiness for kindergarten, and ensure balanced classroom placements for next year. Once we have received a registration packet, you will be contacted to arrange a visitation date.

Additionally, if your child is attending preschool elsewhere, we ask for a letter of recommendation from their current preschool teacher. See below for recommendation guidelines.

## Enrollment Requirements for Grades 1-8

To ensure a smooth transition for students new to CK and entering grades 1-8, we have updated our documentation requirements. Please note the following:

All new students who will be in first through eighth grade must...

- submit their previous school records (e.g., report cards, standardized test scores, IEPs, 504s, and any other relevant academic/behavioral records) prior to acceptance.
- provide a confidential letter of recommendation from the most recent classroom teacher.

Recommendation must address the following:

- a. Work ethic
- b. Respect for others
- c. Ability to take responsibility for their actions and commitment to work through challenges
- d. Social/emotional maturity and interactions with peers
- e. Need for personalized academic or behavioral modifications and support

Confidential letters must be on official school letterhead, signed, and mailed to:

Christ the King Catholic School  
Attention : Admissions  
1122 Long Ave.  
Richland, WA, 99354

If you have any questions or need assistance with any part of the enrollment process, please feel free to contact us at [bmanthei@ckschool.net](mailto:bmanthei@ckschool.net). We are here to help and ensure a smooth transition for your child into our school community.

Thank you for your cooperation, and we look forward to working together in the upcoming school year.



# APPLICATION FOR ADMISSION 2026-2027

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

Office Use Only:			
Date Received:	_____	Initial:	_____

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN

Student #1		
Student Name:	_____	_____
	FIRST NAME	LAST NAME
	_____	PREFERRED NAME
Date of Birth:	_____	Gender: <input type="checkbox"/> M / <input type="checkbox"/> F 2026-27 Grade: _____
Baptized	<input type="checkbox"/> Yes / <input type="checkbox"/> No (If yes, please provide copy of Baptismal Certificate)	Church: _____
School Student Currently Attends: _____		

Student #2		
Student Name:	_____	_____
	FIRST NAME	LAST NAME
	_____	PREFERRED NAME
Date of Birth:	_____	Gender: <input type="checkbox"/> M / <input type="checkbox"/> F 2026-27 Grade: _____
Baptized	<input type="checkbox"/> Yes / <input type="checkbox"/> No (If yes, please provide copy of Baptismal Certificate)	Church: _____
School Student Currently Attends: _____		

<b>Primary Address:</b>	_____	_____	_____	_____
	STREET	CITY	STATE	ZIP

<b>Religion:</b>	_____	Registered in Catholic Parish	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Parish: _____
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<b>Ethnicity:</b>	<input type="checkbox"/> Caucasian	<input type="checkbox"/> African American	<input type="checkbox"/> Asian
<b>(Optional)</b>	<input type="checkbox"/> Multiracial	<input type="checkbox"/> Native American	<input type="checkbox"/> Hispanic

<input type="checkbox"/> <b>Father</b>	<input type="checkbox"/> <b>Stepfather</b>	<input type="checkbox"/> <b>Guardian</b>
_____	_____	_____
FIRST	LAST	
Address: <input type="checkbox"/> Same as Above		
STREET		
CITY	STATE	ZIP
Cell Phone:	_____	
Home Phone:	_____	
Work Phone:	_____	
Primary Email:	_____	
Occupation:	_____	
Employer:	_____	
Status:	<input type="checkbox"/> Married	<input type="checkbox"/> Single
	<input type="checkbox"/> Divorced	<input type="checkbox"/> Deceased

<input type="checkbox"/> <b>Mother</b>	<input type="checkbox"/> <b>Stepmother</b>	<input type="checkbox"/> <b>Guardian</b>
_____	_____	_____
FIRST	LAST	
Address: <input type="checkbox"/> Same as Above		
STREET		
CITY	STATE	ZIP
Cell Phone:	_____	
Home Phone:	_____	
Work Phone:	_____	
Primary Email:	_____	
Occupation:	_____	
Employer:	_____	
Status:	<input type="checkbox"/> Married	<input type="checkbox"/> Single
	<input type="checkbox"/> Divorced	<input type="checkbox"/> Deceased

**Student(s) live with:**

- Both Parents     Mother only     Father only     Mother & Stepfather     Father & Stepmother  
Other: (Please specify) \_\_\_\_\_

**If applicable: (Custodial Adults): Please provide a copy of the court custodial document for our records.**

I, \_\_\_\_\_, have full custody of the children named above.

We \_\_\_\_\_ and \_\_\_\_\_ have joint custody.

**Emergency and Pick Up Contacts (must be other than parents)**

- |    |   |                                    |                                  |
|----|---|------------------------------------|----------------------------------|
| 1. | _____   | <input type="checkbox"/> Emergency | <input type="checkbox"/> Pick Up |
|    | FIRST NAME                      LAST NAME                      RELATIONSHIP                      PHONE NUMBER |                                    |                                  |
| 2. | _____   | <input type="checkbox"/> Emergency | <input type="checkbox"/> Pick Up |
|    | FIRST NAME                      LAST NAME                      RELATIONSHIP                      PHONE NUMBER |                                    |                                  |
| 3. | _____   | <input type="checkbox"/> Emergency | <input type="checkbox"/> Pick Up |
|    | FIRST NAME                      LAST NAME                      RELATIONSHIP                      PHONE NUMBER |                                    |                                  |
| 4. | _____   | <input type="checkbox"/> Emergency | <input type="checkbox"/> Pick Up |
|    | FIRST NAME                      LAST NAME                      RELATIONSHIP                      PHONE NUMBER |                                    |                                  |

*I give permission for any person above to be contacted and for my child(ren) to be released to those listed as pick up.*

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Notice of Nondiscriminatory Policy As to Students:* *Christ the King admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school administered programs.*



## IMPORTANT TUITION GUIDELINES AND UPDATES

Balancing the cost of educating our students with the responsibility to keep tuition affordable is an ongoing challenge.

To help address this challenge, the parish provides a significant monthly subsidy to the school, allowing us to offer a reduced in-parish tuition rate. This subsidy reflects our shared commitment to families who are registered parishioners and who actively participate in the life of the Church.

Active parishioner participation may take many forms, including:

- Regular attendance at weekend Mass
- Financial stewardship through tithing and support of diocesan appeals
- Volunteering time and talent through ministries such as:
  - Extraordinary Minister
  - Lector
  - Usher
  - Music Ministry
  - Sunday School/Religious Education
  - Vacation Bible School
  - Parish or School Committees
  - Young Ladies Institute (YLI) or Knights of Columbus

For families who are not able to participate in these ways, the non-parish tuition rate is a realistic and appropriate option.

Neither tuition rate fully covers the actual cost of educating a child at Christ the King. For this reason, **we have added a third column to the tuition table on the following page that reflects the full cost to educate one student at CK.**

*With gratitude for your continued support and trust in our school, we invite you to prayerfully consider making an additional investment in your child's education by choosing to pay the full tuition cost of educating your child(ren) at Christ the King.*



# ENROLLMENT CONTRACT

## 2026-2027

Family Name:

Student Name(s):

### Tuition

Tuition is due on the first of each month, **September 2026 – June 2027**, and it is past due if received after the 10<sup>th</sup> of the month. **\*Tuition received after the 10<sup>th</sup> of the month will be subject to a \$20 late fee.** Tuition that is over 30 days delinquent may be charged an additional 1.5% on the total tuition balance. **\*ACH withdrawals on the 15<sup>th</sup> of the month are not subject to late fees. Tuition is to be prorated based on 180 days of school.**

Parish Tuition Schedule (K-8)		Non-Parish Tuition Schedule (K-8)		Cost to Educate a Child	
One Child	\$6,790 or \$679/mo	One Child	\$9,000 or \$900/mo	One Child	\$9,250 or \$925/mo
Two Children	\$12,240 or \$1,224/mo	Two Children	\$16,660 or \$1,666/mo	Two Children	\$18,500 or \$1,850/mo
Three Children	\$16,360 or \$1,636/mo	Three Childrn	\$22,080 or \$2,208/mo	Three Children	\$27,750 or \$2,775/mo
Four Children	\$19,050 or \$1,905/mo	Four Children	\$25,230 or \$2,523/mo	Four Children	\$37,000 or \$3,700/mo
Five Children	\$21,340 or \$2,134/mo	Five Children	\$25,700 or \$2,570/mo	Five Children	\$46,250 or \$4,625/mo

Each month the Church provides a significant subsidy to the school to help us meet our operational costs. This subsidy allows CKCS to extend a parishioner discount to those families who are registered and actively participate in the life of the Church by attending Mass regularly and contributing financially to the church and the diocesan appeals.

**Parish Tuition:** To qualify for parish tuition, the following criteria must be met:

- YES  NO Are you a registered member of the Christ the King Parish?
- YES  NO Has your family contributed financially to the parish through the use of church envelopes or online giving?

I typically attend the (day) \_\_\_\_\_ Mass @ (time) \_\_\_\_\_ on the weekends.

**Just moved to the area?** If you intend to register in the parish and wish to receive the parish discount, please register with the parish before submitting your school application.

- I am a CK Parishioner, and I would like to apply for financial aid.

**Parent/Guardian, please complete:**

**Total Kindergarten - 8<sup>th</sup> grade tuition: MONTHLY \_\_\_\_\_ or YEARLY \_\_\_\_\_**

### Tuition Guidelines:

- 1) **Registration fees are non-refundable.** Registration fees equal to one child are due at the time of initial registration. Multi-student families, registration fees may be made in payments equaling one child per month.
- 2) Tuition is paid on a ten-month schedule from September – June. ACH is strongly encouraged (see attached form). If you are unable to do ACH, arrangements can be made through the finance office.
- 3) Family accounts will be assessed a \$25 return check fee on checks returned for non-sufficient funds.
- 4) The school is a ministry to our parish children. For those parish families with a genuine inability to pay, financial aid is available. A copy of this year’s tax return form will be requested. Please indicate your desire to apply for financial aid on your registration form.

- 6) Any family including those receiving financial aid falls behind in payments, the following may result (A) The scholarship amount will be withdrawn; (B) My child(ren) may be withdrawn from Christ the King Catholic School.
- 7) Families must be up to date on all accounts before they can register their children for the following year.
- 8) Any questions concerning the tuition plan should be referred to the principal or School Finance Committee.

## Cafeteria (Hot Lunch)

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The cafeteria account is prepaid and IS NOT a charge account. Lunch is \$5.00/meal. Funds may be added to the account through the ACH form or by sending a check to the office. (A negative balance means funds are available.) Milk cards (\$5 per card for 10 milk cartons) are available for purchase at lunchtime in the cafeteria to those who bring lunch from home.

## Volunteer Policy

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The strength of Catholic education centers on the partnership between the teachers, students, parents and community. The volunteer program is a way to encourage and recognize the gifts of time and talent given by our families in this partnership. These gifts build up our community in significant ways. In the spirit of cooperation and collaboration, families are required to provide at least 25 hours of service to the school during the course of the school year.

## Auction Fee

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A fee of \$25 per family supports our school Auction procurement. This charge alleviates the requests for silent auction donations from November through March, while ensuring our Auction committee has enough time to procure items at the best price, and therefore the best profit for our school. Thank you for your ongoing commitment and support!

*Signing the enrollment contract indicates your agreement that your family will volunteer at least 25 hours during the school year, or that you will participate in the Volunteer Hours Buy-Out. Each family is responsible for tracking their volunteer hours in FACTS, the school's Student/Family Information System (SIS), and that any unfilled hours will be billed at \$40.00/hr.*

*I have read the Enrollment Contract and I understand that I have a moral and legal obligation to fulfill my responsibilities. I further understand that failure to comply with the payment schedule outlined in the tuition payment plan may result in: (A) My child(ren) will be withdrawn from Christ the King School; (B) Initiation of legal proceedings; (C) Loss of eligibility for re-registering; (D) subject to Collection Agency.*

Parent or Legal Guardian (Printed Name): \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Registration Fee**
- Auction Fee (one time family payment)**
- Tuition Contract (with automatic payment form if using)**
- Student Health History Form**
- Immunization Record**
- Student Record Release**

CHRIST THE KING CATHOLIC SCHOOL encourages ACH withdrawals as the primary means of payment for **regular monthly tuition and cafeteria payments**.

\*\*\*\* A new form is required each year to authorize the new Tuition amounts \*\*\*\*

**DIRECT PAYMENT Authorization Form 2026-2027**

Student Family Last Name \_\_\_\_\_

I hereby authorize **Christ the King Catholic School** to initiate withdrawals from my account at the financial institution named in this application for payment of my **regular monthly** bills to Christ the King Catholic School. This authorization will remain valid until June 30, 2027, or until either I, Christ the King Catholic School, or my financial institution revoke it.

Monthly Tuition: \$ \_\_\_\_\_ Monthly Pre-School Tuition: \$ \_\_\_\_\_  
Monthly Cafeteria: \$ \_\_\_\_\_ Monthly Auction Fee (\$25.00/family) \$ \_\_\_\_\_  
Registration Fee \$ \_\_\_\_\_ withdrawal select one  1<sup>st</sup>  10<sup>th</sup>  15<sup>th</sup> of month(s) \_\_\_\_\_

I understand that the Direct Payment program is the preferred method of payment only and does not otherwise affect my rights or the rights of Christ the King Catholic School or my financial institution with respect to each other. I further understand that Christ the King School and my financial institution reserve the right to terminate the Direct Payment plan and/or my participation in it.

This authority is to remain in full force and effect until Christ the King School has received written notification from me (or either of us) of its termination in such time and manner as to afford Christ the King Catholic School and the financial institution a reasonable opportunity to act on it.

Name of Financial Institution	Checking or Savings	Bank Routing Number	Bank Account Number

Indicate date of monthly ACH withdrawal: 1<sup>st</sup> of each month: \$ \_\_\_\_\_, starting \_\_\_\_\_  
10<sup>th</sup> of each month: \$ \_\_\_\_\_, starting \_\_\_\_\_  
15<sup>th</sup> of each month\* \$ \_\_\_\_\_, starting \_\_\_\_\_

Note: Family accounts will be assessed a \$25.00 fee on return ACH for non-sufficient funds. \*\$20.00 late fee will be charged to family accounts for NSF-15<sup>th</sup> ACH no exceptions.

Account Holder Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Account Holder Signature \_\_\_\_\_ Date \_\_\_\_\_

For Christ the King Catholic School to verify bank account and routing numbers, account holders should attach a **VOIDED CHECK** for the account holder account that is to be debited. Christ the King Catholic School and account holders should retain completed copies of this form for their records.

**Place VOIDED CHECK Here**

NOTE: If withdrawal date falls on Saturday, your funds will be withdrawn on Friday.  
If withdrawal date falls on Sunday, your funds will be withdrawn on Monday.

Family Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_



## VOLUNTEER COMMITMENT

At Christ the King Catholic School, families are required to complete 25 volunteer hours between the first day of school and the last day of June. This spirit of volunteerism is an integral part of the unique and meaningful culture of parent-school partnership at CKCS. Those hours can be completed in a variety of ways, and it is encouraged that families volunteer within their God-given skill sets and talents.

Please select 1-2 areas below for your volunteer commitment. The Directors of Advancement will follow up shortly after school begins to finalize your volunteer roles:

- Sausage Fest (September)
- School Auction (May)
- Bridge the Gap Campaign (ongoing)
- Golf Tournament (May/June)
- PTO events
- Classroom Volunteering
- School Play
- 7th Grade Outdoor School fundraisers
- Purchase out my volunteer hours in full (\$1000)
- Facilities and Maintenance Projects
- Room parent
- Other \_\_\_\_\_

Christ the King Catholic School Volunteer Requirements	
Adult Volunteer Requirements	Drivers
<ol style="list-style-type: none"> <li>1) Volunteer Application</li> <li>2) Read Diocese of Yakima Safe Environment Policies and agree to follow them. (yearly)</li> <li>3) Complete Virtus Safe Environment Training Acknowledgement (one time 3-hour class with online refreshers) (every 6 years)</li> <li>4) Oath of Confidentiality (yearly)</li> <li>5) Complete a criminal background check (every 6 yr)</li> </ol>	<p>In addition to the adult volunteer requirements, adult volunteers (21 &amp; over) must also complete the following:</p> <ol style="list-style-type: none"> <li>1) Driver Information Sheet (yearly)</li> <li>2) Adult liability waiver (yearly)</li> <li>3) Be Safe-Drive Safe 12 minute video &amp; questionnaire (one time) <a href="https://yakima.cmgconnect.org/">https://yakima.cmgconnect.org/</a></li> </ol>

If you have any volunteer questions, please reach out to Caitlin Elder [celder@ckschool.net](mailto:celder@ckschool.net) or Theresa Woehle [twoehle@ckschool.net](mailto:twoehle@ckschool.net).



# STUDENT RECORD RELEASE FORM

Previous School Information				
Name: _____				
Address: _____				
STREET	CITY	STATE	ZIP	
Phone Number: _____		Fax Number _____		

Please send the student records of the following student(s) enrolled in our school:

Student Name: _____	Current Grade: _____
Student Name: _____	Current Grade: _____
Student Name: _____	Current Grade: _____
Student Name: _____	Current Grade: _____

Please forward:

- Report cards from last two years
- Standardized Test results from last two years
- Copy of Immunization Record
- Psychological Evaluation Reports
- IEPs, 504s, and any other relevant academic/behavioral records

Please send all information to:

Christ the King Catholic School  
 1122 Long Avenue  
 Richland, WA 99354  
 Phone: (509) 946-6158  
 bmanthei@ckschool.net

Parent or Legal Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

School Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# STUDENT # 1 HEALTH HISTORY FORM

This information is considered confidential. To ensure the health and safety of your child, it will be shared with school staff as needed while your child is enrolled at Christ the King Catholic school, unless you request otherwise in writing.

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female

**Life Threatening Medical Conditions:** WA State law requires a medication/treatment order from a Health Care Provider if your child's health condition will put your child in danger during the school day. Written orders must be received by the School Nurse with a care plan and medications **BEFORE YOUR CHILD CAN ATTEND SCHOOL.**

Does your child have a **LIFE THREATENING HEALTH CONDITION?**  NO  YES

If yes, please state condition: \_\_\_\_\_

- NO  YES Severe allergic reaction to bee sting? Please describe reaction:  
Anaphylactic:  NO  YES
- NO  YES Severe allergic reaction to **food or nuts**? Type:  
Anaphylactic:  NO  YES Please describe reaction:
- NO  YES Mild allergic reaction to **food, nuts or other**? Type:  
Please describe reaction:
- NO  YES Asthma? Will your child require asthma management during school hours?  NO  YES
- NO  YES Diabetes? Type: \_\_\_\_\_ Self Manage:  NO  YES Pump:  NO  YES
- NO  YES Heart Condition? Diagnosis: \_\_\_\_\_ Pacemaker:  NO  YES
- NO  YES Bleeding Disorder? Diagnosis: \_\_\_\_\_
- NO  YES Seizure/Neurological Disorder? Please describe: \_\_\_\_\_
- NO  YES GI/Feeding Condition? Please describe: \_\_\_\_\_
- NO  YES Bowel/Bladder Condition? Please describe: \_\_\_\_\_
- NO  YES Other health concerns? \_\_\_\_\_
- NO  YES Does your child have any other condition that would affect classroom performance or PE activities?  
Please describe: \_\_\_\_\_
- NO  YES Behavioral/Emotional/Academic Concerns: \_\_\_\_\_
- NO  YES Visual Impairment?  Glasses  Contacts Date of last eye exam: \_\_\_\_\_
- NO  YES Hearing Impairment? Hearing Aids  YES Date of last hearing exam: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Primary Care Provider: \_\_\_\_\_ Last exam: \_\_\_\_\_

Dentist: \_\_\_\_\_ Last dental exam: \_\_\_\_\_

### Daily Medications

State law requires written authorization from a Health Care Provider and parent before **any** medication, prescription or over the counter, can be given at school. Please complete the medication administration form for any medications to be given at school.

- NO  YES. Medication need at school: Please specify: (authorization needed) \_\_\_\_\_
- NO  YES. Medication needed at home: Please specify: \_\_\_\_\_

Parent/Guardian Contact Phone Numbers: Please order from 1-3 which number to call first.

Cell:	Work:	Home:
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Parent/Guardian (Printed Name): \_\_\_\_\_

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



# STUDENT # 2 HEALTH HISTORY FORM

This information is considered confidential. To ensure the health and safety of your child, it will be shared with school staff as needed while your child is enrolled at Christ the King Catholic school, unless you request otherwise in writing.

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Male

Female

**Life Threatening Medical Conditions:** WA State law requires a medication/treatment order from a Health Care Provider if your child's health condition will put your child in danger during the school day. Written orders must be received by the School Nurse with a care plan and medications **BEFORE YOUR CHILD CAN ATTEND SCHOOL.**

Does your child have a **LIFE THREATENING HEALTH CONDITION?**  NO  YES

If yes, please state condition: \_\_\_\_\_

- NO  YES Severe allergic reaction to bee sting? Please describe reaction:  
Anaphylactic: NO YES
- NO  YES Severe allergic reaction to **food or nuts**? Type:  
Anaphylactic: NO YES Please describe reaction:
- NO  YES Mild allergic reaction to **food, nuts or other**? Type:  
Please describe reaction:
- NO  YES Asthma? Will your child require asthma management during school hours?  NO YES
- NO  YES Diabetes? Type: \_\_\_\_\_ Self Manage: NO YES Pump: NO YES
- NO  YES Heart Condition? Diagnosis: \_\_\_\_\_ Pacemaker:  NO  YES
- NO  YES Bleeding Disorder? Diagnosis: \_\_\_\_\_
- NO  YES Seizure/Neurological Disorder? Please describe: \_\_\_\_\_
- NO  YES GI/Feeding Condition? Please describe: \_\_\_\_\_
- NO  YES Bowel/Bladder Condition? Please describe: \_\_\_\_\_
- NO  YES Other health concerns? \_\_\_\_\_
- NO  YES Does your child have any other condition that would affect classroom performance or PE activities?  
Please describe: \_\_\_\_\_
- NO  YES Behavioral/Emotional/Academic Concerns: \_\_\_\_\_
- NO  YES Visual Impairment?  Glasses  Contacts Date of last eye exam: \_\_\_\_\_
- NO  YES Hearing Impairment? Hearing Aids  YES Date of last hearing exam: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Primary Care Provider: \_\_\_\_\_ Last exam: \_\_\_\_\_

Dentist: \_\_\_\_\_ Last dental exam: \_\_\_\_\_

### Daily Medications

State law requires written authorization from a Health Care Provider and parent before **any** medication, prescription or over the counter, can be given at school. Please complete the medication administration form for any medications to be given at school.

- NO  YES. Medication need at school: Please specify: (authorization needed) \_\_\_\_\_
- NO  YES. Medication needed at home: Please specify: \_\_\_\_\_

Parent/Guardian Contact Phone Numbers: Please order from 1-3 which number to call first.

Cell:	Work:	Home:
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Parent/Guardian (Printed Name): \_\_\_\_\_

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



## Christ the King Vaccination Policy

Personal or philosophical exemptions are no longer allowed under Washington State Law for the Measles, Mumps and Rubella vaccines (MMR).

Additionally, tied to the Catholic Church's teachings uplifting the "common good", **the Diocese of Yakima will not allow exemptions based on religious affiliation, personal or philosophical reasons for any of the eleven required childhood vaccines:**

- Chickenpox (Varicella)
- Diphtheria • German measles (Rubella)
- Haemophilus influenzae type b (Hib) \*
- Hepatitis B • Pertussis • Pneumococcal \*
- Tetanus • Measles • Mumps • Polio (Poliomyelitis)

(\* Required for children under 5 years of age.)

All students attending Yakima diocesan schools must provide a proof of vaccination, or have a measurable schedule consistent with ACIP guidelines for timing of vaccination in place prior to enrollment. This applies to all the immunizations listed above.

Should a student apply to be enrolled with a medical exemption as defined by law in the Washington State RCW, the application and associated medical information will be forwarded to the Vice-Chancellor of the Diocese of Yakima for a review.

Medical exemptions require a medical diagnosis that the Diocese of Yakima and its medical personnel can review. **A note from a physician is not sufficient.**

In the circumstance where a medical exemption is granted by the Diocese of Yakima, additional requirements will be placed upon the medically exempt, or partially-vaccinated student should a local disease outbreak occur. For example, the student might be required to stay home and learn remotely during, and immediately after, the outbreak.



# 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.

<b>Child's Last Name:</b>	<b>First Name:</b>	<b>Middle Initial:</b>	<b>Birthdate (MM/DD/YYYY):</b>
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.	
X _____ <b>Parent/Guardian Signature</b>		X _____ <b>Parent/Guardian Signature Required if Starting in Conditional Status</b>	
<b>Date</b>		<b>Date</b>	

▲ 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
<b>Required Vaccines for School or Child Care Entry</b>						
●▲ DTaP (Diphtheria, Tetanus, Pertussis)						
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)						
●▲ DT or Td (Tetanus, Diphtheria)						
●▲ Hepatitis B						
● Hib ( <i>Haemophilus influenzae type b</i> )						
●▲ IPV (Polio) (any combination of IPV/OPV)						
●▲ OPV (Polio)						
●▲ MMR (Measles, Mumps, Rubella)						
● PCV/PPSV (Pneumococcal)						
●▲ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS						
<b>Recommended Vaccines (Not Required for School or Child Care Entry)</b>						
COVID-19						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV/MPSV (Meningococcal Disease types A, C, W, Y)						
MenB (Meningococcal Disease type B)						
Rotavirus						

**Documentation of Disease Immunity (Health care provider use only)**

If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.

I certify that the child named on this CIS has:

A verified history of varicella (chickenpox) disease.  
 Laboratory evidence of immunity (titer) to disease(s) marked below.

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Hib	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps
<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella

Polio (all 3 serotypes must show immunity)

▶ \_\_\_\_\_

Licensed Health Care Provider Signature    Date

▶ \_\_\_\_\_

Printed Name

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

Health Care Provider or School Official Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: 15 \_\_\_\_\_

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

**Instructions for completing the Certificate of Immunization Status (CIS): Print the 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](mailto: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/terms/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	HibTITER	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	Twinrix	Hep A + Hep B
Cervarix	2vHPV	Fluzone	Flu	Kinrix	DTaP + IPV	Prevnar	PCV	Vaqta	Hep A
Daptacel	DTaP	Gardasil	4vHPV	Menactra	MCV or MCV4	ProQuad	MMR + Varicella	Varivax	Varicella
Engerix-B	Hep B	Gardasil 9	9vHPV	Menomune	MPSV4	Recombivax HB	Hep B		