



Release and Hold Harmless Agreement for Minor Students

I (We), the undersigned parent(s)/guardian(s), hereby understand and give permission for my (our) child to take part in field trips and educational excursions, either in a bus, boat, plane, by private car, on bicycle, or on foot sponsored by Ellensburg Christian School (ECS) and Ellensburg Christian Preschool ("ECP") all of which are hereinafter referred to as the "events" or "activities".

I consent to my student's participation in the activities and acknowledge that my child/student and I fully understand my student's participation may involve risk of serious injury or death, including losses which may result not only from my student's own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the events or activities are being conducted, and/or the rules of play of this type of event or activity. I understand that if I have any risk concerns, I should discuss the risks associated with my student's participation with the Director, activity coordinators and event staff before I sign this document and before the activity begins.

I certify that my student is in good health and has no physical condition that would prevent participation in the activities. Furthermore, I agree to use my student's personal medical insurance as a primary medical coverage payment if accident or injury occurs. I consent to emergency medical treatment in the event such care is required. I also agree to be financially responsible for all expenses incurred for treatment under the circumstances described above.

I agree that photographs, pictures, slides, movies, video, or other media coverage of my minor may be taken in connection with my student's participation in the activities without compensation from ECS or ECP and the officers, employees, and agents of ECS and ECP and consent to the use of photographs, pictures, slides, movies, videos, or other media coverage for any legal purpose.

Knowing and understanding the risks involved with participation in the activities, I hereby voluntarily and willingly assume responsibility for all risks and dangers associated with my student's participation in the activity. I agree I am financially responsible for any losses resulting from my student's actions and will indemnify ECS and ECP and the officers, directors, employees and agents of ECS and ECP, for any loss or damage caused by my student during this activity.

In consideration of my student's participation in these activities, I hereby waive all claims or causes of action against ECS and ECP and the officers, directors, employees and agents of all of them, arising out of my student's participation in the activities and hereby release, hold harmless, and discharge ECS and ECP and the officers, directors, employees and agents of ECS and ECP from all liability in connection therewith except such loss or damage which was caused by the sole negligence or willful misconduct of ECS and ECP and it's officers, employees, representatives and volunteers, and the officers, directors, employees and agents of ECS and ECP. I agree to pay for any damage done to hotels, rental properties, real or personal property by my student. In addition, I agree to aid school officials in collecting money necessary to do so.

I have read this Release and Hold Harmless Agreement and understand the terms used in it and their legal significance. This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against ECS and ECP and the officers, directors, employees and agents of ECS and ECP is knowingly given up in return for allowing my student's participation in the activity. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns.

Student(s) _____

Parent or Guardian's Signature Date

Parent or Guardian's Signature Date

**Ellensburg Christian School
Background Investigation Consent**

I, _____, hereby authorize Ellensburg Christian School and/or its agents to make an independent investigation of my background, criminal records, and police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information, which may be material to my qualifications as an intern, volunteer or employee. This authorization is continuing in nature and shall continue during my tenure at Ellensburg Christian School. This authorization may only be revoked in writing signed by me and delivered to the Ellensburg Christian School office during operating hours.

I release Ellensburg Christian School and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

APPLICANT INFORMATION

Name (Last)	(First)	(Middle)	(Maiden)
Address	City	State	Zip Code
Social Security Number	Date of Birth	Driver's License #	State of License
Position Considering			
Have you ever been charged, convicted of, or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, crimes of violence, theft, or motor vehicle violations)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of a criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you currently have any criminal actions pending in which you are the Defendant? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you currently or have you ever been on probation or parole (regardless of whether you were convicted of a crime)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you answered "Yes" to any of the above questions, please explain the nature of the offense and provide the date of the offense and the county and state in which it occurred?			

APPLICANT STATEMENT

I hereby certify under penalty of perjury under the laws of the State of Washington that this application was completed by me and that all of the information on this application is true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts called for herein with result in my disqualification from further consideration. I understand that this application is not valid without my signature.

Print Name	
Signature	Date



Field Trip Permission (required)

I hereby give my permission for (student name) _____
to go on authorized and chaperoned field trips with the Ellensburg Christian Preschool during the current school
year.

Parent or Guardian's Signature Date

Parent or Guardian's Signature Date

Driving Agreement (required)

I understand that transporting students is not a required activity and I volunteer for this activity. To the best of
my knowledge, the following is true (please initial):

_____ My vehicle is in good running condition and the tires are road safe for all conditions

_____ I have current insurance

_____ All safety features of my vehicle are in working condition (seat belts, lights, etc.)

_____ I commit to drive safely and legally

_____ I will not text or talk on a cell phone while driving without using a hands free device

_____ All students will be buckled in a seat belt.

_____ Students who are not at least eight years old OR 4 feet 9 inches, tall must ride in a properly
secured booster seat on school related trips. RCW 46.61.687

Ellensburg Christian School (Preschool) has a "Non-owned Automobile Liability Insurance" policy for parents
driving on our behalf. This means that in the event of an accident, the driver's insurance policy will be the
primary policy. Liability insurance follows the "owner" and not the "vehicle." As a Volunteer Driver for ECP
field trips, you must have a current auto liability insurance policy even if you are driving someone else's
insured vehicle.

Parent 1

Parent 2

Auto Insurance Company: _____ Auto Insurance Company: _____

Date of Birth: _____ Date of Birth: _____

Driver's License number: _____ Driver's License Number: _____

Is your Auto Insurance current: _____ Is your Auto Insurance current: _____

Expiration Date: _____ Expiration Date: _____

Make & model of car: _____ Make & model of car: _____

License plate number: _____ License plate number: _____

Driver's Signature Date

Driver's Signature Date

ELLENSBURG CHRISTIAN SCHOOL

Part 1-Applicant's Church Involvement

Confidential

Dear Parent,

This recommendation is needed to complete your application to ECS. We ask that Part 1 of this form be completed by you. Then, the pastor **most able** to attest to your family's involvement should complete Part 2. You may include a stamped envelope addressed to ECS for their use.

There must also be evidence of a consistent effort in the home to establish Christ as Lord of the family. At least one parent must be a confessing Christian who, with their student(s), is in regular attendance at a church whose doctrine is in agreement with our Statement of Faith (ECS6120). This does **not** include youth groups, Bible studies, or Sunday school. If your family is new to the Kittitas Valley, the pastor of your previous church may complete the form; however, a recommendation from a local church will be required for re-enrollment.

Parent's Name(s): _____ Child(ren): _____

Church Name: _____ Denomination: _____

Address: _____ Phone: _____

How long have you been actively attending this church? _____

Please tell us about your church involvement and how you establish Christ as Lord of your home.

(check all that apply).

Church

- Adult Sunday School Classes
- Children's Ministries
- Small Group/Bible Study
- Youth or Young Adult Ministries
- Other (please describe) _____

Christ In Our Home

- Parent devotions
- Family devotions
- Bible reading
- Bible reading with children
- Daily prayer
- Other (please describe) _____

Part 2: Pastor Recommendation

Confidential

Please forward this completed form to ECS
at secretary@ellensburgchristian.org or mail to 407 S. Anderson St., Ellensburg, WA 98926.

Dear Pastor,

A family who considers your congregation their church home is applying for admission to Ellensburg Christian School. ECS believes it is in partnership with church and family that Christian schools best educate students.

Please respond to the following statements to the best of your ability by marking the most appropriate box. Thank you for investing your time to answer a few questions about this family's involvement in your church community; **your confidential comments are greatly appreciated.**

	Very Well	Well	Occasional Interactions	Met Once	Do Not Know
How well do you know this family?					

	Weekly	Bi-Monthly	Monthly	Less Than Monthly	Seldom
At least one parent and children attend weekend services					

	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to Answer
This family cooperates well with church leadership.					
They work well with other members in the church family.					
I would feel comfortable placing this family in charge of children.					
The parents of this family seem united in their faith.					
This family is consistently taking steps to grow in their faith.					
I would allow someone in this family to co-lead an adult class on a doctrinal topic.					
When an issue or concern comes up, this family goes through the proper channels rather than gossip and undermine those involved.					
To my knowledge, this family is not participating in any gross or habitual sin for which they are not actively getting help to overcome.					

Are there any other matters that you feel would be helpful for us to know regarding this family? _____

Pastor Name: _____ Date: _____

Pastor Signature: _____

Updated October 2021





Church Attendance Form-Returning Family

Confidential

Dear Family,

Ellensburg Christian School is an extension of your Christian home and church. Children are best served when a strong partnership between all three encourages spiritual growth and consistent teaching in accordance with Scripture. Please complete this form to show your family's consistent effort to establish Christ as Lord of the family. For re-enrollment, at least one parent must be a confessing Christian who, with their student(s), is in regular attendance at a church whose doctrine is in agreement with our statement of faith, the Nicene Creed (ECS 6120). This does not include youth groups, Bible studies, or Sunday school.

Please ask the pastor most able to attest to your family's attendance to complete this form. If needed, please provide a stamped envelope addressed to ECS for your Pastor to return this form.

Parent's Name(s) _____ Child(ren) _____

Church Name _____ phone () _____

How long have you been consistently attending this church? _____

* * * * *

Dear Pastor,

This family has applied for re-enrollment in Ellensburg Christian School. The purpose of this form is to foster a stronger partnership between families, church, and school, so that all three encourage spiritual growth and consistent teaching in accordance with Scripture. Thank you for investing the time to answer a few questions; your confidential comments are greatly appreciated.

Does the entire family attend worship service on a regular basis? Yes____ No____

If no, which family members attend and how often?

Other Comments:

Pastor's Name: _____

Pastor's Signature _____ Date: _____

Thank you for your time and thoughtful comments.

Please **mail** completed form to: Ellensburg Christian School, 407 S. Anderson St., Ellensburg, WA 98926
or **email** to secretary@ellensburgchristian.org.



Certificate of Immunization Status (CIS)

For Kindergarten-12th Grade / Child Care Entry

Please print. See back for instructions on how to fill out this form or get it printed from the Washington Immunization Information System.

Child's Last Name:

First Name:

Middle Initial:

Birthdate (MM/DD/YYYY):

Sex:

I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.

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

Parent/Guardian Signature Required

Date

Parent/Guardian Signature Required

Date

- Required for School and Child Care/Preschool
- Required Only for Child Care/Preschool

	Date	Date	Date	Date	Date
	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY

Required Vaccines for School or Child Care Entry

◆ DTaP / DT (Diphtheria, Tetanus, Pertussis)					
◆ Tdap (Tetanus, Diphtheria, Pertussis)					
◆ Td (Tetanus, Diphtheria)					
◆ Hepatitis B					
<input type="checkbox"/> 2-dose schedule used between ages 11-15					
• Hib (<i>Haemophilus influenzae</i> type b)					
◆ IPV / OPV (Polio)					
◆ MMR (Measles, Mumps, Rubella)					
• PCV / PPSV (Pneumococcal)					
◆ Varicella (Chickenpox)					
<input type="checkbox"/> History of disease verified by IIS					
Recommended Vaccines (Not Required for School or Child Care Entry)					
Flu (Influenza)					
Hepatitis A					
HPV (Human Papillomavirus)					
MCV / MPSV (Meningococcal)					
MenB (Meningococcal)					
Rotavirus					

Office Use Only: Reviewed by: _____ Date: _____

Signed Cert. of Exemption on file? Yes No

Documentation of Disease Immunity

Healthcare provider use only

If the child named in this CIS has a history of Varicella (Chickenpox) or can show immunity by blood test (titer) it MUST be verified by a healthcare provider

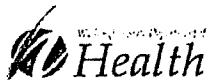
I certify that the child named on this CIS has:

- a verified history of Varicella (Chickenpox).
- laboratory evidence of immunity (titer) to disease(s) marked below. Lab report(s) for titers MUST also be attached.

- | | | |
|--------------------------------------|------------------------------------|---------------------------------|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Mumps | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Polio | _____ |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Rubella | _____ |
| <input type="checkbox"/> Hib | <input type="checkbox"/> Tetanus | _____ |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Varicella | _____ |

Licensed healthcare provider signature _____ Date _____
(MD, DO, ND, PA, ARNP)

Printed Name _____



Certificate of Exemption - Personal/Religious

From School, Childcare, and Preschool Immunization Requirements *Complete the box for the desired exemption type*



Child's Last Name: _____ First Name: _____ Middle Initial: _____ Birthdate (mm/dd/yyyy): _____ Gender: _____

NOTICE: A parent or guardian may exempt their child from some or all vaccinations listed below by submitting this completed form to the child's school and/or child care. A person who has been exempted from a vaccination is considered at risk for the disease or diseases for which the vaccination offers protection. Exempted children/students may be excluded from school or child care settings and activities during an outbreak of the disease that they have not been fully vaccinated against. The diseases vaccines can protect against still exist, and can spread quickly in school and child care settings. Immunizations are one of the best ways to protect people from getting and spreading diseases that may result in serious illness, disability, or death.

Personal/Philosophical or Religious Exemption

Exemption Type: Personal/Philosophical Religious

I am exempting my child from the requirement that my child be vaccinated against the following diseases to attend school or child care:

- Diphtheria Hepatitis B Hib Measles Mumps Pertussis (whooping cough)
 Pneumococcal Polio Rubella Tetanus Varicella (chickenpox)

Parent/Guardian Declaration

One or more of the required vaccines are in conflict with my personal, philosophical or religious beliefs. I have discussed the benefits and risks of immunizations with the health care practitioner below. I have received notice that if an outbreak of vaccine-preventable disease for which my child is exempted occurs, my child may be excluded from the school or child care center for the duration of the outbreak. The information on this form is complete and correct.

Parent/Guardian Name (print) Parent/Guardian Signature Date

Health Care Practitioner Declaration

I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child. I am a qualified MD, ND, DO, ARNP or PA licensed under Title 18 RCW, and the information provided on this form is complete and correct.

Licensed Health Care Practitioner Name (print) MD ND DO ARNP PA

Licensed Health Care Practitioner Signature Date

Religious Membership Exemption

Complete this section **ONLY** if you belong to a church or religion that objects to the use of medical treatment. Use the section above if you have a religious objection to vaccinations but the beliefs or teachings of your church or religion allow for your child to be treated by medical professionals such as doctors and nurses.

Parent/Guardian Declaration

I am the parent or legal guardian of the above named child. I affirm that I am a member of a church or religion whose teaching preclude health care practitioners from providing medical treatment to my child. I have received notice that if an outbreak of vaccine-preventable disease for which my child is exempted occurs, my child may be excluded from the school or child care center for the duration of the outbreak. The information on this form is complete and correct.

Parent/Guardian Name (print) Parent/Guardian Signature Date

Name of Church or Religion of which you are a member: _____