

SNO SPRINGS ❄️ SCHOOL

Snoqualmie Springs School

25237 SE Iss.-Fall City Rd.

Issaquah, WA 98029

425 392-1196 snosprings@yahoo.com

December, 2011

Dear SnoSprings Alumni Parents:

Pre-registration for the 2012-2013 school year for SnoSprings alumni families, will begin December 1st and continue through December 31st. During the month of January, any remaining seats will become available for families that are new to SnoSprings School. Admission is first come first serve and is contingent upon seat availability, receipt of a complete application packet and advanced security deposit. A complete application package for new students includes:

- Signed Application and Emergency Consent Form
- Progress report or written letter of assessment from current teacher or childcare provider.
- Certificate of Immunization. This document can be found at the following State Health website: <http://www.doh.wa.gov/cfh/immunize/documents/certimmunstatus.pdf>
- Copy of Birth Certificate
- Prospective student visit with school director and/or teacher and completion of informal interview.
- Signed 2012-2013 Financial Agreement, *Pre-K through second grade tuition will be \$9,360 (\$52 per 6 hour day x 180 school days).*
- \$75 Registration Fee
- Advanced security deposit of \$886. This can be in one lump sum or paid in 2 equal installments, \$443 due by December 16th and \$443 due by January 17th. The deposit applies towards acquisition of educational materials, books, software, equipment and facilities upgrades. The complete application, non-refundable registration fee and security deposit will lock in your child's seat for Fall.

Attached you will find the school application materials. We realize that you have other options for private education in the area and sincerely thank you in advance for selecting our "Foundation Education" program. We truly appreciate your loyalty and on-going support.

Respectfully,

Joe Drovetto

Joe Drovetto, Chief Administrator

SNO SPRINGS SCHOOL

Enrollment Application 2012-2013

Note: Pre-Kindergarten applicants must be at least four years of age by August 31 of the entry year and Kindergarten applicants must be at least five years of age as of midnight August 31 of the entry year to be eligible to enter Kindergarten (Washington State Administrative Code WAC 180-39-015).

Child's Name: Preferred Nickname: Circle: Male or Female

Birth Date: Circle Grade : Pre-K, Kindergarten, 1st or 2nd Grades

Address: City: Zip:

Neighborhood: Public School:

List Name(s) of Prior Preschool(s) Attended and Grade Level:

Permission to request past school records? Yes No Circle
Permission to list in Parent/Student Directory? Yes No Circle

List Names and Ages of Siblings:

Mother's Name: Employer (occupation):

Address: City: Zip:

Home Phone: Work Phone: Cell Phone:

Email Address:

Father's Name: Employer (occupation):

Address: City: Zip:

Home Phone: Work Phone: Cell Phone:

Email Address:

Health Information:

List Child Allergies:

List any Physical or Psychological Disabilities or Conditions:

List any Known Learning Disabilities or Conditions:

Local Emergency Contact other than parent or physician Phone:

List name and phone number of childcare provider or other people authorized to pickup your child from school.

Parent/Guardian Signature

Date

SNO SPRINGS SCHOOL

Emergency Consent and Information Form (This form is also carried with teacher during fieldtrips)

I give permission for my child, _____, to be given emergency treatment by a qualified member of the Snoqualmie Springs School Staff. Permission is also granted for my child to be transported by ambulance or aid car to an emergency facility for treatment.

In the event I am unable to be contacted, I further consent to the medical, surgical and hospital care and treatment to be performed for my child by a licensed physician when deemed immediately necessary or advisable by the physician to ensure my child's health and safety.

Parent/Guardian Signature	Date
---------------------------	------

Child's Physician: _____ Phone: _____

Child's Dentist: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Date of last Physical Exam: _____

Date of Last Vision and Hearing Screening: _____

List Child's Allergies (drugs, food, materials, etc.) _____

List any childhood diseases or disorders (chicken pox, asthma, epilepsy, diabetes, etc.).

Mother's Name: _____ Employer (occupation): _____

Home Phone: _____ Work Phone: _____ Cell: _____

Father's Name: _____ Employer (occupation): _____

Home Phone: _____ Work Phone: _____ Cell: _____

Local Emergency Contact (friend or neighbor, someone other than parent or physician):

Name: _____ Phone: _____ Relationship: _____

Out of Region Emergency Contact (friend or relative used as out of area contact in the event of local phone disruptions):

Name: _____ Phone: _____ Relationship: _____

Use the space below to list any other information that may be helpful in the event of a medical emergency or disaster.

SNO SPRINGS SCHOOL

Financial Agreement Conditions 2012-2013

All students accepted at Snoqualmie Springs School or "SnoSprings" are considered bound and registered for the entire length of the academic school year. This enables the School to make long term plans, teacher employment commitments and offer a fixed tuition rate structure. Therefore, tuition payments are not transferable or refundable. In the unlikely event our region experiences an unforeseen economic down turn or natural disaster that impacts enrollment, we reserve the right to make adjustments to the academic program in an effort to operate within budget during the school year.

Other terms include:

- A \$75.00 non-refundable registration fee is required with the initial, first time enrollment application. Existing students are exempt from this fee.
- A non-refundable security deposit of \$886 is due with your application. This deposit will be applied toward acquisition of instructional materials and equipment as well as facilities and technology upgrades. Written notification, 30 days in advance, is required if it is necessary to withdraw your child before the end of the school year.
- The annual tuition for the 2012-2013, 180 day academic school year is \$9,360 for all day Pre-K, Kindergarten, First or Second Grade. The full day program is six hours in length.
- A 10% tuition assistance discount is given to a second sibling if enrolling during the same year.

Pre-K, K, 1 & 2 Tuition Plan-\$9,360 Circle option of your choice:

- A) \$9,173 payment in full, prior to September 1st. This payment reflects a 2% (\$187) discount.
- B) Three payments due August 1st, \$3,744; December 1st, \$2,808 and March 1st, \$2,808.
- C) \$940 per month, due on or before the first of August through May, a \$4 service fee is included.
- Payments received after the 5th of the month or returned checks are subject to a \$25 delinquent fee.
- Other minimal fees may be assessed during the year to cover costs incurred for fieldtrips, school photos, personal book orders, optional after school clubs, lunch milk, pizza, gifts or class party fund.
- There are **no** mandatory fundraising activities or parent volunteer service requirements.
- Snoqualmie Springs School may terminate the contract, with one week notice, if it is determined that a child is continually disruptive, a threat to their own safety or the safety of people and property, or in need of special services that are beyond the scope of the school resources.
- Absence from school due to illness or personal vacation will not be awarded tuition fee credit.
- The school reserves the right to deny attendance to a student whose account is 30 days overdue.
- School closure days due to severe weather or natural disasters will follow the makeup schedule as set forth by Issaquah School District.
- Snoqualmie Springs School will follow the Issaquah School District Calendar, with the following exceptions: There are no half day dismissals and no building discretionary days off. In addition, SnoSprings will be closed one full week during November in celebration of the Thanksgiving Holiday.

I would like to enroll my child, _____, in Snoqualmie Springs School for the 2012-2013 school year. I have read the terms of this agreement and accept the conditions. I authorize my child to participate in all school activities. I also authorize that my child may be videotaped or photographed while performing in school activities or musicals. I understand that this media may be used to document progress and performances and may be viewed by current or prospective students, parents or relatives.

Parent / Guardian Signature

Date

Snoqualmie Springs School, L.L.C. Date

Request for Student Recommendation/Transcripts (new student)

Dear Prospective Parent:

Part of our evaluation process includes review of the student's transcripts and teacher recommendation. Only a parent has the authority to have this information released. Please sign this release form and take it to your child's current school or child care provider so that copies of your child's school transcripts and the Teacher Evaluation Form, located on the reverse side, may be forwarded to Snoqualmie Springs School.

To the director of: _____
Name of current school or child care provider

My child, _____ has applied for admission to Snoqualmie Springs School Pre-K, Kindergarten, First or Second Grade program for the upcoming school year. I hereby authorize the release of written and or verbal information to include current test scores, report cards, transcripts, observation notes, recommendations and other materials pertinent to my child. Please use the back of this form to communicate my child's personal and academic qualities. Your prompt attention to this request is very much appreciated.

Please send these materials to:

Snoqualmie Springs School
25237 SE Iss.-Fall City Road
Issaquah, WA 98029
425 392-1196
snosprings@yahoo.com

Parent Signature: _____ Date: _____

Information received by Snoqualmie Springs School will become part of the student's permanent file and will be available for inspection and review in accordance with the Family Education Rights and Privacy Act of 1974.

SNO SPRINGS SCHOOL

Snoqualmie Springs School
25237 SE Iss.-Fall City Rd., Issaquah, WA 98029
425 392-1196 snosprings@yahoo.com

Teacher Evaluation Form

Student Applicant Name: _____

Instructions for the teacher:

Please evaluate this applicant in the following areas in relation to other students of the same age:

	Area of Strength	Appropriate for age	Progressing toward age appropriate	Area of Concern	Comments
Speech / Communication Skills					
Intellectual Curiosity / Academic Skills					
Gross & Fine Motor Skills					
Independence / Self-help Skills					
Peer Relationship / Social Skills					
Follows Directions / Listening Skills					
Emotional / Behavioral Development					
Parental Attitude & Cooperation					

Does the applicant have any limitations or weaknesses that you believe would hinder his/her success at SnoSprings?

() Yes () No If yes, please specify. _____

Overall Recommendation: How do you recommend this candidate?

() Without reservation () Strongly () With reservation () Do Not Recommend

Additional Comments : _____

Teacher Name: _____ Position: _____

Phone: _____ Email: _____

Please return this form to address listed above. Thank you for your assistance.

Sample Copy of Certificate of Immunization Status

Reviewed by: <div style="text-align: center;">Staff Signature</div>	Date:	Is there an accompanying signed Certificate of Exemption on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	
--	-------	---	--

Certificate of Immunization Status (CIS)

Child's Last Name:	First Name:	Middle Initial:	Child's Address:
Child's Birthdate:		Child's Sex:	
Parent/Guardian Name:			Parent/Guardian Day Phone:

If completing by hand, write the vaccine in the row to the left of "Dose" and the date the vaccine was received in the "Date" column. Age column is optional.
 ◆ Required for School and Child Care/Preschool ● Required for Child Care/Preschool Only

Vaccine	Dose	Date	Age	Vaccine	Dose	Date	Age	Vaccine	Dose	Date	Age
◆ Hepatitis B (Hep B)				● Pneumococcal (PCV, PPV)				Hepatitis A (Hep A)			
	1				1				1		
	2				2				2		
	3				3			Meningococcal (MCV4, MP8V4)			
					4				1		
Hepatitis B (Hep B) Alternate schedule for teens				◆ Polio (IPV, OPV)				Human Papillomavirus (HPV)			
	1				1				1		
	2				2				2		
Rotavirus					3				3		
	1			Influenza (most recent)				Other			
	2										
	3			◆ Measles, Mumps, Rubella (MMR)							
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)					1			I certify that the information provided here is correct and verifiable.			
	1				2						
	2			◆ Varicella (chickenpox)				Signature of Parent or Guardian _____ Date _____			
	3				1						
	4				2						
◆ Diphtheria, Tetanus, Pertussis (Tdap, Td)				▼ Verification of varicella disease history ▼							
	1			<input type="checkbox"/> Health Care Provider (HCP) Verified <input type="checkbox"/>				<input type="checkbox"/> Licensed HCP Signature (MD, DO, ND, PA, APRN) _____ Date _____			
	2			<input type="checkbox"/> HCP verified by Registry <input type="checkbox"/>				<input type="checkbox"/> School staff find verifiable in the Registry; One school staff must <input type="checkbox"/>			
	3			<input type="checkbox"/> Parental Report <input type="checkbox"/>				<input type="checkbox"/> ONLY acceptable for some states. With date of age child last disease: _____			
	4			Show initial with consent approval or add parent signature below: Staff initials indicating consent approval: _____ Parent Signature indicating approval: _____							

See the back of this case for documentation of immunity, a vaccine trade name reference guide, and a vaccine abbreviation list.

For an approved copy of the Certificate of Immunization please go to:
<http://www.doh.wa.gov/cfh/immunize/schools/default.htm>

Fill in your child's immunization records, sign the form and attach to your application.