

SNO SPRINGS SCHOOL

Snoqualmie Springs School

25237 SE Iss.-Fall City Rd.

Issaquah, WA 98029

425 392-1196 snosprings@yahoo.com

2012-2013 School Year

Dear Prospective Parents of SnoSprings School:

Thank you for your interest in Snoqualmie Springs School. "SnoSprings" provides a traditional academic program for all day Pre-K, all day Kindergarten, First and Second Grades. Our goal is to encourage each child to develop a love for learning and perform at their maximum potential. Teaching strategies are challenging and yet nurturing offering patience and compassion for each student.

The campus is nestled in a forest of evergreens and gardens. The rustic log school house and expansive playgrounds are exceptionally clean, safe and inviting. The frontier style buildings are well equipped with the latest curriculum materials and computer technology. This unique setting provides an inviting "warm and cozy" learning environment where the children thrive in all of their endeavors.

New student registration for the 2012-2013 school year begins the first week of January, 2012. Applications are allocated upon seat availability and first priority is given to existing families, then alumni families and finally, families that are new to the school, first come first serve. If a seat is available for Fall, those families will be called, beginning from the top of the wait-list and working down. After a family is called they must make a decision to submit the \$75 registration fee and \$886 security deposit or pass the opportunity on to the next family on the list. Applications do not guarantee enrollment.

Enrollment is contingent upon seat availability and receipt of the following:

- Signed Application and Emergency Consent Forms
- Signed Certificate of Immunization and copy of birth certificate
- Teacher Evaluation Form and Progress report or written letter of assessment from current teacher or childcare provider.
- Prospective new student visit with school teaching team member and successful completion of a pre- admissions interview. *Prospective students will not be accepted if they exhibit educational, behavioral, or psychological disorders that cannot be met in the regular classroom.*
- Signed 2012-2013 Financial Agreement
 - Full day Pre-K, Kindergarten, 1st & 2nd grade annual tuition is \$9,360 (\$52 per 6 hr. day)
- A non-refundable \$75 registration fee and \$886 security deposit. This deposit is used for books, instructional materials and technology upgrades. It will also secure your child's seat until Fall.

If you would like more information, we encourage you to visit our website at www.snosprings.com or attend our open house on Friday, January 20th from 4-6PM or Saturday, January 21st from 1-3PM. During your visitation you and your child can meet the staff, tour the facilities and review our extensive curriculum materials and instructional technology. After the open house dates, visitations may also be scheduled before or after school to minimize disruption to our student's daily learning process.

Thank you for your interest in our "Foundation Education" program. We look forward to hearing from you again soon.

Respectfully,

Joe Drovetto

Joe Drovetto, Chief Administrator

SNOSPRINGS 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
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Birth Date:	Circle Grade : Pre-K, Kindergarten, 1 st or 2 nd Grades
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Address:	City:	Zip:
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Neighborhood:	Public School:
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List Name(s) of Prior Preschool(s)
Attended and Grade Level:

Permission to request past school records? Circle Yes / No		Permission to list in Parent/Student Directory? Circle Yes / No
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List Names and
Ages of Siblings:

Mother's Name:	Employer (occupation):
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Address:	City:	Zip:
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Home Phone:	Work Phone:	Cell Phone:
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Email
Address:

Father's Name:	Employer (occupation):
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Address:	City:	Zip:
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Home Phone:	Work Phone:	Cell Phone:
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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

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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
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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.

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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.

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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 () With some reservation () Do Not Recommend () Suggest Professional Evaluation


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: Staff Signature	Date:	Is there an accompanying signed Certificate of Exemption on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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DOH 348-013
Rev. 10/15/08

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						
					4			Meningococcal (MCV4, MPSV4)			
Hepatitis B (Hep B) Alternate schedule for teens				◆ Polio (IPV, OPV)							
	1				1				1		
	2				2			Human Papillomavirus (HPV)			
Rotavirus					3				1		
	1				4				2		
	2			Influenza (most recent)					3		
	3								3		
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)				◆ Measles, Mumps, Rubella (MMR)				Other			
	1				1						
	2				2						
	3			◆ Varicella (chickenpox)				I certify that the information provided here is correct and verifiable. Signature of Parent or Guardian _____ Date _____			
	4				1						
	5				2						
◆ Diphtheria, Tetanus, Pertussis (Tdap, Td)				▼ Verification of varicella disease history ▼ <input type="checkbox"/> Health Care Provider (HCP) Verified <input type="checkbox"/> HCP verified by Registry <input type="checkbox"/> Parental Report				<input type="checkbox"/> Signed note from HCP attached or HCP provider signature trace <input type="checkbox"/> If school staff find verifications in the Registry, check school staff notes <input type="checkbox"/> ONLY acceptable for some states. Write date or age child had disease.			
◆ Haemophilus influenzae type b (Hib)								Licensed HCP Signature (MD, DO, MD, PA, APRN) _____ Date _____ Either initial with parent approval or add parent signature below: Staff initials indicating parent 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.