

# SNOSPRINGS SCHOOL

Snoqualmie Springs School, 25237 SE Iss.-Fall City Rd., Issaquah, WA 98029, 425 392-1196 [lscott@snosprings.com](mailto:lscott@snosprings.com)

## 2020-21 School Year

Dear Prospective SnoSprings Parents:

Thank you for your interest in Snoqualmie Springs School. “SnoSprings” provides an accelerated academic program for Full Day Pre-K, 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 common core 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 pre-registration applications are now being accepted for the 2020-21 school year. 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. Applications do not guarantee enrollment. Enrollment is contingent upon seat availability and receipt of the following:

- ✓ Completion of our [Online Application](#)
- ✓ Submission of current progress report or [Evaluation Form](#) from current teacher or childcare provider.
- ✓ [Certificate of Immunization](#). This document can be found at the State Health website: [http://www.doh.wa.gov/Portals/1/Documents/Pubs/348-013\\_CertificateImmunizationStatusForm.pdf](http://www.doh.wa.gov/Portals/1/Documents/Pubs/348-013_CertificateImmunizationStatusForm.pdf)
- ✓ Copy of Birth Certificate or Passport showing proof of age
- ✓ Parent and prospective student tour and informal meeting with school director and/or teacher
- ✓ Signed 2020-21 Financial Agreement
  - *Full day Pre-K, K, 1<sup>st</sup> & 2<sup>nd</sup> grade tuition, \$17,550 (\$16.25 per hr. x six hour day x 180 school days)*
- ✓ Registration Fee of \$980 for full day Pre-K, K, 1<sup>st</sup>, or 2<sup>nd</sup> Grades. This non-refundable fee includes the application fee, educational materials, books, student accident insurance, technology and facilities up grades fees. Your early commitment will help in establishing the number of seats, by grade level for the new school year. It will also contribute to securing our experienced and dedicated teachers who are paid a competitive wage similar to Issaquah School District. (District teachers earned a 15% wage increase during 2019)
- ✓ One month advance tuition deposit of \$1,755. Due within 30 days of acceptance. The deposit applies towards the last month, June 2021 tuition payment. See Financial Contract for details.

***A successful student visit/interview, a complete admissions packet and the non-refundable registration payment will secure your child's seat for Fall 2020.***

Thank you again for your interest in our “Foundation Education” program. Please contact me if you have any additional questions. We hope to see you and your child during the new school year.

Respectfully,

*Laura Scott*

Laura Scott, Principal

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## Financial Agreement Conditions 2020-21 School Year rev. 10-17-19

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 or other events that may impact 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:

- The annual tuition for the 2020-21, 180 day academic school year is \$17,550 for all day Pre-K, Kindergarten, 1st or 2<sup>nd</sup> Grade. The full day program is six hours in length, Monday thru Friday.
- An optional after school enrichment club / extended day program is available for an additional fee.
- A non-refundable registration fee of \$980 is due with your application. This non-refundable payment includes the application fee, educational materials, books, student accident insurance, technology and facilities upgrade fees.
- Your child’s June 2021 last month tuition deposit of \$1,755 is due within 30 days of acceptance. The June 2021 last month deposit is also non-refundable.
- A 10% tuition assistance discount is given to:
  1. a second sibling if enrolling during the same year.
  2. a student that has a parent currently serving in a branch of the US military or city police.

### **Full Day Pre-K, K, 1<sup>st</sup> & 2<sup>nd</sup> Grades Tuition Payment Plan-\$15,795 (after June tuition deposit)**

#### ***Circle option of your choice:***

A) **Annual:** \$15,444 full payment, prior to September 1<sup>st</sup>. This payment reflects a 2%, \$351 discount.

B) **Quarterly:** Three equal payments of \$5,265 due September. 1<sup>st</sup>, December. 1<sup>st</sup>, and March 1<sup>st</sup>.

C) **Monthly:** \$1,755 per month, due on the first of September through May (June is prepaid).

- Payments received after the 5<sup>th</sup> 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 or care, pizza lunch and fruit.
- There are **no** mandatory fundraising activities or parent volunteer service requirements. However, donations and volunteers are welcome and appreciated.
- Snoqualmie Springs School may terminate this agreement, 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.
- Written notification, 30 days in advance, is required if it is necessary to withdraw your child before the end of the school year. *The registration/material fee and June deposit are non-refundable.*
- The school reserves the right to deny attendance to a student whose account is 30 days overdue or if the student is not in compliance with Washington State Dept. of Health Immunization Requirements.
- School closure days due to severe weather or natural disasters will follow the makeup schedule as set forth by Issaquah School District and / or the School Administration.
- Snoqualmie Springs School will follow the Issaquah School District Calendar, with the following exceptions: There are no half day dismissals and no testing, conferencing, or building discretionary days off. In addition, SnoSprings will be closed one full week during November in celebration of the Thanksgiving Holiday and two weeks in December for Winter Holiday Vacation.

I would like to enroll my child, \_\_\_\_\_, in Grade: *circle one* **PreK, K, 1<sup>st</sup> 2<sup>nd</sup>** at Snoqualmie Springs School for the 2020-21 school year. I have read the terms of this agreement and accept the conditions. I authorize my child to participate in all school activities.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Snoqualmie Springs School, L.L.C. Date

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## Teacher or Child Care Provider Evaluation Form

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 front and back of this form to communicate my child's personal and academic qualities. Your prompt attention to this request is very much appreciated.

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.*

**Instructions for the teacher/care provider:**

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

	Outstanding	Above Average	Average	Below Average	Comments
Speech/Communication Skills					
Gross & Fine Motor Skills					
Intellectual Curiosity					
Academic Skills					
Creativity					
Motivation					
Leadership Skills					
Confidence					
Positive Attitude					
Ability to Work Independently					
Ability to Work Cooperatively					
Follows Directions First Time					
Listens Attentively					
Peer Relationships					
Concern for Others					
Self-Control in Social Situations					
Self-Control in Classroom					
Accepts Responsibility					
Parental Attitude & Cooperation					

Please use the reverse side for personal comments and your contact information. Thank you.

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Please comment upon the applicant's academic and personal strengths.

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Please comment upon the applicant's academic and personal weaknesses.

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Please comment upon the applicant's learning style.

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Please include any additional information that will help our school make an informed decision.

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

Yes  No If yes, please specify.

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Overall Recommendation: How do you recommend this candidate?

Without reservation  With some reservation  Do Not Recommend  Suggest Professional Evaluation

Teacher Name: \_\_\_\_\_ Position: \_\_\_\_\_

School Name: \_\_\_\_\_ City: \_\_\_\_\_

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

Please return this form via **Fax 425 427-9639** or scan and **email to: [lscott@snoSprings.com](mailto:lscott@snoSprings.com)**  
Or return via U.S. mail to SnoSprings School, 25237 SE Issaquah-Fall City Road, Issaquah, WA 98029

Thank you for your assistance.  
Laura Scott, Principal



# Certificate of Immunization Status (CIS)

For Kindergarten-12<sup>th</sup> 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.

**Office Use Only:** Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signed Cert. of Exemption on file?  Yes  No

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.

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	Date
	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 / 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 (Haemophilus influenzae type b)						
♦ IPV / OPV (Polio)						
♦ MMR (Measles, Mumps, Rubella)						
• PCV / PPSV (Pneumococcal)						
♦ Varicella (Chickentox) <input type="checkbox"/> History of disease verified by IIS						
<b>Recommended Vaccines (Not Required for School or Child Care Entry)</b>						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV / MPSV (Meningococcal)						
MenB (Meningococcal)						
Rotavirus						

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

**Documentation of Disease Immunity**  
*Healthcare provider use only*

If the child named in this CIS has a history of Varicella (Chickentox) 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 (Chickentox).
- 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 \_\_\_\_\_

