



APPLICATION FOR ADMISSION

ACADEMIC YEAR 2009 - 2010

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INTRODUCTION TO THE ADMISSIONS PROCESS

Cedar River Academy accepts applications for students as young as three years, when their birthday is before August 31st as long as they have completed toilet training.

Cedar River Academy follows a formal admissions process for prospective students. The process starts with a visit by parents or guardians to our campus and classrooms, including discussions with the Head of School, instructional staff, and other administrative personnel. Prospective students spend a day in a Cedar River Academy classroom to determine compatibility between the school and the student's family. No achievement or IQ testing is conducted to limit enrollment. When a mutual enrollment decision is made the parent will complete an Enrollment Application and submit it to our admissions department. The application will be promptly reviewed by the Head of School and a notification of determination will be sent to the applicant. An Enrollment Agreement is executed upon student enrollment.

STUDENT INFORMATION

First Name	Middle	Last	Nick Name
Date of Birth	Place of Birth	Gender	
Home Address (Including city, state and zip code)			
Phone (home)	Emergency Phone		
Current Age	Current Grade	Current School	
School Address	School Phone		

Please attach a recent photograph of applicant here.

PRIMARY PARENT/GUARDIAN INFORMATION

Full Name	Relationship to Student	
Home Address (Including city, state and zip code)		
Phone (home)	Phone (work)	Phone (cell)
Email Address		
Occupation	Employer/Company	
Business Address		

Application is for the school year 20__/20__ for the grade indicated below:

- Pre-Kindergarten
- Kindergarten
- Grade 1
- Grade 2
- Grade 3
- Grade 4

Where can you be reached when Cedar River Academy is in session?

ADDITIONAL PARENT/GUARDIAN INFORMATION

Full Name	Relationship to Student	
Home Address (Including city, state and zip code)		
Phone (home)	Phone (work)	Phone (cell)
Email Address		
Occupation	Employer/Company	
Business Address		

Parents Are:
Please check all that apply.

- Married
- Divorced
- Mother Remarried
- Father Remarried
- Mother deceased
- Father Deceased
- Other_____

Where can you be reached when Cedar River Academy is in session?

FAMILY INFORMATION

Who has legal custody of this child?

Who should receive correspondence?

SIBLINGS OF APPLICANT

Name	Age	School
------	-----	--------

Name	Age	School
------	-----	--------

Name	Age	School
------	-----	--------

Name	Age	School
------	-----	--------

EMERGENCY CONTACTS

Full Name	Relationship to Student
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Phone (home)	Phone (work)	Phone (cell)
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Full Name	Relationship to Student
-----------	-------------------------

Phone (home)	Phone (work)	Phone (cell)
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PERSONS AUTHORIZED TO PICK UP STUDENT

Full Name	Relationship to Student
-----------	-------------------------

Phone (home)	Phone (work)	Phone (cell)
--------------	--------------	--------------

Full Name	Relationship to Student
-----------	-------------------------

Phone (home)	Phone (work)	Phone (cell)
--------------	--------------	--------------

Full Name	Relationship to Student
-----------	-------------------------

Phone (home)	Phone (work)	Phone (cell)
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Message to Parents: To protect students, CRA implements strict check-in/check-out policies. In the space below, please select a “**code word**”. Anyone picking up your child will need to relay this **code word** to staff member on check-out duty. If the adult does not know this **code word**, CRA will not release the student.

Code word for current school year

Clue

INSURANCE INFORMATION

Insurance Company _____ Group Name and Identification Number(s) _____

Subscriber Name _____ Company Telephone Number _____

FAMILY MEDICAL PROVIDERS

Physician's Name _____ Telephone _____

Dentist's Name _____ Telephone _____

Optometrist's Name _____ Telephone _____

Preferred Medical Facility _____

STUDENT HEALTH INFORMATION

Height _____ Weight _____ Yes No Wear Glasses? (circle one) Yes No Contact Lenses? (circle one)

Other Medical Apparatus? (braces, hearing aid, etc.) _____ Yes No

Date of Last Physical Exam _____ Any Problems Noted? (circle one)

If Yes, Please Explain _____ Yes No

Date of Last Eye Exam _____ Any Problems Noted? (circle one)

If Yes, Please Explain _____ Yes No

Date of Last Hearing Exam _____ Any Problems Noted? (circle one)

If Yes, Please Explain _____

Yes No Does the Student Have any life-threatening medical conditions? (circle one)

If Yes, Please Explain _____

IMMUNIZATIONS

Cedar River Academy requires parents/guardians to attach a current Certificate of Immunization Status.

ALLERGIES

Does your child suffer from allergies? Yes No

If so, please describe any allergies to the following:

Medications Reaction(s)

Reaction(s) Managed By

Foods Reaction(s)

Reaction(s) Managed By

Other Allergies Reaction(s)

Reaction(s) Managed By

DIETARY EXCLUSIONS

- Red Meat Pork Poultry Seafood Dairy Eggs Other

Food Dislikes

MEDICATIONS: (PLEASE INCLUDE NON-PRESCRIPTION DRUGS TAKEN ROUTINELY)

Medication #1 Dosage Time(s) Taken Each Day

Reason

Medication #2 Dosage Time(s) Taken Each Day

Reason

Attach additional pages if necessary.

All medication, either prescription or over-the-counter, to be administered during school hours must comply with our Health Policy guidelines, and include all required completed Medication Authorization Forms prior to our being able to accommodate your request.

HEALTH QUESTIONS

Yes answers require explanation. Please attach a separate sheet of paper with explanation.

Has/does your child:

- Yes No Recently had an injury, illness, or infectious disease?
 Yes No Have a chronic or recurring illness/condition?
 Yes No Ever been hospitalized?
 Yes No Ever had surgery?
 Yes No Have frequent headaches?
 Yes No Ever had a head injury?
 Yes No Ever been knocked unconscious?

- Yes No Ever had broken bones or dislocations?
- Yes No Ever had any sprains or ligament/tendon problems?
- Yes No Ever had frequent ear infections?
- Yes No Have frequent throat infections?
- Yes No Ever passed out during or after exercise?
- Yes No Ever been dizzy during or after exercise?
- Yes No Ever had seizures?
- Yes No Ever been diagnosed with hemophilia?
- Yes No Ever had chest pain during or after exercise?
- Yes No Ever had high blood pressure?
- Yes No Ever had a hernia?
- Yes No Ever been diagnosed with heart problems including a murmur?
- Yes No Ever had back problems?
- Yes No Ever had problems with joints (knees, ankles)?
- Yes No Have any skin problems?
- Yes No Ever been diagnosed with diabetes?
- Yes No Have asthma?
- Yes No Had mononucleosis in the past 12 months?
- Yes No Have problems with diarrhea/constipation?
- Yes No Have problems with sleepwalking?
- Yes No Have a history of bed-wetting?
- Yes No Ever had an eating disorder?
- Yes No Ever had kidney/urinary tract problems?
- Yes No Ever had emotional difficulties for which professional help was sought?
- Yes No Had a recent case of head lice?

LIST DATE OF ALL ILLNESSES THAT APPLY:

- Measles Date (Mo/Yr)_____
- Chickenpox Date (Mo/Yr)_____
- German Measles Date (Mo/Yr)_____
- Mumps Date (Mo/Yr)_____
- Hepatitis A Date (Mo/Yr)_____
- Hepatitis B Date (Mo/Yr)_____
- Hepatitis C Date (Mo/Yr)_____

ADDITIONAL INFORMATION

Provide any additional information about your child's behavior and physical, emotional, or mental health that Cedar River Academy should know: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I, _____, am the parent/guardian of _____
In case of emergency, I understand that every effort will be made to contact me or my designated alternative. In the event I cannot be reached, I consent for my child to receive medical or surgical treatment as deemed necessary for his/her safety and welfare.

I hereby give Cedar River Academy my permission to secure proper treatment, including hospitalization, anesthesia, surgery or injections for my child. I will assume liability for any medical expenses involved.

I understand that in the event of an emergency, my child will receive treatment as determined by medical first responders, if present, or the nearest emergency facility.

Signature of Parent/Guardian Date

Application Fee Acknowledgment

Yes, I have enclosed my non-refundable application fee of \$50.

Name of person completing this form Signature Date

How did you learn of Cedar River Academy? Please check all that apply.

- CRA Family CRA Website Open House Billboard Newspaper
- Yellow Pages Mailing Reputation Other (please specify) _____

Non-Discrimination Policy

Cedar River Academy does not discriminate on the basis of race, color, national or ethnic origin, religion, gender, disability, or other legally protected status in admission of otherwise qualified students, or in providing access to the rights, programs, or activities generally available to all students and their families, including educational policies, financial aid, and other school administered programs.

STUDENT INFORMATION FOR OFF-CAMPUS ACTIVITIES

A copy of this form will be kept in a "Being-There" backpack, to be taken on all off-campus outings, in case of emergencies.

Student Name

Primary Parent/Guardian Information

Full Name Relationship to Student

Home Address (Including city, state and zip code)

Phone (home) Phone (work) Phone (cell)

Secondary Parent/Guardian Information

Full Name Relationship to Student

Home Address (including city, state and zip code)

Phone (home) Phone (work) Phone (cell)

Emergency Contacts

Full Name Relationship to Student

Phone (home) Phone (work) Phone (cell)

Full Name Relationship to Student

Phone (home) Phone (work) Phone (cell)

PERMISSION FOR CHILD TO PARTICIPATE IN OFF-CAMPUS ACTIVITIES

Cedar River Academy's curriculum incorporates several field trips, or "Being-There" experiences, per term. All children attending CRA should participate in these and other off-campus activities. Parents will be notified of planned being-there experiences and other off-campus events through class calendars and communications distributed by teachers.

Signing below authorizes your child to participate in off-campus learning activities, unless otherwise expressly stated.

Signature of Parent/Guardian

Date

PARENT QUESTIONNAIRE

Applicant Name

Applying to Grade

1. Describe your child's experience with playgroups or other school-like settings.

2. Does your child have a particular area of strong interest? If so, please describe.

3. Describe your child's personality.

4. How does your child handle transitions (time to clean up, go to bed, etc.)?

5. Why do you feel Cedar River Academy would be a good match for your child?

6. Has your child received any special support services or tutoring? If so, please describe.

7. Please describe your goals for your child in the coming years.

Printed Name

Signature

Date

Teacher Questionnaire

To the Parent: Please read and sign the statement below.

_____ is applying to enter grade _____ at Cedar River Academy. Please assist in the application process by completing the questionnaire below.

Parent/Guardian Signature

Date

To the Teacher: The above student has applied for admission to our school. The admission committee would greatly appreciate your comments on this student in the following areas. Please answer the questions based on your personal experience with the applicant. Give specific descriptions whenever possible.

Please return this form as soon as possible using the enclosed, pre-addressed envelope. Thank you for your time and assistance.

Person completing this form _____

Relationship to Applicant _____

How long have you known the Applicant? _____

1. Does this child demonstrate appropriate self-help skills (hand washing, bathroom skills, etc.)?

2. Describe the level of fine motor control that this child displays.

3. Describe the level of large motor control that this child displays.

4. How does this child relate to other children?

5. How does this child relate to adults?

6. How does this child handle transitions?

7. Describe this child's behavior in group situations.

8. What strengths does this child demonstrate?

9. Are there any areas of concern (emotional, social, academic, etc.)?

10. Please include any additional comments here.

Is there any additional information that would be better conveyed in a phone conversation? Yes No

Printed Name

Signature

Date

School

School Phone

School Address

RECORDS REQUEST

Message to Parents: Please sign this form and submit it to the administration office at your child's current school with the enclosed, pre-addressed envelope. With this authorization, records will be sent directly to Cedar River Academy.

Applicant Name: _____ Applying to Grade: _____

Parent/Guardian Signature

Date

Message to Registrar: The above named applicant is applying for admission to Cedar River Academy.

Our Admissions Office requests the following information:

1. A copy of report cards from the current year.
2. Copies of report cards from previous two school years (if applicable).
3. Results of all standardized testing.

School Representative Signature

Date

**CEDAR RIVER ACADEMY PARENT HANDBOOK
PARENT/GUARDIAN ACKNOWLEDGMENT**

Student Name: _____

I have received a copy of Cedar River Academy Parent Handbook that includes the Emergency and Disaster Preparedness Plan, Health Policy, Weapons Policy, Smoking Policy, Pesticide Policy, and Food Policy and am familiar with their terms and content.

Parent/Guardian Signature

Date