

Cedar Crest Academy

Pre-Primary Application 2022-2023



Application Information: *All of the information provided in this application will be kept completely confidential*

Child's Name:

Gender:

Male Female

Age:

Date of Birth: (MM/DD/YYYY)

Desired Schedule:

M T W TH F

Approx. Hours:

 to

Starting Date: We prefer that children new to Cedar Crest Academy start in the summer.

☐

July

☐

August

☐

September

☐

Immediately

This application is for :

☐

Young Preschool
(age 30 months by 8/31)

☐

Preschool (age 3 by 8/31)

☐

Pre-K
(age 4 by 8/31)

Mailing Address:

City./State:

Zip Code:

Parent Information:

Parent/Guardian Name:

Relationship to Child:

Preferred Name:

Occupation/Employer:

Mailing Address (If different than child's)

Day Phone:

City./State/Zip Code:

Email: (Print legibly)

Parent Information:

Parent/Guardian Name:

Relationship to Child:

Preferred Name:

Occupation/Employer:

Mailing Address (If different than child's)

Day Phone:

City./State/Zip Code:

Email: (Print legibly)

Additional Information:

Name of Child's Current Program:

How long has he/she attended the program?

Days/Weeks _____ Hours/Days _____ Dates Attended _____

Name of Child's Previously Attended Program:

How long has he/she attended the program?

Days/Weeks _____ Hours/Days _____ Dates Attended _____

Do you have any other children who have attended Cedar Crest Academy?

Name

Campus _____

Dates Attended _____

Additional Information:

How many years do you expect to attend Cedar Crest Academy? _____

How did you hear about us?

- ☐ Cedar Crest student/family at _____ campus
- ☐ Personal recommendation; Name _____ Relation to you _____
- ☐ Website/Search Engine (Google, Yahoo) ☐ Employer _____
- ☐ Other _____

Have you applied in the past? Yes ☐ No ☐ If so, which campus? _____

Cedar Crest Academy Campus Toured: _____ Date Toured: _____

Has your child been evaluated for or received support for development, speech, sensory, behavioral, or learning issues? If so, please include copies of these reports along with the completed application. Yes ☐ No ☐

Please clearly mark the campus for which you are applying. If you are applying to multiple campuses, rank order of preference 1st, 2nd, etc. [Application Fee is \$100, and we will consider you for your second choice campus only if you cannot be accommodated at your first choice location]

<u>Park Highland</u> <input type="checkbox"/>	<u>Kirkland</u> <input type="checkbox"/>	<u>Redmond</u> <input type="checkbox"/>	<u>Bellewood</u> <input type="checkbox"/>
308 118th Ave SE Bellevue, WA 98005	10406 NE 37th Circle Kirkland, WA 98033	17720 NE 65th St Redmond, WA 98052	2125 112th Avenue NE Bellevue, WA 98004

Although it is not a requirement, if you would like to add something additional to your application, you can have a past or present Cedar Crest Academy Family write a referral on your behalf. Referrals need to include your child's name.

Please email your referral to admissions@cedarcrestacademy.org

Please initial next to the following statements:

1. The school day is from 9:00 am - 4:00 pm. I understand it is my responsibility to ensure my child arrives on time. _____
2. I understand there is a parent involvement component to this program and families are expected to volunteer for a minimum of 10 hours per school year or pay a \$250 Volunteer Fee. _____
3. When placing students in classes for the upcoming School Year, Cedar Crest Academy does not guarantee specific teachers nor accept parental requests. _____

Signature:

Thank you for taking the time to complete this application to help acquaint us with your child. Please be sure to have your child's current teacher or caregiver complete and return the following confidential Teacher Recommendation, which they can return via mail, e-mail, or fax. This form is required for all applicants.

I understand that the teacher will send the recommendation form and possible additional information for consideration. I give permission for my child's current teacher to communicate with Cedar Crest Academy.

Parent/Guardian Signature

Date

Please remember to enclose the appropriate Application Fee and submit the application no later than Friday, February 4th, 2022

I understand that the fee accompanying this application is non-refundable, even in the event that my child is not admitted to Cedar Crest Academy. I understand that Cedar Crest Academy does not discriminate on the basis of race, color, nationality, religion, gender, sexual preference, disability, national or ethnic origin, or other legally protected status in admission of students.

Parent/Guardian Signature

Date



Parent Questions:

2.) Please comment on your child's personal strengths and if applicable, how they have or have not been appreciated in your student's current school program.

3.) What is your child's role in your family and with peers? (i.e. observer, leader)

4.) Please comment on your child's academic readiness and his or her academic/learning experiences so far.

Parent Questions:

5.) What are your child's greatest challenges?

6.) Why do you believe Cedar Crest Academy would be a good program for your child?

7.) Please comment on your hopes and expectations for your child's experience at Cedar Crest.

8.) Parent participation is a core component of the Cedar Crest community and participation in the Cedar Crest Academy Parent Association is mandatory and requires an annual membership fee of \$100 per child. In addition, Cedar Crest Academy requires families to volunteer a minimum of 10 hours throughout the school year. What types of volunteer opportunities interest you?

9.) Please share any additional information about your child that may impact his/her day-to-day education experience or attendance (i.e. Medical conditions, learning challenges, life events such as hospitalizations, divorce or separation, grief/loss, injuries)