Cedar Crest Academy

Redmond & Kirkland Application



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

Child's Name: Date of Birth (MM/DD/YYYY)	Gender: Age: Male Female This application is for : Kindergarten Redmond Kindergarten Kirkland
<u>City./State</u> :	Zip Code:
Parent Information:	
<u>Mother/Guardian Name</u> :	<u>Father/Guardian Name</u> :
<u>Preferred Name</u> :	Preferred Name:
<u>Mailing Address (</u> If different than child's)	<u>Mailing Address (</u> If different than child's)
<u>City./State/Zip Code</u>	<u>City./State/Zip Code</u>
Occupation/Employer	Occupation/Employer:
<u>Day Phone</u> :	<u>Day Phone</u> :
<u>Email (</u> Print legibly)	<u>Email</u> (Print legibly)

Additional Information:

Name of Child's Current Program

How long has he/she attended the progr	am?
Years Months	
<u>Do you have any other children who have</u>	e attended Cedar Crest Academy?
Name	Campus
<u>How did you hear about us?</u>	
Cedar Crest student/family at	campus
Personal recommendation; Name	Relation to you
Website/Search Engine (Google, Yah	noo) Employer
Other	
<u>Did you</u> Tour Kirkland or Redmond campus?	Attend an Open House at Kirkland or Redmond?
Yes No	Yes No
Date Toured	Date Attended
ease initial next to the following statem	nents:
 The school day begins at 9:00 am. I understand it is my responsibility to ensure my child arrives on time. 	
 I understand classroom structures will be determined by enrollment and may include multi-age classes. 	
 When placing students in Kindergarten through Fifth Grade classes for the upcoming school year, Cedar Crest Academy does not guarantee specific teachers nor accept parental requests. 	
 I understand Cedar Crest Academy red 10 hours per school year. 	quires families to volunteer

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 <u>Friday, February 4th, 2022</u>

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

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Parent Questions:

1.) Reflecting on Cedar Crest Academy's character education, describe the three traits that best currently define your child and why.

2.) Please share one or two areas in which you have seen significant growth with your child this past year.

3.) Outside of school, what has been your child's favorite activities, lessons, camps, etc.? Towards which of the following areas do your child's interests gravitate: music, drama, athletics, or science?

4.) When you talk with your child, what type of things do they wonder about? What kinds of questions do they ask?



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Parent Questions:

5.) Please share with us the hopes and expectations for your child and how Cedar Crest Elementary can help you meet those.

6.) How did you and your family contribute to your school community last year?

7.) In the Elementary Program, as the year progresses, your child will experience a variety of teachers throughout the day, including a classroom teacher, specialists, house teachers, and CLUB instructors. How do you as a parent feel about those transitions, and how do you feel that your child will handle those transitions?