

# Enrollment Procedures

## Preschool- Sixth Grade

### 2023-2024

Please read and complete the following documents.

- Student and Parent Handbook*
- Enrollment Application Form*
- General Permission and New Student Assessment Policy*
- Schedule of Rates*
- Health Registration Form*
- If necessary, the *Medication Authorization Order Form and Medication Policy*
- Registration fee, please attach a check.
- Copy of Certificate of Birth
- Copy of Immunizations or Exemption
- Copy of most recent report card

**Preschool &  
Elementary**

**PURSUIT**

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[www.pursuitelementary.com](http://www.pursuitelementary.com)

## ENROLLMENT APPLICATION

### STUDENT INFORMATION:

Today's Date: \_\_\_\_\_

Student's Age in the Fall: \_\_\_\_\_ Grade Level Applying For: \_\_\_\_\_ Class Schedule Applying For: \_\_\_\_\_

Student's Full Name:

\_\_\_\_\_

**Last**

**First**

**Middle**

Preferred Name: \_\_\_\_\_ Circle One : Male Female Birth date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Circle one: (State requirement RCW 28A.195.060)

Asian or Pacific Islander Black or African-American Hispanic, Chicano or Latino American Indian/Alaskan Eskimo White/Caucasian Other

Denomination: \_\_\_\_\_ Church: \_\_\_\_\_ Student's First Language: \_\_\_\_\_

Does the student have special needs? Circle any that apply: ADD ADHD Dyslexia Other: \_\_\_\_\_

Last school attended: \_\_\_\_\_ School Address: \_\_\_\_\_

### FAMILY INFORMATION:

#### Father/Stepfather/Guardian

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_

Cellphone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Circle all that apply: Legal Custody Receives Correspondence Married Divorced Separated Widowed Single

#### Mother/Stepmother/Guardian

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_

Cellphone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Circle all that apply: Legal Custody Receives Correspondence Married Divorced Separated Widowed Single

**EMERGENCY AND AUTHORIZATION TO RELEASE INFORMATION:** Persons to contact in case of illness emergency if parent/guardian cannot be reached. I authorize Pursuit staff to contact the following local individuals to pick up my student from school. Please provide at least two emergency contacts.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

**Non-Emergency individuals over the age of 12 are authorized to release my student:**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

**Individuals NOT AUTHORIZED to release my child:**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Please explain: \_\_\_\_\_

Pursuit Elementary School is open to all children without regard to race, sex color, disability, or national origin and complies with all federal and state disability laws (as it applies to the Pursuit Elementary School) and will make reasonable accommodations to otherwise qualified applicants. Pursuit Elementary School cannot guarantee a student's eligibility for continued enrollment after the student's initial admittance to the school. The school reserves the right to admit or dismiss students based on its own criteria of spiritual commitment, academic performance, and personal qualifications, including a willingness to cooperate with the school administration to abide by its policies, guidelines, and regulations.

I have read the terms stated above and agree:

Signature Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## GENERAL PERMISSION AND STUDENT PROBATION POLICY

I have read and understood the Parent/Student Handbook. I am satisfied with the school's beliefs, policies, purpose, vision, and program. I agree to cooperate with the school in whatever way is reasonable as we mutually seek to educate my child. I permit the school-specific authority to use discipline as specified in the Parent Handbook.

INITIAL

\_\_\_\_\_ I give my permission for my child to use the Internet at Pursuit School.

\_\_\_\_\_ I give permission to Pursuit School to use photographs, video, and/or images of my student under the conditions and terms described in the policy.

\_\_\_\_\_ I give my permission for my child to take part in all Pursuit school activities.

\_\_\_\_\_ I understand the responsibility to maintain adequate medical insurance to cover our student's medical needs or emergencies while attending the school and any school-sponsored activities are solely on the parent or guardian.

\_\_\_\_\_ I give Pursuit School staff consent to obtain medical or surgical care for my child, in case of an emergency.

\_\_\_\_\_ I understand no medication is administered without written permission from parents and the student's doctor including all over-the-counter medication (Tylenol, cough drops, antacids, etc.). All medication brought to school requires a signed and completed Medical Authorization Order Form.

### New Student Assessment Policy

The Pursuit School exists to raise Kingdom changers accomplished through quality education of mind, body, and spirit. To best nurture an environment towards this end, new students are enrolled on a probationary basis for 12 weeks. During the assessment period, if teachers observe cause or concern, regarding the behavior, negative patterns, and academic performance issues, a meeting between the parents and administration will be scheduled to determine an agreed-upon plan. Careful observation to assess improvement and progress is provided and communicated with parents during this time.

The administration reserves the right during this 12-week period to determine the student's ability to succeed as a fully enrolled student.

I understand the policy herein and am willing to cooperate with the school staff and teachers during the assessment period.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_



## 2023-2024 SCHEDULE OF RATES

Registration/Application fee (non-refundable): \$100.00

Materials Fee (non-refundable): \$150.00

TUITION RATES	AGE REQUIREMENTS	EACH CHILD/YEAR (MONTH)
1st-6th Grades 8:45 AM- 3:30 PM		\$8500 (\$850)
Full-Day Kindergarten 8:45 AM- 3:30 PM	Age 5 by 8/31/2023	\$8500 (\$850)
5-day Preschool 8:45 AM- 11:45 AM	Age 3 by 8/31/2023	\$5500 (\$550)
3-day Preschool (M/W/F) 12:30 PM- 3:30 PM	Age 3 by 8/31/2023	\$3500 (\$350)
2-day Preschool (Tu/Th) 12:30 PM- 3:30 PM	Age 3 by 8/31/2023	\$2500 (\$250)
*After-school clubs available from 3:30 PM – 5:30 PM for K-6 <sup>th</sup> grade for an additional \$440/mo.		
*Preschool students are required to be fully potty-trained.		

Tuition is based on a school-year basis. There is no reduction in tuition will be made for early dismissals, holidays, vacations, illnesses, absences, acts of nature, inclement weather closures, shifts to remote learning, etc.

Tuition is billed on the 24<sup>th</sup> of each month, due on the 1<sup>st</sup> of each month, for the proceeding month's tuition, starting August 1<sup>st</sup>. Any payments received after the 10<sup>th</sup> will result in a tuition late fee of \$50.00. Each returned check will assess a fee of \$35.

Delinquent accounts may result in a student not being allowed to return to school, up to dismissal, if payment arrangements are not made within thirty days of the account becoming delinquent.

If a student is withdrawn during the year, *the tuition obligation runs through the end of that quarter.*

**THIS IS A FINANCIAL CONTRACT – Read carefully and sign. Keep a copy for your records.**

Based on the above information, I understand the registration/application and materials fee, due upon registration, is not refundable and the monthly tuition payments for my child are due on the first of every month, starting August 1<sup>st</sup>. Also, if my student is withdrawn from school during the year, I will be obligated to pay the remainder of the quarter's tuition.

The parties to this agreement respect that the Bible commands them to make every effort to live at peace and to resolve disputes with each other in private or within the Christian community in conformity with the Biblical injunctions of I Cor. 6:1-8, Matt. 5:23-24 and Matt. 18:15-20. Therefore, the parties agree that any claim or dispute arising out of or related to this agreement shall be settled by Biblically-based mediation.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CLASS CHOICES AND SCHOOL SCHEDULE

Please mark 1<sup>st</sup> choice and 2<sup>nd</sup> choice, by placing a 1 or a 2 next to the desired class schedule. Classes are filled on a first come first serve basis.

Student Name: \_\_\_\_\_

SELECTION	CLASS	AGE	START	END
	1st-6th Grade		8:45 AM	3:30 PM
	Full-Day Kindergarten	Age 5 by 8/31/2023	8:45 AM	3:30 PM
	5-day Preschool (AM)	Age 3 by 8/31/2023	8:45 AM	11:45 AM
	3-day Preschool (M/W/F)	Age 3 by 8/31/2023	12:30 PM	3:30 PM
	2-day Preschool (Tu/Th)	Age 3 by 8/31/2023	12:30 PM	3:30 PM
	After School Club	K-6th Grade	3:30 PM	5:30 PM
<i>*All students are required to be fully potty-trained.</i>				



## HEALTH REGISTRATION FORM 2023-2024

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex: M / F Grade in Fall: \_\_\_\_\_

Parent/Guardian to call if ill/injured: \_\_\_\_\_

Phone Number (s) \_\_\_\_\_

Licensed Health Care Provider Name & Phone Number: \_\_\_\_\_

Dentist's Name & Phone Number \_\_\_\_\_

Is Medication required at home? NO \_\_\_\_\_ YES \_\_\_\_\_ Please list: \_\_\_\_\_

Is Medication required at school? NO \_\_\_\_\_ YES \_\_\_\_\_ Please list: \_\_\_\_\_

**COMPLETE REQUIRED PAPERWORK FOR MEDICATION AT SCHOOL** *State law requires written permission from a parent/guardian and a health care provider before any medication (prescription and/or over-the-counter) may be taken at school. Medication Authorization Forms are available at the front info desk. (RCW28A.210.260)*

Does your student have a LIFE-THREATENING health condition?  No  Yes If yes please complete the section below.

### Life-Threatening Conditions

Asthma Does your child use an inhaler?  Yes  No

Allergy Please check this box only if the allergy is severe and epinephrine is prescribed.

Severe Allergen(s) \_\_\_\_\_

I give my consent to share with classroom parents/students that my child has an allergy.  Yes  No

Diabetes Diagnosis Date \_\_\_\_\_ Type 1 or 2 \_\_\_\_\_ CGM \_\_\_\_\_  Yes  No

Pump/Injections \_\_\_\_\_ Medication \_\_\_\_\_

Seizures Type \_\_\_\_\_ Medication \_\_\_\_\_

Medical Device(s) \_\_\_\_\_

Other Conditions or Concerns: \_\_\_\_\_

*State law requires that students with life-threatening conditions such as anaphylaxis, severe asthma, diabetes, and/or seizures must provide a current medication order and health plan for the school year. The medication(s) must be delivered to school **PRIOR TO THE FIRST DAY OF THE SCHOOL YEAR.** (RCW28A.210.320)*

**I understand the information provided herein may be shared with school staff to help provide health and safety for my student. I understand that Washington State law requires students' immunizations to be complete or conditional before starting school.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**MEDICATION AUTHORIZATION ORDER FORM**

Student Name: \_\_\_\_\_  Male  Female Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Teacher: \_\_\_\_\_

Grade: \_\_\_\_\_

**School Guidelines for Medications**

If a student must receive medications during school hours, the following procedures must be followed. Prescribed or nonprescribed (OTC) medication may be dispensed to students on a scheduled or as-needed basis once a completed Medication Authorization Order Form, signed by a Licensed Health Care Provider (LHP) and parent/guardian is on file. The request is valid for the current academic school year unless a shorter time period is specified. The medication, supplied by the parent/guardian, must be in the original, properly labeled container, including any over-the-counter medication. Pursuit School accepts no responsibility for adverse reactions when the medication is dispensed in accordance with the LHP order.

**MEDICATION ORDER COMPLETED BY LICENSED HEALTH CARE PROVIDER**

Diagnosis	Medication	Dosage	Route	Time/Interval/ Condition/Symptom	Self-carry	Side Effects
					Yes / No	
					Yes / No	
					Yes / No	
					Yes / No	

**LICENSED HEALTH CARE PROVIDER INFORMATION/SIGNATURE**

I request and authorize that the above-named student receives the above-identified medication(s) in accordance with the instructions indicated, beginning with the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ (not to exceed the current school year). There exists a valid health reason, which makes administration of the medication advisable during school hours. For any medications a student is allowed to self-carry an emergency plan in case of emergency is attached, training is provided to the student, and the student has demonstrated the ability to correctly evaluate their symptoms for use of the medication.

LHP Signature: \_\_\_\_\_ Date: \_\_\_\_\_

LHP Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**PARENT/GUARDIAN AGREEMENT**

- Due to unforeseen circumstances, I understand a dose may be delayed or missed.
- All prescription and over-the-counter medication must be in their original, labeled container with the student's name and instructions matching the Medication Authorization Order Form.
- When notified by school personnel that medication remains after the course of treatment, I will collect the medication from the school or understand that it will be destroyed.
- Pursuit School assumes no responsibility for self-carried medications.
- My signature below indicates that I have read and understand and will abide by the Pursuit School Medication Policy.
- \*\*\*Please indicate if you want medication given on half days \_\_\_\_YES \_\_\_\_NO

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone number(s): \_\_\_\_\_

## Medication Policy

Pursuit recommends medication be administered at home whenever possible. In some cases, medication may be necessary during the school day. To remain in compliance with Washington State law, policies, and procedures specify the handling of ALL prescription and over-the-counter medications in the school. Events occurring outside of school hours (e.g., extended field trips and athletic events) are the responsibility of parents/guardians to provide all medications.

Please do not place any kind of medicine, including Tylenol, Ibuprofen, vitamins, and cough drops in your child's lunch box, backpack, or pockets. Unidentified medicine may not be administered in school. Adults must deliver/pick up medication to/at school. It is the responsibility of the parent/guardian to ensure the expiration date of all medication and resupply as needed.

### **School Staff Administered – The following conditions must be met:**

All medications, whether over-the-counter or prescription, need a current Medication Authorization Form signed by the student's licensed health care provider and parent/guardian.

Medication is required to be properly labeled prescription or original over-the-counter container. The student's name must be on the label with proper identification of the drug, dosage, and directions for administration. A quantity sufficient for **one** month only can be sent to school.

Medication Authorization Forms are effective for the **current** school year only. The parent/guardian is responsible for notifying the school and providing verification from the licensed health provider of any changes to the medication order occur.

**Field trips:** For students on daily medication, please request an extra labeled empty bottle from your pharmacy that can be used for field trips.

**Asthma and Anaphylaxis medications:** Requests made by parents/guardians for authorization for a student to self-administer medication for asthma and/or anaphylaxis, requires a completed and signed Medication Authorization Form. The LHP must attach a treatment plan for what to do in case of an emergency. The health care provider must also provide training for the student in symptom recognition and the correct use of the medication(s). Additionally, the student must demonstrate his/her ability to correctly evaluate his/her symptoms and use of the medication(s) to the school director including how to access help when needed.

**School responsibility:** Non-medical staff may be trained in proper procedures for the administration of medication if they are willing. Medications will be recorded on an individual medication log sheet, will be checked in/out (counted), and will be stored in a secure location.

### Legal References:

RCW 28A.210.260 Public and private schools-Administration of medication-conditions

RCW 28A.210.270 Public and private schools-Administration of medication-Immunity from liability-discontinuance procedure

RCW 28A.210.320 Children with life-threatening health conditions medication/treatment orders

RCW 28A.210.370 Students with asthma