



where learning lasts a lifetime

2017-2018 Preprimary Application Information and Procedures

Thank you for your interest in Cedar Crest Academy! Before applying, please make yourself familiar with our Application Procedure, outlined below. We ask you to carefully consider your goals for your child's early education, because children benefit from continuity and familiarity. We appreciate applicants who are looking to continue in our program for multiple years. *When answering the parent questions, please take the time to answer thoroughly and thoughtfully. Feel free to attach any additional documents that will help us get to know your child.* We may ask applicants with incomplete applications to come to the school for a play date in order to determine enrollment. Thank you again for considering Cedar Crest Academy.

Please note the following prerequisites to admission into our program:

- Child must be the appropriate age by August 31st of the school year for which you are applying. Our school year runs September through June, with the summer program running July and August.
Young Preschool (Age 30 months by 8/31), Preschool (age 3 by 8/31), Pre-K (age 4 by 8/31).
- **Child must be fully potty-trained. No pull-ups or nap time diapers allowed.**
- Application procedure must be followed as outlined below, including the submission of a non-refundable \$100 application fee. If you wish to be considered for multiple campuses, please rank order of preference on the application.

Application Procedure

Step 1: Tour.

Get to know us by attending a tour and/or Open House. Tours are given regularly, on pre-set dates at each of our campuses. Please note that space is limited on each tour and tours fill quickly. We recommend setting your tour date as soon as you decide which campus you'd like your child to attend. You are welcome to tour all of our campuses if you wish. Tours can be set up by scheduling them online at our website. For Open House dates, please check our website.

Step 2: Apply.

After completing a tour and/or Open House, you can download an application from our website or pick one up at any campus. If your child is currently enrolled in a program, his or her current or most recent teacher must fill out the attached Teacher Recommendation Form. Applications can be submitted by mail or in person to your first choice campus. Applications will not be considered unless submitted with the required, non-refundable application fee. **Applications must be postmarked no later than Friday, February 10, 2017.** Please note that applications are not considered in the order received; all applications go into a general pool from which students are chosen. No priority is given based on application date, and applications may not be submitted more than a year in advance. Please apply only for the coming School Year. If you are looking to enroll and the School Year has already begun, contact the campus you are interested in directly to schedule a tour and check availability.

Step 3: Receive confirmation.

Once we have received your application and fee, you will receive a confirmation e-mail with a date by which you should receive notification of our decision.

Step 4: Await notification.

After we have reviewed all of the applications, you will receive a letter stating whether or not we are able to accommodate your child during the School Year for which you have applied. These letters will be sent out on March 3, 2017. If we are not able to accommodate your child, we will keep his/her application on file during the remainder of the School Year in the event that an opening arises.

*If you have any questions, please e-mail us at Admissions@cedarcrestacademy.org.
We look forward to getting to know your child and family during the admissions process.*

Page Left
Intentionally Blank



where learning lasts a lifetime

Preprimary Application

All of the information provided in this application will be kept completely confidential.

APPLICANT INFORMATION

Child's Name _____

Age _____ Date of Birth (MM/DD/YYYY) ___/___/____ Gender: Male Female

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)

(Note age requirements; child's age must comply with the cut off of the School Year for which you are applying)

Desired Schedule: M T W Th F Approx. Hours: _____ to _____ We prefer that children new to Cedar Crest Academy start in the summer. Starting Date: July August Immediately

PARENT QUESTIONS – (PLEASE PROVIDE DETAILED RESPONSES ON A SEPARATE PAGE.)

1. When thinking of your child, what makes you smile?
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.
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, requiring both a time (5-10 hours per year) and monetary (up to \$100) commitment to our active Parent Group Association. Examples include participating in school wide events, classroom holiday celebrations, and more. How do you see yourself participating in the Parent Group Association?
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)

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name _____ Preferred Name _____

Parent/Guardian Name _____ Preferred Name _____

Relationship to child _____

Relationship to child _____

Address same as child's? Yes No

Address same as child's? Yes No

Address _____

Address _____

City, State _____ Zip _____

City, State _____ Zip _____

Occupation _____ Employer _____

Occupation _____ Employer _____

(_____) _____

(_____) _____

Day Phone _____

Day Phone _____

E-mail (please print legibly) _____

E-mail (please print legibly) _____

ADDITIONAL INFORMATION

| Name of program child currently attends | Days/Week | Hours/Day | Dates Attended |
|---|-----------|-----------|----------------|
|---|-----------|-----------|----------------|

| Name of program child previously attended | Days/Week | Hours/Day | Dates Attended |
|---|-----------|-----------|----------------|
|---|-----------|-----------|----------------|

Do you have any other child(ren) who have attended Cedar Crest Academy?

Name _____ Campus _____ Dates Attended _____

How did you hear about us? _____

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

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? Yes No. If so, please include copies of these reports along with the completed application.

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]

Park Highland _____

308 118th Ave SE
Bellevue, WA 98005

Kirkland _____

10406 NE 37th Circle
Kirkland, WA 98033

Redmond _____

17720 NE 65th ST
Redmond, WA 98052

Bellewood _____

2125 112th Ave 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 and can be sent to admissions@cedarcrestacademy.org

I will bring my child to school on time each day. (The school day is 9:00-4:00) _____ (initial)

I understand there is a parent involvement component to this program. _____ (initial)

When placing children in classes for the upcoming School Year, Cedar Crest Academy does not promise specific teachers nor does Cedar Crest Academy guarantee specific parental requests. _____ (initial)

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 Form, 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 application by February 10, 2017.

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



where learning lasts a lifetime

2017-2018 Preprimary Teacher Recommendation

PARENT: Please complete the *upper portion* of this Recommendation Form *only*. The rest of the form should be completed and returned (**separately from your application**) by your child's current teacher or caregiver.

CHILD'S NAME: _____

APPLYING FOR: (Campus) _____ (Grade) _____

TEACHER/CAREGIVER: The child listed above has applied for admission to Cedar Crest Academy. We place a high value on the feedback that you can give us regarding this child. Please take the time to give a complete and candid evaluation of this child and family. Note that *all of the information provided in this recommendation will be kept completely confidential*.

1. How long have you known the applicant (Years _____ Months _____), and in what capacity?
2. Please list at least three of the applicant's personal strengths.
3. Please comment on the applicant's academic readiness.
4. Please tell us how the applicant responds to both structured and unstructured activities.
5. What have been your most successful methods of working cooperatively with this child's parents?
How have the parents contributed to your program/classroom?
6. Are the parent's expectations of their child consistent with yours?
7. Is there anything special about this child that a new school should know?
8. Please check the phrases below that describe this child (please check all that apply).

| | |
|---|---|
| <input type="checkbox"/> Able to feed themselves at mealtime | <input type="checkbox"/> Able to dress/undress him or herself |
| <input type="checkbox"/> Able to go to the bathroom independently | <input type="checkbox"/> Able to communicate his or her needs to an adult |
| <input type="checkbox"/> Able to sit for a structured activity for 15 minutes | <input type="checkbox"/> Able to comfortably separate from parent |
| <input type="checkbox"/> Interacts positively with adults | <input type="checkbox"/> Interacts positively with peers |

Thank you for taking the time to complete this application to help acquaint us with this child.

Name of Program

Name of Teacher /Caregiver

Date

Phone Number

May we contact you for future information? Yes No

**Please scan and email this form to Admissions no later than February 10, 2017:
E-mail: Admissions@cedarcrestacademy.org**