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33645 20th Ave. S,
Federal Way, WA 98003

2018-2019

Thank you for your interest in Christian Faith School. Deciding where to educate your child is not a light decision and we appreciate the opportunity to share the benefits of a CFS education. At CFS, our vision is to create an environment of critical thinking and innovation while teaching with excellence. Students develop character by learning to be led by the Holy Spirit, achieve academic mastery, excel in work ethic, practice social skills, and model Christ-like behavior. This vision will be achieved as students demonstrate these values and skills in a school where they are fully prepared for higher achievement following graduation.

We commend you for your courage as you take this step of faith to find the best education for your child. Our mission is to partner with you, to instill God-given vision in the heart of your student, giving him/her a foundation for success in life.

If you have any enrollment questions or are in need of more information, please do not hesitate to contact me at (253) 943-2540 or via email at admissions@christianfaithschool.com. I am here to help you through the enrollment process.

Sincerely,

Michelle Hillstrom

Michelle Hillstrom
Director of Admissions

Accredited by


Approved by





Christian Faith School
Equipping the next generation

EARLY EDUCATION ENROLLMENT CHECKLIST

To begin the admissions process, please complete and return the following items:

- _____ Enrollment Form (1 per family)
- _____ Health & Medical Form (1 per student)
- _____ Family Information Form (1 per family)
- _____ Student Release Authorization Form
- _____ Statement of Understanding
- _____ Signed Certificate of Immunization Status (CIS) – WA State Required
- _____ Certified Birth Certificate or valid Passport, please provide original, CFS will make a copy
- _____ Enrollment Fee of \$200 (non-refundable & non transferrable)
- _____ Finalize payment arrangements and Verify all Contact Info with Director of Admissions

<u>FOR OFFICE USE ONLY</u>	<u>DATE</u>	<u>TESTER</u>	<u>NOTES</u>
Acceptance Letter Emailed	_____	_____	_____



Date: _____

School Year: 20____ / 20____

Referred by: _____

Enrollment Form

Student Info: (Please use 1 enrollment form for all enrolling students.)

Family Address: _____ City, State, Zip _____

Student's First Name: _____ Last _____ Nickname _____

Early Ed Options: ½ Day (8am – 11:30am) _____ Full Day (8am – 2:40pm) _____ Extended Full Day (6am – 6pm) _____

Gender: Male Female Birth Date: _____ / _____ / _____ Grade Entering _____

Student's First Name: _____ Last _____ Nickname _____

Early Ed Options: ½ Day (8am – 11:30am) _____ Full Day (8am – 2:40pm) _____ Extended Full Day (6am – 6pm) _____

Gender: Male Female Birth Date: _____ / _____ / _____ Grade Entering _____

Student's First Name: _____ Last _____ Nickname _____

Gender: Male Female Birth Date: _____ / _____ / _____ Grade Entering _____

Early Ed Options: ½ Day (8am – 11:30am) _____ Full Day (8am – 2:40pm) _____ Extended Full Day (6am – 6pm) _____

Parent Info: _____ Married _____ Divorced _____ Widowed _____ Separated _____ Single

Father/Guardian: _____ Mother/Guardian: _____

Employer: _____ Employer: _____

Job Title: _____ Job Title: _____

Cell #: (____) _____ Cell #: (____) _____

Work #: (____) _____ Work #: (____) _____

Email: _____ Email: _____

Child(ren) resides with? Both Parents Mother Father Guardian

If Applicable:

Non-Custodial Parent's Address: _____

In the case of divorce, who has legal custody of the child? _____

(*Please note: The school office must be notified as to any restrictions regarding who may take the student from the school premises.)

Custody/Visiting Arrangements: _____

Restrictions: Visiting rights denied to: _____

(Copy of restraining order must be attached)

Emergency Contact Information

REQUIRED BY WASHINGTON STATE

If my child, _____ needs medical attention for an emergency and I **cannot be reached**, you have my permission to call:
(First Name) * Please make one person out of state for state catastrophe reasons

1. Name: _____ Cell: _____ Work: _____

2. Address: _____ Relationship to child: _____

3. Name: _____ Cell: _____ Work: _____

Address: _____ Relationship to child: _____



Health & Medical Form

Each child enrolling will need to have this form completed.

REQUIRED BY WASHINGTON STATE

Physician: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Does not have a dentist

Hospital of Choice: _____ Address: _____ Phone: _____

Insurance Company: _____ Policy # _____ Phone Number: _____

Allergies:

No known Allergies

Food: _____ Reaction: _____

Drug: _____ Reaction: _____

Method of Treatment or Comments: _____

Date of Last Physical/Well Child Check: _____ List any physical challenges: _____

Medication Policies:

- Prescription Medication** can only be administered if the parent or guardian completes the Medication Authorization Form giving CFS clear directions. **All** prescribed medication must be in the **original container** with physician's directions attached. We will only administer prescription drugs that immediately follow the prescription date.
- Over-the-counter Medications** may only be administered if the parent or guardian completes the Medication Authorization Form giving CFS clear directions. All medication must be in the original container; we will only administer within dosage limits listed on the label.
- Any Medication Left at the School** that is past the expiration date and not picked up by the parent/guardian within 2 weeks will be disposed of appropriately.

Current medications used by child: _____

Transfer & Treatment Consent:

I (We), the undersigned parent(s)/legal guardian(s) of the above named child, do hereby authorize transportation to and from and participation in school-sponsored field trips and the authorities of Christian Faith School to permit its designated representative to give consent to a physician and/or hospital for emergency medical and/or surgical treatment when necessary to our son/daughter, for sustained injuries or sickness requiring emergency treatment during school hours; or, after school hours while partaking in school-sponsored activities, such as educational, social, and athletic events, provided such event or events have an authorized representative of the school present. It is understood that the school or its representative does not assume any financial responsibility for any expenses that might be incurred for said emergency treatment. It is further understood that the school authorities will notify us as soon as possible following the emergency, but in no way is treatment to be delayed until we have been notified.

Father/Guardian

Date

Mother/Guardian

Date



Family Information

*** The following information is optional for State Reports and Grant Applications.**

*Annual Household Income:

\$25,000 or below \$25,000 - \$49,999 \$50,000 - \$74,999 \$75,000 - \$99,999 \$100,000 +

*Family Size: _____

*Ethnicity: African American Asian Caucasian Hispanic Native American Multi-Racial _____

Name and grades(s) of other children and school they are attending:

Name School Attending

Name School Attending

Parent/Guardian: Do you go to church? Yes No Home Church: _____

Initial: _____ I (We) give permission to Christian Faith School to publish photographs and or video of my (our) child(ren) whether in print, on the web, or any other form of media that exists now or is developed in the future for the purpose of sharing events at Christian Faith School.

Initial: _____ CFS has permission to print my contact information in the CFS Student Directory as written below:

Name(s): _____ Phone: _____ Email: _____

Initial: _____ I will not distribute or provide any information contained in the CFS Student Directory to unauthorized individuals or firms for solicitation.

NON-DISCRIMINATORY POLICY

Christian Faith School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded to students of the school and it does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admissions policies, scholarship, loan programs, athletic and other school administered programs.



Parent Agreement

Student(s) Name: _____

GENERAL:

I (We) appreciate the standards of the school and agree to support all policies of the school as stated in the student/parent handbook.

I (We) understand the school reserves the right to dismiss my (our) child if he/she fails to comply with established regulations. I (We) understand that this Parental Agreement will be in effect for as long as my (our) child is enrolled and/or attends CFS, regardless of his/her grade level; regular and summer sessions. I (We) understand that should our address, marital status and/or custody arrangements change, it is my (our) responsibility to notify the school and to have any necessary documents updated with the CFS offices in a timely manner.

Parent Initial _____

DISCIPLINE:

I (We) give permission to the school staff to make and enforce classroom and school policies. This may include such measures as instruction, exhortation, correction, suspension or expulsion. Parent Initial _____

TUITION PAYMENT:

I (We) understand that tuition fees cover ten months of school, and are paid from August through May. Tuition may be paid monthly or in a lump sum. Monthly payments are made through F.A.C.T.S. tuition bank draft agreement. All tuition payments must be paid in full by May of each academic year that my (our) student(s) is (are) enrolled. F.A.C.T.S. will charge an annual enrollment fee as stated on the contract. Monthly tuition payments are considered delinquent after the due date. If the account is not paid within 10 days, the student may be withdrawn from classes and remain so until the delinquent tuition is paid. Non-sufficient funds at the time of draft will be assessed a fee by F.A.C.T.S. and CFS as noted on the current academic year fee schedule. All International Students are required to pay in full by August 1st. Parent Initial _____

TUITION & FEES: See Parent Handbook for complete policies.

HEALTH SCREENING:

I (We) give permission for my (our) child to participate in health, fitness, vision, scoliosis, etc. screening that may take place at CFS. Parent Initial _____

EVALUTATION CONSENT:

I (we) give permission for our child(ren) to be tested in order to facilitate educational placement and/or determine appropriate study programs according to the individual student's needs. Parent Initial _____

WITHDRAWAL NOTICE:

I (We) agree that should I (we) choose to withdraw my (our) children, I (we) understand that school records pertaining to my (our) student will be released following an exit interview with the administration and when our account is paid in full.

I (we) understand that if I (we) withdraw my (our) child after the first of the month, I (we) will remain responsible for the complete month's tuition. If I (we) withdraw before September 30th, 10% of our current year tuition contract(s) will be due in addition to any prorated tuition for days enrolled.

Parent Initial _____

I (We) believe that CFS is an extension of our home and pledge to support the school in prayer and actions and partner with CFS for the benefit of my (our) student. Parent Initial _____

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date



Student Release Authorization Form

Only one form per family needed (PK – Grade 5)

FAMILY LAST NAME: _____

Student Name: _____

Grade: _____

Student Name: _____

Grade: _____

Student Name: _____

Grade: _____

Student Name: _____

Grade: _____

THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICKUP MY CHILD(REN)

Name: _____ Relationship: _____ Contact # _____

Name: _____ Relationship: _____ Contact # _____

Name: _____ Relationship: _____ Contact # _____

Name: _____ Relationship: _____ Contact # _____

Parent Signature: _____

Date: _____



Statement of Understanding

Admission to the programs of Christian Faith School is considered with the expectation that all questions and information requested during the application process including continued enrollment, are answered truthfully and completely. I understand that any misstatement or omission of information made on any application or during the admission process may result in revocation of an offer of admission and/or enrollment to, or dismissal of, my son/daughter/ward from CFS.

By signing, the parent/guardian, and student affirm that they understand and agree that enrollment at Christian Faith School is subject to and expressly conditional on the student's compliance with the terms, conditions, rules, and policies stated in the CFS Student/Parent Handbook, Statement of Faith and in other written statements, current and/or amended. The student and parent/guardian are expected to follow these rules, regulations, and policies, and failure to do so may result in corrective action, including dismissal from CFS.

The Signatures below will be kept on file with the Registrar as documentation of the official signatures for comparison purposes for the remainder of the student's enrollment at Christian Faith School.

Parent/Guardian Printed Name Parent Signature Date

Parent/Guardian Printed Name Parent Signature Date



Certificate of Immunization Status (CIS)

For Kindergarten-12th Grade / Child Care Entry

Office Use Only:
 Reviewed by: _____ Date: _____
 Signed Cert. of Exemption on file? Yes No

Please print. See back for instructions on how to fill out this form or get it printed from the Washington Immunization Information System.

Child's Last Name: _____ **First Name:** _____ **Middle Initial:** _____ **Birthdate (MM/DD/YY):** _____ **Sex:** _____

I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.

Parent/Guardian Signature Required _____ **Date** _____

I certify that the information provided on this form is correct and verifiable.

Parent/Guardian Signature Required _____ **Date** _____

	Date	Date	Date	Date	Date	Date
	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
Required Vaccines for School or Child Care Entry						
<ul style="list-style-type: none"> Required for School and Child Care/Preschool Required Only for Child Care/Preschool 						
<ul style="list-style-type: none"> DTaP, DT (Diphtheria, Tetanus, Pertussis) Tdap (Tetanus, Diphtheria, Pertussis) Td (Tetanus, Diphtheria) Hepatitis B <ul style="list-style-type: none"> 2-dose schedule used between ages 11-15 Hib (<i>Haemophilus influenzae</i> type b) IPV / OPV (Polio) MMR (Measles, Mumps, Rubella) PCV / PPSV (Pneumococcal) Varicella (Chickenpox) <ul style="list-style-type: none"> History of disease verified by IIS 						
Recommended Vaccines (Not Required for School or Child Care Entry)						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV, MPSV (Meningococcal)						
MenB (Meningococcal)						
Rotavirus						

Documentation of Disease Immunity
Healthcare provider use only

If the child named in this CIS has a history of Varicella (Chickenpox) or can show immunity by blood test (titer) it **MUST** be verified by a healthcare provider

I certify that the child named on this CIS has:

a verified history of Varicella (Chickenpox).
 laboratory evidence of immunity (titer) to disease(s) marked below. **Lab report(s) for titers MUST also be attached.**

<input type="checkbox"/> Diphtheria <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hib <input type="checkbox"/> Measles	<input type="checkbox"/> Mumps <input type="checkbox"/> Polio <input type="checkbox"/> Rubella <input type="checkbox"/> Tetanus <input type="checkbox"/> Varicella	<input type="checkbox"/> Other: _____
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Licensed healthcare provider signature _____ Date _____
 (MD, DO, ND, PA, ARNP)

Printed Name _____