

# HOSANNA CHRISTIAN SCHOOL

## 2014/2015 Academic Year Registration

**Instructions:**

Please carefully read and follow the instructions below in order to expedite the enrollment process:

- 1) \_\_\_ Attach a copy of the child's current immunization record, or sign the Waiver with your doctor's signature.
- 2) \_\_\_ Students being enrolled in Hosanna for the first time must also attach a copy of their birth certificate
- 3) \_\_\_ Every form for every child being enrolled must be COMPLETELY filled out
- 4) \_\_\_ A non-refundable registration fee of \$120 per student.  
*Early Bird Special* from March 6<sup>th</sup> to April 4<sup>th</sup> is only \$100/student

**Tuition Prices**

**PRESCHOOL (3 YR OLD) KINDERGARTEN - PREP (4 YR OLD)**

Program 8:45am—11:30am or 12:30pm—3:00pm	Tuition Pay in full or 9 or 10 month payment plan
<b>2 day (Tues&amp; Thurs)</b>	<b>\$1235</b>
<b>3 day (Mon, Wed &amp; Fri)</b>	<b>\$1755</b>
<b>5 day (Monday-Friday)</b>	<b>\$2990</b>

**KINDERGARTEN – 8<sup>TH</sup> GRADE**

Program 8:45am to 3:15pm	Tuition Pay in full or 10 or 11 month payment plan
<b>3 day Kindergarten (Mon, Wed &amp; Fri)</b>	<b>\$3200</b>
<b>5 day K—6th Grade (Mon – Fri)</b>	<b>\$4350</b>
<b>7th/8th Grade (Jr High) (Mon-Fri)</b>	<b>\$4510</b>

**9<sup>TH</sup> GRADE**

Program If full day - 8:45am to 3:15pm	Tuition Pay in full or 10 or 11 month payment plan
<b>Per 0.5 Credit</b>	<b>\$500</b>
<b>Part Time (3.0 Credit)</b>	<b>\$2700</b>
<b>Full Time (6.0 Credit)</b>	<b>\$5200</b>

**IMPORTANT**

*A parent or guardian must enroll the child In Person, as additional signatures will be required*

*Your child will not be enrolled until ALL of the above items have been completed.*

**HOSANNA CHRISTIAN SCHOOL**  
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*(Please print exactly as it should appear on all permanent records)*

STUDENT'S INFORMATION

GRADE ENTERING: \_\_\_\_\_

*If Preschool or Kindergarten -Prep*

2day ½ day (Tues/Thurs)  3 day ½ day (M/W/F)  5 day ½ day (M-F)

*If Kindergarten*

3day full day (M/W/F) or  5 day full day (M-F)

*If 9<sup>th</sup> Grade*

Per 0.5 Credit, if so which credits \_\_\_\_\_

Part Time, if so which 3 credits \_\_\_\_\_

Full Time

Last: _____			First: _____			Middle: _____			
Name Used (If different then First): _____									
Mailing Address: _____			City: _____			State: _____		Zip: _____	
Home Phone: _____			Date of Birth: ___/___/___			Age: _____		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	

**Non Profit Organization Definition**

Nonprofit corporations differ from profit-driven corporations in several respects. The most basic difference is that nonprofit corporations cannot operate for profit. That is, they cannot distribute corporate income to shareholders. The funds acquired by nonprofit corporations must stay within the corporate accounts to pay for reasonable salaries, expenses, and the activities of the corporation.

(<http://legal-dictionary.thefreedictionary.com/Non-profit+organization>)

Hosanna Christian School is a non-profit organization.

This is why tuition should be paid on time every month. Our teachers, principal, admin asst, teacher aide, recess aide pay and our bills including electricity, phone, copier, internet, garbage, etc is paid out monthly from tuition.

Hot Lunch employee counts on the money coming in on time for what you owe so they can have a pay check for the month and are able to buy groceries and milks for the hot lunches.

Extended Care employees', also, counts on your prompt payment for their wages.

I have read the above and understand.

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

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### FAMILY INFORMATION

PRIMARY HOUSEHOLD (where student lives)

Parent/Guardian First & Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_ Occupation: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Parent/Guardian First & Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_ Occupation: \_\_\_\_\_

E-Mail: \_\_\_\_\_

CHECK ANY THAT ARE APPLICABLE TO STUDENT:

If applicable, attach legal documents regarding restrictions for non-custodial parent

- Father is deceased    Mother is deceased    Parents are divorced    Parents are separated

### SECONDARY HOUSEHOLD (if applicable)

Parent/Guardian First & Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_ Occupation: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Parent/Guardian First & Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_ Occupation: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### SIBLINGS

	M/F	Age/Grade	School or Occupation
Name: _____	_____	_____	_____
Name: _____	_____	_____	_____
Name: _____	_____	_____	_____

**HOSANNA CHRISTIAN SCHOOL**  
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How did you hear about Hosanna? \_\_\_\_\_

.....

**CHURCH AFFILIATION**

Yes  No *If Yes*  Regularly  Occasionally Church *Family attends:* \_\_\_\_\_

.....

**ACADEMIC INFORMATION**

Present School: \_\_\_\_\_ Grade Attended: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Type of School:  Public  Christian  Home school  other \_\_\_\_\_

Has your child ever been suspended/expelled from school?  No  Yes If Yes, explain \_\_\_\_\_

\_\_\_\_\_

Has it ever been suggested that your child repeat a grade?  No  Yes If Yes, what grade? \_\_\_\_\_

Has your child received or has been recommended to receive help with their academics (i.e. math, reading)?

No  Yes If Yes, explain \_\_\_\_\_

\_\_\_\_\_

Does your child have any academic/social/emotional difficulties that we should be aware of? \_\_\_\_\_

\_\_\_\_\_

.....

Special circumstances of which the school should be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# HOSANNA CHRISTIAN SCHOOL

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### EARLY DROP OFF/PICK-UP/LATE POLICY INFORMATION

I understand that HOSANNA CHRISTIAN SCHOOL classes start at 8:45 a.m. or 12:30 p.m. and are finished promptly at 11:30 a.m. or 3:15 p.m. and that I am responsible for making arrangements for delivery and pick up of my student(s).

School policy dictates for safety that my child(ren) will not be released to anyone other than parent/guardian unless permission is received from the parent/guardian written or verbal.

Please, make sure the person picking up your child must show current photo id/driver license. If our staff does not know you or the person authorized to pick them up they will ask for a photo id. This is for safety of your child(ren).

I hereby authorize my child(ren) to be delivered and picked up from class or Extended Care by the following people:

Full Name : \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Full Name : \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Full Name : \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Full Name : \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Full Name : \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Full Name : \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Additional people may be listed on the bottom of this form.

### LATE POLICY:

*HOSANNA CHRISTIAN SCHOOL policy for parents who arrive late to pick up their students(s) is that the student shall be taken to Extended Care if you are more than 10 minutes late. You will be billed the cost for Extended Care (\$4.50/hr) on the next month's billing. This will be added to your account and paid at the next tuition due date, **your account will not be current until this amount has been paid.***

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**HOSANNA CHRISTIAN SCHOOL**  
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**EMERGENCY MEDICAL CARE AUTHORIZATION AND HEALTH INFORMATION**

Student Name: _____ <small style="display: inline-block; width: 20%; text-align: center;">Last</small> <small style="display: inline-block; width: 20%; text-align: center;">First</small> <small style="display: inline-block; width: 20%; text-align: center;">M.I.</small>	Birthday ____/____/____
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- In case of illness/accident when a parent cannot be contacted by the school and if, in the judgment of the Teacher/Director, the child requires a physician, the doctor you provided to us in the medical section will be called at the parent's expense.
- If an accident/illness to the child, the Teacher or TA will promptly take such reasonable measures as are, in their judgment, in the best interest of the child and will notify the parents as soon as possible.
- HCS under the authority of the FEC will provide accident insurance coverage during school hours.

I authorize Hosanna Christian School to be the consenting agent if parent or guardian cannot be contacted in reasonable time for emergency surgical or medical treatment by a licensed physician or hospital when such treatment is deemed necessary by licensed physician to save the life or limb of the child.

The above applies to HCS sponsored events on or off campus and to events sponsored by other entities in which HCS is invited to participate.

The above applies to emergency transportation to a medical facility.

The undersigned releases Hosanna Christian School, Vancouver First Evangelical Church, and their employees and trained volunteers from financial responsibility related to emergency care for your child(ren) and for any costs acquired from illness occurring during or just following the school year.

You signing this document does not authorize HCS access to family or student medical records or release documented student medical information, including immunization records.

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL INFORMATION**

Name of Doctor: _____	Phone Number: _____
Name of Insurance Company: _____	Phone Number: _____
Group Number: _____	Policy/Certificate Number: _____

1) Does your child have any Chronic Health Conditions? (check all that apply)  Asthma or other respiratory problems  Seizure disorder  Diabetes  Frequent ear infections  Heart condition  Bladder or Bowel  Skin problem  
Any other conditions? \_\_\_\_\_

2) Has your child been seen in the emergency room or hospital for this condition?  No  Yes If yes, please explain \_\_\_\_\_

3) Does your child have any allergies to:  Medication  Food  Bee Stings  Other \_\_\_\_\_  
Please explain the type of reaction: \_\_\_\_\_

Does your child require an Epi-pen?  No  Yes Benadryl?  No  Yes

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- 4) Has your child had any serious illness, operation, hospitalization or injuries?  No  Yes  
If yes, explain \_\_\_\_\_
- 5) Does your child have any limitations or disabilities (ADD/ADHD, Dyslexia ?  No  Yes If yes, explain \_\_\_\_\_
- 6) Has your child had any problems with vision?  No  Yes Glasses?  No  Yes  
Has your child had any problems with hearing?  No  Yes Ear tubes?  No  Yes  
If yes, please explain \_\_\_\_\_
- 7) Is your child on any medication?  No  Yes Inhalers?  No  Yes  
If yes, list medication(s) \_\_\_\_\_  
Does medication need to be given at school?  No  Yes

*NOTE: Parent & Doctor Must Complete a Special Form (available in school office) for every medication to be given at school & kept in the school office locked up.*

*Parents:* If a child has a fever that child will not be able to come to school until fever free for 24 hours. It is your responsibility to notify the school if your child has a life threatening illness before attending school. HCS will give written notice in the event of any exposure to a contagious disease.

### EMERGENCY INFORMATION

*Please list (in order you wish them to be contacted) people with whom the student should be sent home with if school is unable to reach parent/guardian.*

*Please, make sure the person picking up your child brings a photo id. If our staff does not know you or the person authorized to pick them up they will ask for a photo id. This is for safety of your child(ren).*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number(s): home \_\_\_\_\_ cell \_\_\_\_\_ work \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number(s): home \_\_\_\_\_ cell \_\_\_\_\_ work \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone Number(s): home \_\_\_\_\_ cell \_\_\_\_\_ work \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone Number(s): home \_\_\_\_\_ cell \_\_\_\_\_ work \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone Number(s): home \_\_\_\_\_ cell \_\_\_\_\_ work \_\_\_\_\_

**HOSANNA CHRISTIAN SCHOOL**  
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**FIELD TRIP PERMISSION**

I give permission for my child(ren) to participate in all Hosanna Christian School sponsored field trips during the 2014-2015 school year.

Depending on your child(ren)'s grade will determine the type of field trips. It could range from pumpkin patch, Bonneville Dam, Olympia or Zoo. Those were just some of the ones from the past year. We will inform you about each field trip.

Yes, My child has permission to carpool or ride in school van. If there is a certain parent(s) they can only ride with please write in their name(s) below \_\_\_\_\_

No, My child only has permission to ride in school van.

**PHOTO PERMISSION**

As most of you know HCS has a website and we would like to put some pictures of our students on it. What we would like is permission from you when events happen and if pictures are taken to be able to put these on the website. We also have a facebook account would you be willing to have your child(ren)'s pictures on there.

Please, check the appropriate box below, so that we know if we are able to photograph your child.

I give permission for my child to have their photo taken and be displayed.

Individual photos  Yes  No on/in  website  Hosanna building  Facebook (Hosanna's Account)

Group photos  Yes  No on/in  website  Hosanna building  Facebook (Hosanna's Account)

My child's name  can  can not be added to the photo

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



**HOSANNA CHRISTIAN SCHOOL**  
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**PARENT AGREEMENT**

1. We understand that hot lunch is a program of Hosanna that I have to pay for. Provide 'for fee' hot lunch and extended care service before and after school.
2. Accept placement of student in 'for fee' extended care if student is dropped off before 8:25am or not picked up by 3:25pm.
- 1) Participate in the service block program by serving at the school for 30 hours for the year or pay a fee of \$7.50/hour not served. Time recording sheet is in school office and is your responsibility to fill out.
- 2) Parents are expected to participate in a conference with the child's teacher during the year.
- 3) Support HCS discipline policy, language standards and dress code as outline in Parent and Student Handbook.
- 4) Give HCS two weeks' notice before withdrawing child(ren) understanding that signer is responsible for all payments until official withdrawal processing is completed. We understand that if we withdraw our student before the end of the school year, tuition and Extended Care fees must be paid in full, lost or damaged books from the classroom or the library must be replaced or paid for in order to have student records sent to new school.
- 5) Parents are responsible to check Engrade (our on-line school management system) on a regular basis to see their child(ren)'s grades, school information and communication with teachers.
- 6) Any issue or complaint must be submitted in writing and given to the school Principal or School Board understanding that each will share with the other.
- 7) We understand that if our account becomes past due, the school may cancel agreement and my child shall be withdrawn from school unless a satisfactory arrangement is made for the delinquent amount. The school shall have the right to withhold official transcripts until balance is paid in full.

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

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*Each family is required to have service block of 30 hours or pay \$225 per year.  
This has to be fulfilled by the Friday before Memorial Day weekend.*

Parents, grandparents, close relatives may volunteer time as well.  
There will be a family folder in the office for you to record Service Block hours.

### I WILL SERVE MY BLOCK SERVICE HOURS IN:

#### JANITORIAL:

- Repair and maintenance
- Raking playground
- Spreading bark dust on playground

#### CLASSROOM:

- Room parent
- Grading Papers
- Field Trip Chaperone
- Art
- Help with Reading Groups
- Sanitize Classroom once a month

#### Serving Lunch *In House Opportunities: This Is a Full School Year Commitment*

- Monday  Tuesday  Wednesday  Thursday  Friday

#### *Helping in School Office (this does not have to be a year commitment)*

- Monday  Tuesday  Wednesday  Thursday  Friday

#### *Student Lunch Monitor* Monday Tuesday Wednesday Thursday Friday

#### *Recess Aide* Monday Tuesday Wednesday Thursday Friday

#### Educational Support: THIS IS A SCHOOL YEAR COMMITMENT

- Music Teacher - Specific Days you can do this \_\_\_\_\_
- Computer Class Tech - Specific Days you can do this \_\_\_\_\_
- Basketball assistant coach - Specific Days you can do this \_\_\_\_\_
- Volleyball coach - Specific Days you can do this \_\_\_\_\_
- Volleyball assistant coach - Specific Days you can do this \_\_\_\_\_
- Other Sports you might or could coach - Specific Days you can do this \_\_\_\_\_
- Tutoring - Specific Days you can do this \_\_\_\_\_

#### Fundraiser:

- Recycling Ink Cartridge, cell phones
- Box Top
- Auction
- SCRIP  Monday morning from 8:15am-8:45am  Tuesday morning 8:45am til scrip order is done
- Thursday 1pm until scrip is done

*We understand by sending our child(ren) to Hosanna we are required to do service at least 30 hours per year. If unable to meet this requirement, we will pay \$7.50 per hour we did not complete.*

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

**HOSANNA CHRISTIAN SCHOOL  
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EXTENDED CARE

COST: \$4.50/hr per student

EXTENDED CARE HOURS: Monday thru Friday from 6:30AM to 5:30PM

LATE FEE: An additional \$5 will be charged for each 5 minutes after 5:30PM

PAYMENT: Billing will be at the end of each month and payment is due the 15<sup>th</sup> of the month.

EXTENDED CARE is specifically designed for Hosanna Families who need a little help in coordinating their children's schedules with their own during the school week.

Children who arrive before 8:25am must be signed in to Extended Care; when one of the staff members of Hosanna sees a child in the halls before 8:30am unsupervised by AN ADULT the staff member is instructed to take the child to Extended Care & sign them in. This is for the safety of the child(ren).

Children who are here after school must be signed in to Extended Care; when one of the staff members of Hosanna sees a child in the halls after school unsupervised by AN ADULT the staff member is instructed to take the child to Extended Care & sign them in. This is for the safety of the child(ren).

Hosanna's Policy is that a child must be 3 years old and fully potty trained to be here for school or extended care.

Our goal is not to provide Day Care. Our goal is to provide a safe place to play and share under adult supervision until the parent/guardian arrives.

Hosanna Christian School structure and discipline will be maintained according to the agreement each family has previously signed for the school year under our Hosanna Christian School contract.

We do not provide lunches, so students needing care past noon will be expected to provide their own sack lunch and snacks.

Your child(ren) cannot be signed out by anyone except who you authorized on the Transportation list. When the list change or you have someone besides what is on the list, please call the school office. Make sure the people you authorized know that they will need to must show a current photo id/driver license for proof of identification.

I agree with the extended care rules & understand that my child has to be in extended care if I drop them off before 8:30am or are left after school for any reason.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# HOSANNA CHRISTIAN SCHOOL

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### Certificate of Immunization Status (CIS)

DOH 348-013 January 2010

Office Use Only:	
Reviewed by: _____	Date: _____
Signed Cert. of Exemption on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Child's Last Name:	First Name:	Middle Initial:	Birthdate (mm/dd/yyyy):	Sex:	I certify that the information provided on this form is correct and verifiable.
Symbols below: ♦ Required for School and Child Care/Preschool ● Required for Child Care/Preschool Only					
Parent/Guardian Name (please print): _____					Parent/Guardian Signature Required _____
					Date _____

Vaccine	Dose	Date		
		Month	Day	Year
<b>◆ Hepatitis B (Hep B)</b>				
	1			
	2			
	3			
or Hep B - 2 dose alternate schedule for teens				
	1			
	2			
<b>Rotavirus (RV1, RV5)</b>				
	1			
	2			
	3			
<b>◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)</b>				
	1			
	2			
	3			
	4			
	5			
<b>◆ Tetanus, Diphtheria, Pertussis (Tdap, Td)</b>				
	1			
	2			
<b>● Haemophilus influenzae type b (Hib)</b>				
	1			
	2			
	3			
	4			
<b>● Pneumococcal (PCV, PPSV)</b>				
	1			
	2			
	3			
	4			

Vaccine	Dose	Date		
		Month	Day	Year
<b>◆ Polio (IPV, OPV)</b>				
	1			
	2			
	3			
	4			
<b>Influenza (flu, most recent)</b>				
<b>◆ Measles, Mumps, Rubella (MMR)</b>				
	1			
	2			
<b>◆ Varicella (chickenpox) or verify disease 1-4 ▶</b>				
	1			
	2			
<b>Hepatitis A (Hep A)</b>				
	1			
	2			
<b>Meningococcal (MCV, MPSV)</b>				
	1			
<b>Human Papillomavirus (HPV)</b>				
	1			
	2			
	3			
Office Use Only: Immunization information updated and verified with parent/guardian permission:				
Printed Staff Name _____		Date _____		
Printed Staff Name _____		Date _____		
Printed Staff Name _____		Date _____		
Printed Staff Name _____		Date _____		

If the child named on this CIS had chickenpox disease (and not the vaccine), disease history must be verified. Mark option 1, 2, 3, OR 4 below – see, back #5.

<b>1) <input type="checkbox"/> Chickenpox disease verified by printout from CHILD Profile Immunization Registry</b> Must be marked by printout (not by hand) to be valid.															
<b>2) <input type="checkbox"/> Chickenpox disease verified by Health Care Provider (HCP)</b> If you choose this box, mark 2A OR 2B below. 2A) <input type="checkbox"/> Signed note from HCP attached OR 2B) <input type="checkbox"/> HCP signed here and print name below:  Licensed health care provider (HCP) Signature _____ Date _____ (MD, DO, ND, PA, ARNP) HCP Printed Name: _____															
<b>3) <input type="checkbox"/> Chickenpox disease verified by school staff from CHILD Profile Immunization Registry</b> If you choose this box, staff must initial that parent or guardian approves: _____ (initial) _____ (date)															
<b>4) <input type="checkbox"/> Chickenpox disease verified by parent*</b> If you choose this box, fill in the date or child's age when he or she had the disease: Age/Date of disease: _____ *Can ONLY verify for some grades, see back #5 (4).															
If the child can show immunity by blood test (titer) and hasn't had the vaccine, ask your HCP to fill in this box. <b>Documentation of Disease Immunity</b> I certify that the child named on this CIS has laboratory evidence of immunity (titer) to the diseases marked. Signed lab report(s) MUST also be attached.															
<table style="width: 100%;"> <tr> <td><input type="checkbox"/> Diphtheria</td> <td><input type="checkbox"/> Mumps</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Hepatitis A</td> <td><input type="checkbox"/> Polio</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Hepatitis B</td> <td><input type="checkbox"/> Rubella</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Hib</td> <td><input type="checkbox"/> Tetanus</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Measles</td> <td><input type="checkbox"/> Varicella</td> <td>_____</td> </tr> </table>	<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Mumps	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Polio	_____	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Rubella	_____	<input type="checkbox"/> Hib	<input type="checkbox"/> Tetanus	_____	<input type="checkbox"/> Measles	<input type="checkbox"/> Varicella	_____
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Mumps	<input type="checkbox"/> Other: _____													
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Polio	_____													
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Rubella	_____													
<input type="checkbox"/> Hib	<input type="checkbox"/> Tetanus	_____													
<input type="checkbox"/> Measles	<input type="checkbox"/> Varicella	_____													
Licensed health care provider (HCP) Signature _____ Date _____ (MD, DO, ND, PA, ARNP) HCP Printed Name: _____															

# HOSANNA CHRISTIAN SCHOOL

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# Certificate of Exemption



For School, Child Care and Preschool Immunization Requirements<sup>1</sup>

**DIRECTIONS:** All exemptions must have a licensed health care provider sign & date Box 1 ('Provider Statement').<sup>2</sup> Exception: Box 1 is not required for religious exemptions when Box 2 ('Demonstration of Religious Membership') is completed. All exemptions must also have a parent/guardian sign & date Box 3 ('Parent/Guardian Statement').

Child's Last Name:	First Name:	Middle Initial:	Birthdate (mm/dd/yyyy):	Sex:	Parent/Guardian Name (please print):
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Parent/Guardian, please choose the exemption(s) that apply to your child below.

<input type="checkbox"/> Temporary Medical Exemption <input type="checkbox"/> Permanent Medical Exemption  Vaccine(s) _____ Until _____ <span style="margin-left: 150px;">Date (or Permanent)</span>  Print Name of Licensed Health Care Provider (MD, DO, ND, PA, ARNP)  X _____ X _____ Signature of Licensed Health Care Provider Date	<input type="checkbox"/> Personal/Philosophical Exemption (see Box 1) <input type="checkbox"/> Religious Exemption (see Box 1) <input type="checkbox"/> Religious Membership Exemption (see Box 2) I do not want my child to get the following vaccine(s): <input type="checkbox"/> Diphtheria <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hib <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Pertussis (whooping cough) <input type="checkbox"/> Pneumococcal <input type="checkbox"/> Polio <input type="checkbox"/> Rubella <input type="checkbox"/> Tetanus <input type="checkbox"/> Varicella (chickenpox) <input type="checkbox"/> Other (indicate): _____
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Box 1
<p><b>Provider Statement<sup>2</sup>:</b> "I, _____, am a qualified provider (MD, DO, ND, PA, ARNP) licensed under Title 18 RCW. I confirm that the parent or guardian signing in Box 3 (Parent/Guardian Statement) has received information on the benefits and risks of immunization to their child as a condition for exempting their child for medical, religious, personal, or philosophical reasons."</p> <p>X _____</p> <p>Signature of Licensed Health Care Provider (MD, DO, ND, PA, ARNP)</p> <p>X _____</p> <p>Date</p>

Box 2
<p><b>Parent/Guardian Demonstration of Religious Membership:</b> "I am a member of a church or religious body whose beliefs or teachings do not allow for medical treatment from a health care practitioner. By supplying the information requested below, no further proof or signed provider statement in Box 1 is required for this religious exemption."</p> <p>X _____</p> <p>Name of Church or Religious Body</p> <p>X _____ X _____</p> <p>Signature of Parent or Guardian Date</p>

Box 3
<p><b>Parent/Guardian Statement:</b> "I certify that all the information provided on this certificate is correct and verifiable. I understand that if there is an outbreak of a vaccine-preventable disease my child has not been fully immunized against (as indicated above, for medical, personal/philosophical or religious reasons), my child may be at risk for disease and can be excluded from school, child care, or preschool until the outbreak is over."</p> <p>X _____ X _____</p> <p>Signature of Parent or Guardian Date</p>

If you have a disability and need this document in a different format, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388).

<sup>1</sup> RCW 28A.210.080-090 states that before or on the first day of every child's attendance at any public and private school or licensed child care center in Washington State, the parent or guardian must present proof of either: (1) full immunization, (2) the initiation of and compliance with a schedule of immunization, as required by rules of the State Board of Health, or (3) a certificate of exemption, signed by a parent or guardian and a licensed health care provider.

<sup>2</sup> A letter may substitute for a signed 'Provider Statement' on this certificate. To be accepted, the letter must reference the child's name on this certificate, confirm that the child's parent or guardian got information on the risks and benefits of immunization to their child, and be signed by a licensed health care provider.

**HOSANNA CHRISTIAN SCHOOL**  
**2014/2015 Academic Year Registration**

**PAYMENT FORM**

Parent(s) Name: \_\_\_\_\_

FEES:

Registration Amt: \$ \_\_\_\_\_ Cash/Check: \_\_\_\_\_ Classroom Fees: \$ \_\_\_\_\_ Cash/Check: \_\_\_\_\_

Tuition: \$ \_\_\_\_\_ Cash/Check: \_\_\_\_\_

PAYMENT PLAN: \_\_\_\_\_ Months at \$ \_\_\_\_\_ Per month (due on the 5<sup>th</sup>) from August to \_\_\_\_\_

If Paying in full amount: \_\_\_\_\_ by August 15<sup>th</sup> (This includes discount for K-8<sup>th</sup>, \$150/student)

- Tuition fees will be paid to the school by the 5th of each month in return for the above named child's participation in the chosen program.
- A late fee of \$25.00 will be assessed/ and paid if the account is not current by the 15th of each month. A \$20.00 fee will also be paid for all returned checks.
- Initiate special arrangements in writing prior to late payment which is consider after the 15<sup>th</sup> of the month understanding that this contract for services may be voided or temporary suspended by school administration until all payments are current.
- Responsibility of payment is that of the parent/guardian who signs the agreement form.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Money Received by: \_\_\_\_\_ Date: \_\_\_\_\_

.....  
HOSANNA CHRISTIAN SCHOOL  
REGISTRATION & PAYMENT RECEIPT  
CLASSROOM FEE AND 1<sup>ST</sup> MONTH'S TUITION IS DUE BY AUGUST 5<sup>TH</sup>

Date: \_\_\_\_\_ Parent(s) Name: \_\_\_\_\_

RECEIPT FOR THE FOLLOWING:

Registration Amt: \$ \_\_\_\_\_ Cash/Check: \_\_\_\_\_ Classroom Fees: \$ \_\_\_\_\_ Cash/Check: \_\_\_\_\_

Tuition: \$ \_\_\_\_\_ Cash/Check: \_\_\_\_\_

Total Tuition for the year for \_\_\_\_\_ Students is \$ \_\_\_\_\_

PAYMENT PLAN:

\_\_\_\_\_ Months at \$ \_\_\_\_\_ Per month (due on the 5<sup>th</sup>) from August to \_\_\_\_\_

Pay in full amt: \$ \_\_\_\_\_ by Aug 15<sup>th</sup> (This includes discount for K-8<sup>th</sup>, \$150/student)

Money received by: \_\_\_\_\_

**HOSANNA CHRISTIAN SCHOOL**  
**2014/2015 Academic Year Registration**

REQUEST FOR STUDENT RECORDS

*Please forward all records (permanent, health, special education including speech and language records and others) for the following student:*

Student's Name: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Student records are to be exchanged between:

Student's Previous School

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: ( ) - \_\_\_\_\_

Student's Current School

HOSANNA CHRISTIAN SCHOOL  
4120 NE St. John's Road  
Vancouver, WA 98661  
(360) 906-0941

**AUTHORIZATION:**

I hereby authorize the release of the above Student Records to the "NEW" School named above. I understand that the school will treat these records confidentially, and will not send these records without my written consent.

Name of Parent or Guardian (please print): \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: ( ) - \_\_\_\_\_

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**OFFICE USE ONLY**

Request Sent: \_\_\_\_\_ By: \_\_\_\_\_ Record \_\_\_\_\_

# HOSANNA CHRISTIAN SCHOOL

## 2014/2015 Academic Year Registration

### *TEACHER RECOMMENDATION*

Grades 1-9

The following student has submitted an application to Hosanna Christian School. We would appreciate your assessment and insight concerning this student in the areas of academics and character. Recommendations are reviewed with the full awareness that children are constantly changing and developing. We value your response to each question and we will keep your input confidential.

Student's Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

I give permission for the teacher to release information on this form to Hosanna Christian School. I understand that as a parent we will not have access to this confidential information.

\_\_\_\_\_  
Signature of Parent/guardian

\_\_\_\_\_  
Date

#### ACADEMIC ABILITY

	Excellent	Above Average	Average	Below Average	N/A
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### CHARACTER/PERSONALITY

	Excellent	Above Average	Average	Below Average	N/A
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stays on task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude towards peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude of peers toward student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect toward teachers	<input type="checkbox"/>				

Please comment on any rating that is below average. \_\_\_\_\_

\_\_\_\_\_



**HOSANNA CHRISTIAN SCHOOL**  
**2014/2015 Academic Year Registration**

How long have you known the student? \_\_\_\_\_

\_\_\_\_\_

Are there any indicators that this student has learning difficulties? \_\_\_\_\_

\_\_\_\_\_

What are the student's strong points? \_\_\_\_\_

\_\_\_\_\_

What are the student's areas, if any, need improvement? \_\_\_\_\_

\_\_\_\_\_

Describe any areas of social and/or emotional development, which have hindered learning and performance.

\_\_\_\_\_

\_\_\_\_\_

Are there any disciplinary concerns? \_\_\_\_\_

\_\_\_\_\_

Please comment on parent involvement and cooperation with the school. \_\_\_\_\_

\_\_\_\_\_

Additional comments. \_\_\_\_\_

\_\_\_\_\_

Thank you for taking the time to fill out this form.

Teacher's name \_\_\_\_\_ Signature \_\_\_\_\_

School name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**PLEASE RETURN THIS FORM TO:**

Hosanna Christian School; Attn: Registrar; 4120 NE St. John's Rd; Vancouver, WA 98661

**CONTACT INFORMATION:** School Phone: 360-906-0941; Fax 360-694-0224