



Sweet Pea Cottage

Preschool of the Arts
where creative minds begin to bloom

ENROLLMENT APPLICATION

Dear Parent/Guardian,

Thank you for your interest in Sweet Pea Cottage!

When turning in your application to the Administrative Office, please include the following:

- ✿ Your completed application
- ✿ \$55 non-refundable application fee (payable via cash or check)

Within 30 days of start of attendance at Sweet Pea we require:

- ✓ A copy of your child's current immunization record
- ✓ A copy of your health insurance card

IMPORTANT NOTES ABOUT OUR ENROLLMENT PROCESS

We have two standard enrollment periods – one for fall start in September and one for summer start in July. Outside these two periods we enroll new students monthly based on availability.

What happens if your child is waitlisted?

As slots become available they are offered to waitlisted students in the order the applications were received. If you specified that you were flexible on the days or times you are interested in attending, we will contact you when any of your options open up. Otherwise, you will be contacted only when your specified days/times become available. The more flexibility you have in schedule options, the easier it is to find slots for your little at Sweet Pea. Our withdrawal policy specifies that we be notified of impending withdrawal by the 10th of each month. This means we are usually able to notify waitlisted applicants by the 15th of the month if space has opened up for the upcoming month. You are welcome to call and check on the progress of your application at any time.

*We look forward to your child and your family joining our
Sweet Pea Cottage family!*

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VISION STATEMENT

To enrich, inspire, challenge and expand every child's world through the arts.

MISSION STATEMENT

Sweet Pea Cottage connects educators and youth with tradition bearers and artists from a wide range of traditions and disciplines; in doing so we demonstrate the importance of integrating the arts in education. We believe that the arts are powerful interdisciplinary tools that can teach learners at all levels.

CORE VALUES

At Sweet Pea Cottage we believe in teaching through:

Art

At Sweet Pea Cottage we are dedicated to the philosophy that the arts are an integral component to a child's total development. We aspire to create a multi-lingual, cross-cultural curriculum that celebrates the arts and the creative process. We employ teaching artists in our community to give the gift of their own experiences.

Love

At Sweet Pea Cottage we believe that when each child is taught with love it creates the strongest foundation to communicate and encourages the child to find what they love to do.

Tradition

At Sweet Pea Cottage we value the process of handing down information, beliefs, and customs by word of mouth or by example from one generation to another. We honor cultural differences and celebrate them. It takes a village with helping hands to teach our heritage and traditions.

Community

At Sweet Pea Cottage we recognize and emphasize the inspiration, creativity and friendship a community brings to a child's life. We explore the concentric circles that make the concept of community.

World Perspective

At Sweet Pea Cottage we consider it our responsibility to give a significant insight into the lives of children and their families all over the world. We explore and celebrate the world.

***And in the end we discover laughter, individuality,
positive choice making & a positive future;
in short a garden of possibilities.***

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REGISTRATION FORM

Student Information

First Name	Middle Name	Last Name	Nickname	Date of Birth
Street Address	City	State	Zip	

Parent Information

Parent/Guardian Name	Home Phone	Work Phone	
Email Address		Cell Phone	
Street Address	City	State	Zip

Parent/Guardian Name	Home Phone	Work Phone	
Email Address		Cell Phone	
Street Address	City	State	Zip

Others who have permission to pick up your child:

Special Health Problems:

Allergies; including drug reactions:

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Other people to notify in case of emergency

Name	Home Phone	Work Phone	
Email Address		Cell Phone	
Street Address	City	State	Zip

Name	Home Phone	Work Phone	
Email Address		Cell Phone	
Street Address	City	State	Zip

Regular medications or other pertinent information

Health Care Provider information

Name	Date of last physical exam
Phone #	Address (incl. City, State, Zip)

Insurance Coverage *(Please include a photocopy of your insurance information)*

Insurance Company Name/Address	
Policy Holder Name	Member ID/Policy #

CONSENT TO MEDICAL CARE AND TREATMENT OF MINOR CHILD

I hereby give permission that my child, _____ may be given emergency treatment by a qualified child care provider at _____ (*preferred hospital*) . When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid care attendant when deemed necessary or advisable by the physician or aid care attendant to safeguard my child's health. I waive my right of informed consent to such treatment. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Parent/Guardian's Signature	Date
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ENROLLMENT REQUEST FORM

Student Name

Age

Desired Start Date

2011-2012 Tuition Packages* *(Please check one of the following:)*

- | | | |
|--|---|---|
| <input type="checkbox"/> 1 DAY/WEEK**
\$190 per month | <input type="checkbox"/> 2 DAYS/WEEK
\$345 per month | <input type="checkbox"/> 3 DAYS/WEEK
\$470 per month |
| <input type="checkbox"/> 4 DAYS/WEEK
\$585 per month | <input type="checkbox"/> 5 DAYS/WEEK
\$700 per month | |

* 2011-2012 Tuition charges valid September 6, 2011 – August 24, 2012.

** Only available for students 4+ years old, requires permission from Artistic Director.

Package Days *(Please check the days you would like to attend:)*

- Monday Tuesday Wednesday Thursday Friday

Package Session *(Please check the session you are would like to attend:)*

- Session 1, 9am–1pm Session 2, 10am–2pm Session 3, 11am–3pm

Location *(Please check the location you are interested in:)*

- Queen Anne Sand Point* West Seattle *

*Only Session 1 available for these locations.

☼ Are your day choices flexible? Yes No

☼ Are your session choices flexible? Yes No

☼ This child's sibling also attends/will attend Sweet Pea Cottage, making him/her eligible for the 15% sibling discount on tuition for one child. Yes No

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OVERVIEW OF STANDARD RULES AND POLICIES

- ✓ **Nut Free Zone:** Due to severe allergies in some students, Sweet Pea Cottage, SPC hereafter, is an entirely nut free zone. Families may not bring nuts of any kind into Sweet Pea at any time (including in teacher treats). If a child eats any nut products (ie honey nut cheerios or peanut butter) before school, the parent/guardian must be sure they are thoroughly washed and nut free before arriving at SPC.
- ✓ **Tuition Due Dates & Late Fees:** Monthly tuition is due by the 8th of each month. There is a five (5) business day grace period. A late fee of \$25 is assessed if payment has not been received by the 15th of the month.
- ✓ **Pick Up & Drop Off:** Pick up and drop off must occur on time, as defined by your session choice or as otherwise noted. If your child is dropped off late he/she must still be picked-up on time, as defined by your session choice.
- ✓ **Late Pick Up:** There is a 14-minute grace period to pick up your child at the end of their scheduled class session. A late penalty of \$1 per minute will be assessed at 15 minutes after the end of their scheduled session, unless previous written arrangements outlining the exemption have been made with the office staff.
- ✓ **School Quarters:** School quarters run as follows: Fall (September, October, November & December), Winter (January, February & March) and Spring (April, May & June).
- ✓ **Vacation:** Each student is allowed one week of vacation per quarter, for which the family may receive credit toward their monthly tuition fee. (One week of vacation equals the same number of days as your child attends per week.) Written notice of your vacation days must be provided to the office via forms available in the office or hallway. Unused vacation days do not roll over to the next quarter.
- ✓ **Make Up Days:** Parents/Guardians have 30 days from the date their child is absent to schedule a make up day for the day missed. If the child misses the make up day, the family forfeits that make up day.
- ✓ **Invoice Credits:** Any invoice credits will be applied to the oldest open balance on a family's account.
- ✓ **Emergency Closure:** SPC follows the Seattle Public Schools closure policy for elementary schools. If they are closed, we are closed. As we are a ½-day program, when Seattle Schools is on 2-hr delay and their ½-day programs are closed, we are closed. Affected families can use any current quarter unused vacation credits or may take a donation receipt for closed days.
- ✓ **Permanent Schedule Changes:** Parents/Guardians are welcome to make permanent changes to their child's schedule at any time (on a space available basis). There is a \$15 administrative fee per change.
- ✓ **Information:** It is the parent/guardian's responsibility to make certain SPC has all of their child's current information.
- ✓ **Homeroom Assignments:** Homeroom assignments are made by the Site Supervisor based upon availability in the child's scheduled session and creating a well-balanced student population in each room. The child's personality and compatibility with fellow students is carefully considered. The family will be notified about shifts in their child's homeroom that may happen at the beginning of a month or quarter in a timely manner.
- ✓ **Holiday & In Service Days:** SPC is closed for national holidays and three In Service days (the last weekday of each quarter) per school year. We are also closed for a week of In Service between Summer & Fall quarters to reset for the school year. If a holiday falls on a weekend, it is observed on the nearest business day. Families will not receive a tuition credit and cannot do a make up day for holidays. For In Service Days, families cannot receive a tuition credit, take vacation days or do a make up day.
- ✓ **Dropping Days or Leaving Sweet Pea:** To drop a day or end their child's attendance with SPC within the school year (September-June) or during Summer Quarter (July-August), the parent must give written notice by the 10th of the last month of the current schedule. The notice requirement for dropping days or for total withdrawal is extended to two-months prior to our two large enrollment periods: Fall Quarter and Summer Quarter. For Fall Quarter enrollment, withdrawal notice must be given by July 10th. For Summer Quarter enrollment, withdrawal notice must be given by May 10th. If notice is given after the 10th, the family is responsible for full tuition for the following month.
- ✓ **Tuition Deposit:** Upon enrollment SPC collects a one month tuition deposit. This deposit may be used towards final month of enrollment and is refundable when sufficient notice is given of withdrawal from SPC.
- ✓ **Parent Handbook:** Each family is required to read, understand, and agree to comply with the rules and regulations of SPC as published in the Parent Handbook. Sweet Pea's rules and regulations may be modified at any time.

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FAMILY PROFILE WORKSHEET

⊗ This information is used to assist in homeroom selection,
and to inform our teachers of specific information for each child. ⊗

Name

Age

Mini profiles of family members

Adult member(s) of the household, & their relationship to the child(ren) being cared for :

Name

Relationship

All children living in household

Name

Age

Any household pets

Name

Type of Pet

Languages spoken at home (other than English)

Parent(s) or guardian(s) occupations & employers

Ethnic/Religious holidays or practices observed

Are you acquainted with any other Sweet Pea families?

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STUDENT PROFILE WORKSHEET

☼ In creating classrooms, we strive to reflect the diversity of our students. Our goal is to make thoughtful assignments that not only place children with a teacher who will be a “match” but also create a well-balanced student population in each room. A properly balanced classroom is a critically important part of establishing the conditions that support and enhance the school experience for every student. Please do not request a specific teacher; we will do our very best to meet your child’s needs while also maintaining well-balanced classrooms. Thank you! ☼

Name

Age

My child does best in a learning environment that is...

*What should we know about your child’s **physical** development needs?*

*What should we know about your child’s **social, emotional, and/or academic** needs?*

*What should we know about your child’s **language** development needs?*

Toileting routines:

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Feeding routines:

Discipline methods used with child:

Techniques which are useful for soothing your child:

Anything else we should know about your child:

Name a few of your child's favorite activities or interests:

How did you hear about Sweet Pea Cottage?

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PERMISSION AUTHORIZATION

Student's Name

First

Middle

Last

The preschool instructor or assistant has my/our permission to transport my/our child in a motor vehicle:

Yes No

. . . .To obtain medical care.

The preschool instructor or assistant has my/our permission to:

Yes No

...Take my/our child on walks in the neighborhood around Sweet Pea Cottage.

...Take photographs of my child for use by Sweet Pea Cottage.

... Give my telephone number to other parents.

... Give my email address to other parents.

... Put sunscreen on my child as needed.

Parent/Guardian's Name (*please print*)

Signature

Date

Parent/ Guardian's Name (*please print*)

Signature

Date

***NOTES**

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FOOD ALLERGY, INTOLERANCE, RESTRICTION STATEMENT

** Although we take every possible precaution to prevent littles from being exposed to their known allergens, we cannot completely control the environment and therefore, there is always a slight possibility that they could be exposed. **

Date** _____

Student Name _____

Age _____

Parent/Guardian Name _____

Phone Numbers

Day

Cell

Evening

Please print clearly & list each food separately:

Food	Brief description of how child reacts to this food	Appropriate Substitute Food
	Severe Reaction: <input type="checkbox"/> Yes* <input type="checkbox"/> No <u>or</u> <input type="checkbox"/> Dietary Restriction	
	Severe Reaction: <input type="checkbox"/> Yes* <input type="checkbox"/> No <u>or</u> <input type="checkbox"/> Dietary Restriction	
	Severe Reaction: <input type="checkbox"/> Yes* <input type="checkbox"/> No <u>or</u> <input type="checkbox"/> Dietary Restriction	
	Severe Reaction: <input type="checkbox"/> Yes* <input type="checkbox"/> No <u>or</u> <input type="checkbox"/> Dietary Restriction	
	Severe Reaction: <input type="checkbox"/> Yes* <input type="checkbox"/> No <u>or</u> <input type="checkbox"/> Dietary Restriction	
	Severe Reaction: <input type="checkbox"/> Yes* <input type="checkbox"/> No <u>or</u> <input type="checkbox"/> Dietary Restriction	
	Severe Reaction: <input type="checkbox"/> Yes* <input type="checkbox"/> No <u>or</u> <input type="checkbox"/> Dietary Restriction	
	Severe Reaction: <input type="checkbox"/> Yes* <input type="checkbox"/> No <u>or</u> <input type="checkbox"/> Dietary Restriction	
	Severe Reaction: <input type="checkbox"/> Yes* <input type="checkbox"/> No <u>or</u> <input type="checkbox"/> Dietary Restriction	
	Severe Reaction: <input type="checkbox"/> Yes* <input type="checkbox"/> No <u>or</u> <input type="checkbox"/> Dietary Restriction	

Please use an additional sheet if necessary.

NOTE: If your child has a severe reaction to any food you must complete the *Emergency Plan for Allergic Reaction form*.

** Any updated form completely supersedes all previous allergy forms.

Health Care Practitioner

Name

Title

Phone

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EMERGENCY PLAN FOR SEVERE ALLERGIC REACTION

Student Name

Date of Birth

Parent/Guardian Name

Phone Numbers

Day

Cell

Evening

If (*child's name*) _____ develops signs of severe allergic reaction such as:

Sweet Pea Cottage is to implement the following emergency plan:

Health Care Practitioner

Name (*please print*)

Title

Phone

Parent/Guardian

Signature

Date**

** Please note: Any updated form completely supersedes all previous allergy forms.

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