



Synergy Learning Academy

a holistic education for every child...

2021 - 2022

www.SynergyLearningAcademy.com

(425) 882 3030

STUDENT INFORMATION

Full Name	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Street Address	City	Zip Code

PARENT INFORMATION

Parent 1 Name	Phone Number	Email
Employer	Employer Address	
Parent 2 Name	Phone Number	Email
Employer	Employer Address	

SIBLING INFORMATION

Does Your Child Have Siblings? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sibling Age :	
Do They Attend Synergy? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, school name:	

EMERGENCY CONTACT INFORMATION & PICKUP AUTHORIZATION *(CANNOT List Parents)

Contact Name	Relationship	Phone Number	Email
Contact Name	Relationship	Phone Number	Email
Contact Name	Relationship	Phone Number	Email

Note: Any person unfamiliar will be required to show proof of identification. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent.

*Contact information should be strictly other than parents.

HEALTH INFORMATION

Check all the apply:

- Allergies (Food, Asthma) Ever been hospitalized?
 Medication given regularly Ever had surgery?
 Any side effects seen with any food or medication? **Please explain:**

Last Physical Exam Date:

MEDICAL INFORMATION

Physicians Name	Health Insurance	Policy Number
Physician's Address		Phone Number
Dentists Name	Dental Insurance	Policy Number
Dentist's Address		Phone Number

AUTHORIZATION

- I authorize my child to participate in school **field trips**. Children may be transported by volunteer parent vehicles or contract private bus. I understand that I will be given prior notice to each trip. Field trip fees are mandatory.
- I allow SLA to share parent's phone numbers and email addresses to SLA PTA organization for school directory.
- I allow my child to be **photographed** in the classroom, on school field trips, or during other school events. I give permission for any such photographs to be used in SLA newsletters, SLA website, during SLA presentations, or in other SLA property and to be made available to parents of other SLA students.
- I allow my child to be photographed during the classroom activity and uploaded on social media for SLA's advertisement only.
- I authorize SLA to use the sunscreen provided by the school. *If not please fill out sunscreen form separately.*

BACKGROUND INFORMATION

Child's first language English Other

Please list other languages your child speaks:

Last school attended:

Phone No:

Has your child ever been tested for Special Education/gifted program or learning disability? Yes No

If yes, please explain:

Child's interests and favorite activities:

Specific fears, likes or dislikes, that might help us know him/her better:

Medical and / or Emotional problems:

Any other information you think we should know :

CONSENT TO MEDICAL CARE AND TREATMENTS OF MINOR CHILDREN

Child's Name: _____

I hereby give permission that my child named above may be given emergency treatment to include first-aid and CPR by a qualified staff member. When I cannot be contacted I authorize and consent 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 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 air car to an emergency center for treatment.

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Parent 1/ Guardian Signature

Name

Date

Parent 1/ Guardian Signature

Name

Date

Enrollment Contract for 2021-2022

Child's Full Name: _____

Please read the following terms carefully.

1. Parent/Guardian will promptly notify the school in writing of any changes in the information contained in the enrollment form and of any other information required by school policies.
2. Synergy Learning Academy charges an annual tuition for the school year (School year runs from September through June as noted in School Calendar). The tuition payment obligation remains the same regardless of the number of days of school in the month, attendance, vacations, family emergencies, school closure, holidays, student illness, and any other reason that my/our child does not attend school. School closure days due to weather or power outages may or may not be made up.
3. Children should be in attendance on all school days. Continuous absence of more than a couple days other than for illness should be discussed with the teacher and prior permission should be sought.
4. Enrollment deposit and tuition rate are provided on a separate sheet. Enrollment deposit is due at the time of enrollment and is non-refundable.

<input type="checkbox"/> Primary <input type="checkbox"/> Toddler	<input type="checkbox"/> 5 Full Days (9:00 AM – 3:30 PM) <input type="checkbox"/> 5 Half Days (9:00 AM – 12:00 PM) <input type="checkbox"/> 3 Full days (9:00 AM – 3:30 PM) M T W Th F <input type="checkbox"/> 3 half days (9:00 AM – 12:00 PM) M T W Th F <input type="checkbox"/> PM Program	<input type="checkbox"/> Before & After-School Care <input type="checkbox"/> Year-round program Option 1: (8:00 AM - 6:00 PM) <input type="checkbox"/> Option 2: (8:00 AM – 3:30 PM) <input type="checkbox"/>
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5. A late fee of \$25.00 will be assessed if the tuition payment is received after the 1st of the month, a \$30.00 handling fee for any returned check and interest on past balances at 10% per month.
6. One month's written notice is required or any change in child's schedule, including withdrawing child from Synergy Learning Academy. **The deposit will not be refunded in case of withdrawal.**
7. An authorized adult will pick up the child from school each day in accord with the contract. Late charges will apply when child is not picked up on time.
8. Synergy Learning Academy reserves the right, in its sole and absolute discretion, to revoke enrollment at any time (before or after the beginning of classes) when deems it necessary.
9. I/We have read, understand, and agree to comply with the policy & procedures and information for parents given in the **parent handbook** and the school's **Disaster Policy**. Initial _____

We have read the above contract and understand and agree to all provisions. (Both parents must sign)

_____	_____	_____
Parent 1/ Guardian Signature	Name	Date
_____	_____	_____
Parent 1/ Guardian Signature	Name	Date

Office Use Only:

Date of Joining:	Fee structure:
Deposit:	Immunization certificate: