



Pioneer School
N. 618 Sullivan Road
Veradale, WA 99037
509-922-7818
www.pioneerschool.com

For Office Use Only Date Received: _____ Reg. & Supply Fee Paid: _____ Chk #: _____

2020-2021 ENROLLMENT FORM

Child's Name: _____ **DOB:** _____ **Grade Next Fall:** _____

Parents' Names: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____ **Home Phone:** _____

Mom's Work: _____ **Phone:** _____ **Cell Phone:** _____

Dad's Work: _____ **Phone:** _____ **Cell Phone:** _____

Email (Mom): _____ **Email (Dad):** _____

TUITION INFORMATION

Program	Registration and deposit, supply fee	Tuition
K-5	\$1,000.00 (Due March 27)	\$8,500.00 Per Year Total

The registration and supply fee must accompany your completed Enrollment Form. This will guarantee your child's place at Pioneer School for the designated school year. **Enrollment is a commitment for the whole school year. Once you accept a place, we expect payment for the whole year, even if you withdraw during the school year. This enables us to fulfill our staff contracts.** Tuition can be paid annually, semi-annually or in ten monthly installments of \$750.00 each. The first payment is due September 1 and the last payment is due June 1. The total of tuition and fees due for the school year is \$8,500 for all students. The registration fee of \$1,000.00 is due March 27th. The tuition discount for families that have more than one child enrolled at Pioneer School will be: 1st child—\$750.00 per month, 2 students—\$1,450.00 per month, 3 students—\$2,150 per month. You may pay tuition annually \$7,500.00 or \$3,750.00 per semester. Each student must pay the registration and supply fee.

ALL FEES ARE NON-REFUNDABLE. _____ (Initial)

ACADEMIC INFORMATION

For academic success, your child will require support at home in partnership with your child's teachers. Pioneer School works in partnership with parents who are significantly involved and dedicated to the education of their children. Progression through Pioneer School is determined by your child's teacher at Spring Conference.

_____ (Initial)

BEHAVIOR EXPECTATIONS

Students are to show evidence of self-discipline and self-control by respecting themselves, others and the property of others. The following student behaviors are expected: Cooperating with all staff members, demonstrating the social skills needed to get along with peers, working and playing without disturbing others, maintaining an environment which is free from physical and verbal harm or threat of harm, and exercising good judgment (whether or not directly supervised). Ensuring classroom and recess discipline is the responsibility of the staff in conjunction with parent support.

_____ (Initial)

Failure to comply with the above policies may result in dismissal from Pioneer School. _____ (Initial)

Parent's Signature: _____ **Date:** _____

Please keep a copy of this form for your records.

*Pioneer School Enrollment Form
Emergency & Field Trip Information*

EMERGENCY INFORMATION

FOR

Student: _____

Whom can we call in case of an emergency, if we cannot contact either parent?

Name: _____ *Phone:* _____

I hereby give permission that my child _____, may be given emergency treatment by a qualified staff member at Pioneer School. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment. In the event I cannot be contacted, I further consent to the medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health.

Child's Physician: _____ *Phone:* _____

Preferred Hospital: _____ *Address:* _____

Medical Insurance: _____ *Policy #:* _____

Allergies (Drugs & Others): _____

Does your child have any medical problems that we should be aware of? If yes, please list: _____

Date of last doctor's visit: _____

FIELD TRIP PERMISSION

I hereby give permission for my child _____, to attend school sponsored field trips. I understand that my child will be driven by parents and/or staff in private vehicles with seat belts required for each child.

PICK-UP PERMISSION

I hereby give permission for my child _____, to be picked up by the following adults:

I give consent for Pioneer School to photograph my child for school purposes and/or at school events. _____ (Initials)

Thank you for providing Pioneer School with this important information for the safety of your child.

Mother's Signature: _____

Father's Signature: _____

Date: _____