

**PLEASE PROVIDE ALL REQUESTED INFORMATION IN ORDER TO HAVE YOUR APPLICATION PROCESSED**

Child's Name: \_\_\_\_\_

Child's Age on Sept 1, 2019: \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_

Child's Sex: \_\_\_ male \_\_\_ female \_\_\_ other      Child's Nickname: \_\_\_\_\_

Child's tribal affiliation(s): \_\_\_\_\_

Child's special needs, issues or interests: \_\_\_\_\_

Enrollment Options (Please check all that apply):                      Preferred start date: \_\_\_\_\_

\_\_\_\_\_ Salish school (9:00 am -4:00 pm)

\_\_\_\_\_ before school care (7:30 - 9:00 am)

\_\_\_\_\_ after school care (4:00 - 5:30 pm)

**Parent/Guardian 1**

Name: \_\_\_\_\_ Lives w/ child?    yes    no

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

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Tribal affiliation(s): \_\_\_\_\_

**Parent/Guardian 2**

Name: \_\_\_\_\_ Lives w/ child?    yes    no

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

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Tribal affiliation(s): \_\_\_\_\_

**Emergency Contacts:**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

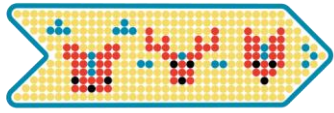
Address: \_\_\_\_\_

Relationship to child/parents/guardians: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child/parents/guardians: \_\_\_\_\_

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



**salish**  
school of spokane

# Parent/Guardian Salish Obligation

Following is the mission statement of Salish School of Spokane:

**The mission of the Salish School of Spokane is: Dynamic Salish language revitalization powering cultural renewal and building a stronger, healthier community.**

In order to accomplish this mission, at least one of the parents/guardians of any enrolled child must be an active learner of Salish language. Children who do not have at least one parent or guardian who is actively learning and speaking Salish may not enroll or continue to attend Salish School of Spokane.

Parents/Guardians can meet their annual obligation to learn and speak Salish by:

1. having demonstrated advanced fluency in a Southern Interior Salish Language (Colville, Wenatchee-Columbian, Coeur d'Alene, Spokane, Kalispel, Pend Oreille, or Bitterroot Salish) as determined by the Executive Director of Salish School of Spokane or their designee;
2. enrolling in and completing 60 hours of Salish classes annually, with a monthly average of 6 hours. Classes are provided throughout the school year at no cost by Salish School of Spokane.

### Parent Language Information

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

Are you highly fluent in a Southern Interior Salish language? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, which language(s)? \_\_\_\_\_

If your child is enrolled in SSOS, how do you expect to meet the requirement to be an active learner and speaker of Salish? \_\_\_\_\_

I/We, the undersigned, have read and understood the Salish Obligation form and affirm that in order to maintain my/our child(ren)'s eligibility to attend Salish School of Spokane I/we will demonstrate advanced fluency in a Southern Interior Salish language or I/we will complete 60 hours of Salish classes during the 2019-20 school year with a monthly average of 6 (six) hours per month.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



# Tuition Information Form

Child's Name: \_\_\_\_\_

**Registration Fee** A registration fee of \$50.00 must be submitted to SSOS before a child can be officially enrolled. The fee is due upon notice to parents that their application to enroll a child has been accepted. The registration fee must be submitted before a *Care Agreement* can be issued. The enrollment fee is waived for ECEAP student who do not qualify for *Working Connections*.

**Tuition and Due Dates** Tuition is an annual amount due regardless of a student's attendance. Tuition can be paid in monthly payments due on the first day of the month in which care and education will be provided. If tuition is not paid on time, parents/guardians must make arrangements with SSOS administrative staff (Executive Director or Principal) before bringing a child for care or education. Care/education cannot be provided for children for whom tuition payments or arrangements have not been made.

**Third Party Payers** Payment of tuition and fees is the responsibility of parents/guardians. Salish School of Spokane will work with parents/guardians to accept third-party payments and subsidies, but these arrangements will not change the financial obligation of parents to pay tuition.

**Tuition Credits** Salish School of Spokane is committed to providing care and education to families and children regardless of economic status, so tuition credits are available as follows:

**2019-20 Tuition Schedule:**

<b>Annual tuition for Salish immersion childcare and schooling</b>	<b>\$18,300.00</b>
Tuition credit for required parent Salish learning hours (60 hours annually) (55% credit)	\$10,050.00
<b>Minimum Annual tuition per child after Salish credit (11 x \$750 )(45% of cost)</b>	<b>\$8,250.00</b>
Tuition credit for moderate income and required parent Salish learning hours (67% credit)	\$10,000.00
<b>Annual tuition per child after moderate income and Salish credits (11 x \$550) (33% of cost)</b>	<b>\$6,050.00</b>
Tuition credit for low income and required parent Salish learning hours (79% credit)	\$12,200.00
<b>Annual tuition per child after reduced lunch and Salish credits (11 x \$350) (21% of cost)</b>	<b>\$3,850.00</b>
Tuition credit for very low income and required parent Salish learning hours (85% credit)	\$13,300.00
<b>Annual tuition per child after free lunch and Salish credits (11 x \$250) (15% of cost)</b>	<b>\$2,750.00</b>

\*an additional tuition discount of 10% for additional children is available for families with more than one child enrolled at Salish School of Spokane; an additional annual tuition credit of \$600.00 may be available for families who attend 10 hours of Salish class beyond the required 60 annual hours, and; additional tuition reduction may be available for families with above average financial obligations or who are facing other hardships. Additional tuition reduction is at the sole discretion of the Executive Director of Salish School of Spokane.

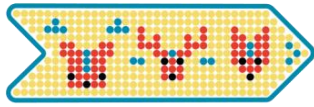
I/We, the undersigned, have read and understand the Tuition Information Form and understand that at all times, I/We, as the parent/guardian(s) of \_\_\_\_\_ are financially responsible for any tuition payments due to Salish School of Spokane, regardless of any arrangements with third-party payers, and that we will meet the 60 hour annual Salish study obligation in order for our child(ren) to be enrolled at and attend Salish School of Spokane.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



Date	Calendar Event
August 29, 2019	Open House, 4:30-6:30 pm; Secondary student/parent orientation, 6:00-7:30 pm
Aug 29-30	Teacher work/training days
September 3, Tuesday	First day of school. Before school care at 7:30 am; immersion school starts at 9:00.
September 4, Wednesday	ECEAP/Preschool parent orientation, 6:00-7:30 pm (dinner at 5:30)
September 5, Thursday	K-8 parent orientation, 6:00-7:30 pm (dinner at 5:30)
September 11, Wednesday	Evening community Salish classes begin
September 20	No school. Staff professional development.
October 18	No school. Staff professional development.
November 22	No school. Staff professional development.
November 25-29	No school. Thanksgiving Break.
December 20	No school. Staff professional development.
December 23-January 3	No school. Winter Break.
January 6 (Monday)	School resumes after winter break.
January 17	No school. Staff professional development.
January 20	No school. Martin Luther King Jr. Day.
February 14	No school. Staff professional development.
February 17	No school. President's Day holiday.
March 11-13	No school. Staff professional development, Celebrating Salish Conference.
March 20	No school. Staff professional development.
April 6-10	No school. Spring Break.
April 24	No school. Staff professional development.
May 22	No school. Staff professional development.
May 25	No school. Memorial Day.
June 15-19	No school. June break.
July 3	No school. 4 <sup>th</sup> of July holiday break.
July 24	No school. Staff professional development.
August 6, Thursday	Last day of school.
August 7-28	No school. Summer break. (teacher work days on Aug 29-30)
Aug 27, Thursday	Open House / Secondary Parent Orientation
August 31, 2020	First day of school.

### Absences/Holidays

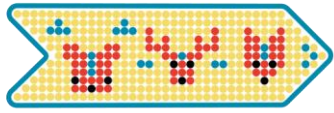
1. Salish School of Spokane will not add make-up days to the school calendar nor refund tuition for closures due to emergencies, snow days, or other unexpected or weather conditions.
2. There are no make-up days or reductions in tuition for child absences due to illness, emergencies, family vacations, or other absences.
3. There are no tuition reductions or make-up days for Thanksgiving, Christmas or for Spring, June, or Summer Breaks, holidays, nor for professional development days. Tuition is for the entire school year and is payable monthly as a convenience to parents.

### Payment

1. If paid monthly, tuition is due on the first day of the month in which care and education is to be provided.
2. If tuition is not paid on time, parents/guardians must make arrangements with the Salish School of Spokane administration before bringing a child for care for an unpaid month. Care cannot be provided for children for whom tuition payments or arrangements have not been made.
3. SSoS accepts cash, checks, money orders and credit/debit cards. A fee of \$30.00 is charged for returned checks.

\_\_\_\_\_  
Parent Guardian Initial

\_\_\_\_\_  
Parent Guardian Initial



# Consent for Pick-up/Drop-off

Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parents/Guardians must accompany children into and out of the school and sign them in and out when arriving and departing for any length of time.

Parents/Guardians may give permission for others to pick-up or drop-off their children, but that permission must be in writing. To facilitate parental consent for pick-up and drop-off, please list below the names and phone numbers of those other than the parents/guardians who have permission to pick-up and/or drop-off your child. You may add and remove names at any time by updating this form.

**1. Name** **Phone** **Initial**

\_\_\_\_\_  
**Address**

**2. Name** **Phone** **Initial**

\_\_\_\_\_  
**Address**

**3. Name** **Phone** **Initial**

\_\_\_\_\_  
**Address**

**4. Name** **Phone** **Initial**

\_\_\_\_\_  
**Address**



# Health Information & Consent for Treatment

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Child's Regular Physician: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

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

Date of last visit: \_\_\_\_\_

Child's Regular Dentist: \_\_\_\_\_

Dentist Phone: \_\_\_\_\_

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

Date of last visit: \_\_\_\_\_

Child's Insurance Company: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Please list all of child's food and/or medication allergies:  
\_\_\_\_\_  
\_\_\_\_\_

Please list child health conditions or issues, including behavioral issues:  
\_\_\_\_\_  
\_\_\_\_\_

Is your child potty trained?     yes     no

Does your child have an IEP ?     yes     no

## Emergency Treatment Consent:

I/We, \_\_\_\_\_, do hereby give consent for the staff of Salish School of Spokane to seek and authorize emergency medical or dental care for my/our child, \_\_\_\_\_.

\_\_\_\_\_  
Parent Guardian Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Guardian Name

\_\_\_\_\_  
Date