ENROLLMENT APPLICATION

Spring of Life Christian Academy

FAMILY Last Name

☐ Re-Enrollment ☐ New Enrollment

4711 116th Pl SW Mukilteo, WA 985275
Office Phone: (425)493-1602
Email: office@solk12.com
Website: www.solchristianacademy.com

*** One application per family.**

GRADE	* TUITION FEE ANNUAL/9 MONTHS (150 school days)	Second child annual/9 months	Third child Annual/9 months	REGISTRATION FEE *DUE AT REGISTRATION *PER STUDENT
K4 - K5 General Admission	$6,750yr/$750mo	$6,300yr/$700mo	$5,850yr/650mo	☐ $200
K4 - K5 SOL Members	$5,850yr/$650mo	$5,400yr/$600mo	$4,950yr/550mo	☐ $50 off, if registered before April 1st
K6 - Grade 8 General Admission	$5,850yr/$650mo	$5,400yr/$600mo	$4,950yr/550mo	☐ $25 off, if registered before June 1st, 2026
K6 - Grade 8 SOL Members	$4,950yr/$550mo	$4,500yr/$500mo	$4,050yr/450mo	*Registration fees are non-refundable*
Registration Fee: ☐ Paid ☐ Cash ☐ Check Total Amount: $				

PARENT 1 INFORMATION Faculty: ☐ yes ☐ no

LAST Name: _____ FIRST Name: _____

CELL Phone #: _____ Include in school alerts & communications: ☐ yes ☐ no

E-mail: _____ Include in school communications: ☐ yes ☐ no

PARENT 2 INFORMATION Faculty: ☐ yes ☐ no

LAST Name: _____ FIRST Name: _____

CELL Phone #: _____ Include in school alerts & communications: ☐ yes ☐ no

E-mail: _____ Include in school communications: ☐ yes ☐ no

HOME INFORMATION

HOME Address: _____ City: _____ State: _____ Zip: _____

HOME Phone #: _____ Include home phone in school alerts & communications: ☐ yes ☐ no

STUDENT Information:

	LAST NAME	FIRST NAME	DATE OF BIRTH	GRADE IN 2025-2026	EMAIL ADDRESS FOR JH & HS STUDENTS (if applicable)	CELL # FOR JH & HS STUDENTS (if applicable)	PE T-SHIRT (Required) K5-8: XS, S, M, L, XL
1							
2							
3							
4							
5							

PAYMENT OPTIONS: *Available only for tuition.*

☐ Annual Payment , ☐ Semester Payment , ☐ Quarterly, ☐ MONTHLY (9 payments on the 5th of each month, Aug-July) Auto Pay ONLY.

FAMILY MULTI-STUDENT DISCOUNT: *The facility fee will include the multi-family discount.*

☐ 1st - the oldest child 0%, ☐ 2nd to the oldest child -$50/month, ☐ 3rd to the oldest child -$100/month

TUITION ASSISTANCE: *Available only for tuition. Please see the office for additional opportunities.*

The main criteria for tuition assistance is based on the Federal Poverty Guidelines and the Tuition Assistance application verification. The application window for current families will close on May 31st of enrollment year. For new families, the tuition assistance is available as funds permit. The application fee is $25 per family and is non-refundable.

ENROLLMENT PROCESS: Upon submitting the registration application to the office, two weeks are required for processing. When the Enrollment Confirmation is issued, the family has two weeks for review/verification/cancellation.

- Within two weeks of receiving the Enrollment Confirmation, the enrollment is confirmed and valid as issued, and the annual payment is due.
- A one-time change to the Enrollment Confirmation contract is permissible within a two-week window, and for other requests, a $25 fee is applicable.

EMERGENCY contact/pick up permission:

First/Last Name	Phone	E-mail	Relationship to child	Pick up permission? Yes/No

STUDENT COMMITMENT K-8 Grades: *I, _____, (additional student)_____, (additional student)_____, agree to abide by the school's standards of conduct, uniform, and other policies expected of me at Summit Christian Academy and will not give the impression to students, parents, or faculty that I am not in harmony with the goals, aims, and standards. Outside of the school, I will uphold its policy per the Parent-Student Handbook.*

SCHOOL EVENT PERMISSION (please initial):

_____ , _____ I hereby certify that my child has permission to participate in fieldtrips and other related school events that are part of the school curriculum. *The office will provide additional information for each event.*

_____ , _____ I hereby grant permission for to photograph/videotape my son/daughter for the school yearbook, publications, school Facebook, or website.

IMMUNIZATIONS (please initial):

_____ , _____ Immunization Records or Certificate of Exemption form due before the first day of school (K5, 1, 6 & NEW STUDENT/S ONLY).

CHURCH AFFILIATION: _____ Pastor's Full Name: _____ Phone: _____

Years of membership _____ Church Attendance: ☐ Weekly ☐ Occasionally; Church Participation: _____ Children participate in: ☐ Sunday School ☐ Teens ☐ Choir

REFERENCE (new families only): (1) Previous School ☐ Principal or ☐ Teacher: Full Name _____ Phone _____ Email _____

(2) Other person who can speak on behalf of the family (not relatives): Full Name _____ Phone _____ Email _____

Signature of both parents:

Parent 1 Signature: _____Date: _____

Parent 2 Signature: _____Date: _____

SCA OFFICE USE ONLY:

Application received by: _____ date: _____

__ Registration __ Payment Auth. __ Family Commitment Form __ Annual Fee __ Immunizations (K5, 1, 6, & New student/s ONLY) __ All signatures