



School Contact Information

2060 S. County Highway 83
Santa Rosa Beach, FL 32459

Ms.Christine - (850) 855-8792
Office - (850) 660-1110

compassroseacademy@yahoo.com

www.crafoedu.com

2017-2018 Enrollment Packet

Enrollment Process Factors

Compass Rose Academy admits students of any race, sex, color, religion, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. Compass Rose Academy does not discriminate on the basis of race, color, religion, national or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, or any other school administered programs.

Enrollment Process – Factors for Admissions

- 1) Parent and staff meeting before enrollment.
- 2) One-on-one student interview with teacher and student before enrollment.
 - a. Assessment of your child’s readiness for our academically based program.
 - b. This time is designed to let you child experience the campus and staff without being overwhelmed by other children.
 - c. This time will allow us to start looking at our fundamental question, **“At this time, is this in the highest interest of the child?”**
- 3) Student “trial day” before enrollment.
 - a. Assessment of your child’s ability to be self-focused in an open classroom setting.
 - b. Assessment of your child’s readiness for our academically based program.
 - c. This day is designed to see if our environment is the right fit for your child.
 - d. This time will allow us another opportunity to ask our fundamental question, **“At this time, is this in the highest interest of the child?”**
- 4) 30-day trial period to guarantee a good fit for the family and school.
- 5) If further Information is needed:
 - a. Neuro-Development Evaluation results and **willingness to comply with any and all recommendations** made for the continued support for the growth, development, and education of the child.

How We Think

The teachers at Compass Rose Academy work hard every day to set up an individualized curriculum for every child at school. With every decision we make we think **“is this in the highest good of the child.”** We use this to guide us through curriculum, every day events, and all interaction with students. In our minds, the **children always come first**. We look for families that think like we do. We strive to create and sustain a community of learners that are of **like mind and like heart**.

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Step 1. Complete, Return, & Schedule The Following With Ms.Christine

Enrollment Procedures To Be Completed:

- ___ Parent Observation & Meeting With Teachers/ Administrator
- ___ 1 on 1 student evaluation
- ___ Completed Enrollment Packet – At time of 1 on 1 student interview
- ___ Registration Fee (\$150) – At time of 1 on 1 student interview
- ___ Trial Day

Step 2. Application Reviewed

Once all the above mentioned documents are received and all enrollment procedure have been completed, the application will be sent to the Review Board and status will be determined. The Review Board is made up of all current staff employed by Compass Rose Academy.

Applicant will be notified of one of the following:

1. Admitted unconditionally pending on a seat opening.
2. Interview with applicant and family needed.
3. Application declined based on information received.

Step 3. Grade Placement and Neuro-Development Evaluation

All students coming into Compass Rose Academy are required to complete a one on one session with one of our staff members. This will allow us to see where they are and where we need to start. Incoming students will also need to complete a trial day to see how they adjust to the curriculum and the open, mixed level classroom.

If it is deemed necessary, all students are required to take part in a neuro-development evaluation, unless he or she already has a report on file with Sherry Hartley.

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Step 4. If Accepted - Please submit the following

- ___ A copy of Student's Official Birth Certificate
 - ___ Florida DH Form 680 - Immunizations
 - ___ Florida DH Form 3040 - Student Health Exam
 - ___ 10% Non-refundable Deposit of Tuition - At time of enrollment meeting
- (DEPOSIT APPLIES if not being placed on current wait list or if enrolling at or before the start of the school year)

Or if denied admission to CRA applicant will be notified by phone or mail by a Review Board Member

School Records will be available for pick up at CRA or mailed to listed address. (Please call and speak with Christine Buscarello to make sure records are sealed and ready to be picked up.)

Step 5. Financial Agreements

- Tuition is due in full before the start of the school year.
- Payment plans are available upon request. (Space is limited for this program.)
- Please see the Tuitions and Fees Information Sheet and contact Ms. Christine with any questions.
- Once you are admitted to Compass Rose Academy you are responsible to pay the entire years tuition no matter which payment method you choose or how many days of school your student may miss.**

Please Cut On Line & Return To School

Please sign below to ensure that you have read, understand, and agree with the above listed information on the Compass Rose Academy Enrollment Process.

Parent Signature _____ Date: _____

Parent Signature _____ Date: _____

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Emergency Information

Medical Alert: Yes No

If Yes, identify: _____

Known Allergies _____

Medications currently being taken _____

CRA staff is authorized to apply/administer the following first aid/ medications:

- First Aid (please check): Antibiotic Ointment (Neosporin)
 First Aid Ointment/Gel (Hibiclens)
 Children’s Motrin – Dye Free *
 Children’s Benadryl – Dye Free*

*A phone call will be made before any oral medication is given to your student.

Medication (parent/ guardian provided):

Local Emergency Contact: Other than Parent

1. Name: _____ Phone number(s) _____
2. Name: _____ Phone number(s) _____
3. Name: _____ Phone number(s) _____
4. Name: _____ Phone number(s) _____

Pick-up Authorization:

Persons **AUTHORIZED** to pick up student:

**If there is someone we should know about specifically that SHOULD NOT pick up your student please speak to our staff directly.

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Release and Medical Assistance Form

I give my child permission to participate in all Compass Rose Academy (CRA) daily activities. I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for Compass Rose Academy providing education for my child, I understand and expressly acknowledge that I release Compass Rose Academy, Inc, Onno Horn (Builder/ Developer), Jennifer Hunter (Land Owner), any staff members of either listed company, any volunteer, and any contracted employee or contracted enrichment program or facilitator of any contracted program from all liability for any injury, loss or damage connected in any way whatsoever in participation in any Compass Rose Academy daily activity on or off property.

I further authorize Sheryl Hartley, Christine Buscarello, Eric Rodseth, Jessie Harris, or Tim Carroll to obtain medical care in the event of an injury or accident if a parent or guardian is unavailable to give permission.

I HAVE READ THIS FORM IN ITS ENTIRITY AND GRANT PERMISSION FOR MY CHILD _____ TO PARTICIPATE IN ALL COMPASS ROSE ACADEMY DAILY ACTIVITIES.

Print Name: _____

Date: _____

Parents Signature: _____

Print Name: _____

Date: _____

Parents Signature: _____

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Compass Rose Student & Family Information Section

Answer all that apply to your student. Please use a separate sheet of paper if needed.

Does your student play a team or individual sport? No Yes

Which one(s):

Which activities (not sport related) is your student most interested in?

What subject has your student shown the most interest in?

How often do you read with your student?

Why do you think Compass Rose Academy will be a good fit for your student and your family?

Has your student ever needed tutoring or help to stay at grade level? No Yes

When/ How Recently:

Has your student ever repeated a grade for any reason? No Yes

Which grade and why?

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Does student have any learning disabilities? No Yes
Explain?

Does student have any physical disabilities? No Yes
Explain?

Does student have a medical diagnosis? No Yes
Explain?

Does student have any physical limitations which might require some adjustment to a normal student schedule? No Yes
If yes, explain

Are there any factors in student's life the school should be aware of: (adoption, serious illness, etc...)?

Will your student be eligible for the PLSA/Gardiner Scholarship? NO Yes

Is your student potty trained? NO Yes

If yes, are they able to do so independently? NO Yes

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Photo Release

We are sending you this parental consent form to both inform you and to request permission for your child's photo/image and personally identifiable information to be published on the district and/or school's website and social media outlets (Instagram, Facebook, Twitter).

As you are aware, there are potential dangers associated with the posting of personally identifiable information on a web site since global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, we as schools do want to celebrate your child and his/her work. The law requires that we ask for your permission to use information about your child.

Pursuant to law, **we will not release any personally identifiable information without prior written consent from you as parent or guardian.** Personally identifiable information that could be released include student first name and photo or image. Personally identifiable information that will never be released is as follows; residential addresses, e-mail address, phone numbers and locations and times of class trips.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the Ms. Christine or Ms. Sherry and such rescission will take effect upon receipt by the school.

Check one of the following choices:

_____ I/We **GRANT** permission for this student's photo/image and name to be published on the school's website and social media outlets.

_____ I/We **DO NOT GRANT** permission for photo/image that includes this student to be published on the school's website and social media outlets.

Student's Name: (please print) _____ Student's Grade: _____

Print name of Parent/Guardian: (print) _____

Signature of Parent/Guardian: (sign) _____

Date: _____

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Monthly Payment Agreement

Student Name: _____

This is a legally binding document. Please read carefully.

_____ I understand that I am responsible for paying the full tuition for the school year.

_____ Payments Are Due By The 1st of Each Month.

_____ There is a 3 day grace period before late fees are applied to your account. After grace period there is a \$25 a day late fee.

_____ For returned checks, there will be a \$50 service fee and you will have 3 days to make the payment good or you will be charged the late fee above.

If you start to fall behind in payments you must TALK TO MS. CHRISTINE as soon as possible to make payment arrangements.

_____ **If you are over 15 days late:**

- No records will be released to parent or other school until balance is caught up.
- No parent teacher meetings will be held until balance is caught up.

_____ **If you are over 30 days late:**

- Student will not be allowed back to school until balance is caught up.

If you chose to leave Compass Rose Academy before the school year completes, the following applies:

_____ The school must have 30 days written notice.

_____ No monies paid will be refunded.

_____ You are responsible for 50% of the remaining balance for the school year.

I have read the above information as it pertains to paying my student's tuition monthly. I understand and agree to all of the above listed policies.

Print: _____ **Date:** _____

Signature: _____ **Date:** _____

Print: _____ **Date:** _____

Signature: _____ **Date:** _____

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Quarterly Payment Agreement

Student Name: _____

This is a legally binding document. Please read carefully.

_____ I understand that I am responsible for paying the full tuition for the school year.

_____ Payments Are Due By The 1st of Each Quarter.

_____ There is a 3 day grace period before late fees are applied to your account. After grace period there is a \$25 a day late fee.

_____ For returned checks, there will be a \$50 service fee and you will have 3 days to make the payment good or you will be charged the late fee above.

If you start to fall behind in payments you must TALK TO MS. CHRISTINE as soon as possible to make payment arrangements.

_____ **If you are over 15 days late:**

- No records will be released to parent or other school until balance is caught up.
- No parent teacher meetings will be held until balance is caught up.

_____ **If you are over 30 days late:**

- Student will not be allowed back to school until balance is caught up.

If you chose to leave Compass Rose Academy before the school year completes, the following applies:

_____ The school must have 30 days written notice.

_____ No monies paid will be refunded.

_____ You are responsible for 50% of the remaining balance for the school year.

I have read the above information as it pertains to paying my student's tuition quarterly. I understand and agree to all of the above policies.

Print: _____ **Date:** _____

Signature: _____ **Date:** _____

Print: _____ **Date:** _____

Signature: _____ **Date:** _____

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Paid In Full Agreement

Student Name: _____

This is a legally binding document. Please read carefully.

_____ Payments should be made no later than the first day of school.

_____ First Day of School: **Monday, August 28, 2017**

If you chose to leave Compass Rose Academy before the school year completes, the following applies:

_____ The school must have 30 days written notice.

_____ 50% of the remaining tuition will be refunded in two payments.

1. The 1st payment will be paid on your students last day at Compass Rose Academy.
2. The 2nd payment will be paid 30 days from your student's last day at Compass Rose Academy.

I have read the above information as it pertains to paying my student's tuition in full. I understand and agree to all of the above policies.

Print: _____ **Date:** _____

Signature: _____ **Date:** _____

Print: _____ **Date:** _____

Signature: _____ **Date:** _____

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Other Important Tuition Information:

Sea Turtle & Flying Fox Class Rooms

- 3 years through 2nd grade
- 8:30am to 2:30pm
- 1st Day of School: Monday, August 28, 2017

White Tiger Class Room

- 2nd through 6th grade
- 8:15am to 2:30pm
- 1st Day of School: Monday, August 28, 2017

All Students

- Monthly payments are due by the 1st of each month. The first monthly payment is due Monday, August 28, 2017.
- Quarterly payments are due on the 1st day of the following months: November, January, and March. The first quarterly payment is due Monday, August 28, 2017.
- Please note that no matter how you choose to pay tuition you are responsible for the entire tuition amount.
- Please be prepared to determine how you would like to pay for school at time of enrollment. Please complete the appropriate payment agreement (monthly, quarterly, or in full). Please initial on each line and the print and sign your name at the bottom of the form. Only pick one form of payment.

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Compass Rose Parent Check List

(Keep This Page/List For Your Records)

The Following Items Must Be Turned Into Compass Rose Academy:

Due At Time of Enrollment

- Student Application
- Student Information Form
- Registration Fee

Due By August 4, 2017

- Start Up Fees
- 10% Non-Refundable Deposit
- Copy of Birth Certificate
- DH Form 680
- DH Form 3040
- Copy of previous transcript*
- Photo Release Form
- Payment Agreement **

*This document may not pertain to your child – School will mail a request to prior school.

** Choose only one payment agreement.