



Washington Learning Source Membership Form
 (For use by Washington State educational entities other than school districts)

NAME OF EDUCATIONAL INSTITUTION <i>Sammamish Christian School & Noah's Ark Preschool</i>	ORGANIZATION TYPE: <input checked="" type="checkbox"/> PRIVATE SCHOOL <input type="checkbox"/> STATE DEPT. OF EDUCATION <input type="checkbox"/> HIGHER EDUCATION INSTITUTION <input type="checkbox"/> NONPROFIT EDUCATIONAL ORGANIZATION
CONTACT PERSON <i>Francine Haman</i>	CONTACT EMAIL <i>francine.haman@scsna.org</i>
CONTACT PHONE <i>425-392-7470</i>	CONTACT FAX <i>425-392-3395</i>
MAILING ADDRESS LINE 1 <i>4221-B 228th Ave SE</i>	CITY STATE ZIP <i>Issaquah, WA 98029</i>
LOGIN: (FOR WLS PURPOSES ONLY) francine.haman@scsna.org <i>franhaman@hotmail.com</i>	PASSWORD (FOR WLS PURPOSES ONLY) <i>LB1comer</i>

On behalf of the agency specified herein, I, Superintendent and/or Chief Executive Officer of said agency, have reviewed and accepted:

Linda Cobbs

 Signature

4/28/2011

 Date Signed

Linda Cobbs

 Printed Name

Principal

 Printed Title

Sammamish Christian School & Noah's Ark Preschool

 Agency Name

MAIL OR FAX YOUR COMPLETED FORM TO:
 Anne Allen, Director
 Washington Learning Source
 Puget Sound ESD
 800 Oakesdale Ave SW
 Renton, WA 98057
 (425) 917-7907 Fax

Rec'd 5/1/11