



Parent and School Covenant

The School Committee, Administration and Staff of Mt. View Christian School, (MVCS) are honored to be a part of the educational team for your child(ren). We believe that the parents are the primary educators of their children (Deut 4:9) and it is our purpose to join you in providing a quality education that is clearly and distinctively Christian. To enable our school to function effectively and smoothly we depend upon your support and cooperation in the following:

AS PARENTS/GUARDIANS...

- We understand that the primary purpose of Christian education is to prepare our children to function effectively and joyfully in the world as submitted servants of Jesus Christ. We support MVCS in its desire to seek eternal salvation for our child(ren) through their acceptance of Jesus Christ as personal Lord and Savior. We accept that MVCS is committed to a thoroughly Christ-centered and Biblically integrated curriculum. We understand that any verbalized philosophy, personal conviction, or theology which contradicts or conflicts with the Bible will not be tolerated in any school setting (II Tim 3:16, II Peter 1:21).
- We give our children our permission to be involved in all school activities, including school sponsored trips away from school and we absolve MVCS of liability to us or our child(ren) because of injury occurring at school or a school function. We understand MVCS carries liability insurance on every student covering activities on and away from campus. Permission slips for specific individual field trips will be sent home prior to said trips.
- In case of emergency, we give MVCS our permission to obtain appropriate medical care for our child(ren) unless specific previous arrangements have been made. (See emergency information sheet)
- We recognize that our participation in volunteer parent activities is essential to the success of the school. Each parent agrees to make a sincere effort to attend school functions, parent teacher conferences, and parent committee meetings as an effective means of staying informed and communicating our ideas.
- We agree to uphold the academic goals of MVCS within the family setting, assist with completion and accountability of homework as required for our individual child(ren). We recognize the need for sustained open communication with our child(ren)'s teacher(s).
- We agree to have our child exposed to instruction in the Bible according to the MVCS Bible curriculum and MVCS Statement of Faith. The staff agrees to make specific information regarding Bible curriculum available to parents.

(PLEASE SEE ADDITIONAL INFORMATION ON REVERSE SIDE)

- We pledge not to grieve the Holy Spirit or God’s people with idle words of complaint or dissension. Rather we agree to attempt to swiftly and scripturally settle grievance according to the Matthew 18 principle of discretion, mercy, and forgiveness in love. (Matthew 18, Ephesians 4:29-32)
- We understand that tuition payments are due on the first of the month, and considered past due on the 15th unless other arrangement have been made. A \$25.00 late fee will be assessed on the 15th if payment has not been made. We agree to be timely in our financial obligation to MVCS and to notify the school should any situation arise which makes this commitment difficult to uphold. Should our account become past due by two (2) payments, we agree to clear our account within ten days or withdraw our child(ren) unless a mutually agreeable arrangement is made with the Administrator and/or School Committee.
- We agree that MVCS has authority to discipline our child(ren) when necessary at school. We agree to communicate to our child(ren) the need to respect school authority and comply willingly with school classroom rules.
- We understand that MVCS will not tolerate abuse of school property, disrespect to faculty/staff or profanity in any form.
- We agree to work with our child(ren), teachers and administration on minor problems as they occur, particularly on home follow-up.
- We acknowledge that correction or suspension may be deemed necessary by MVCS if other standard procedures are ineffective, and that we shall be notified in writing and/or phone call before either method is employed.
- If our child is unable to resolve his/her discipline problems within a reasonable time we agree to withdraw our child and pay the balance due on our account to that date within ten days.

We understand that we are encouraged to discuss any of the above details with the staff and that our signatures indicate compliance with the rules and standards of MVCS.

Parent/Guardian Signature

Parent/Guardian Signature



Statement of Faith

- We believe the Bible to be the inspired: the only infallible, authoritative inerrant Word of God (II Time 3:16, II Peter 1:21)
- We believe there is one God, eternally existent in three persons -- Father, Son, and Holy Spirit (Genesis 1:1, Matthew 28:19, John 10:30).
- We believe in the deity of Christ (John 10:33); His virgin birth (Isaiah 7:14, Matthew 1:23, Luke 1:35); His sinless life (Hebrews 4:15, 7:26); His miracles (John 2:11); His resurrection (John 11:25, I Cor 15:4); His ascension to the right hand of the Father (Mark 16:19); His personal return in power and glory (Acts 1:11, Rev 19:11).
- We believe in the absolute necessity of regeneration of the Holy Spirit for salvation because of the exceeding sinfulness of human nature; and that men are justified on the single ground of faith in the shed blood of Christ and that only by God's grace and through faith alone we are saved (John 3:16-19, 5:24, Romans 3:23, 5:8-9, Eph 2:8-10, Titus 3-5)
- We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life, and they that are lost unto the resurrection of damnation (John 5:28-29)
- We believe in the spiritual unity of believers in our Lord Jesus Christ (Romans 8:9, I Cor 12:12-13, Gal 3:26-28)
- We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life (I Cor 3:16, 6:16-19, Eph 4:30). We believe that the baptism of the Holy Spirit with evidence of speaking in tongues is available to believers who seek it (Acts 2:4). We believe that gifts of the Holy Spirit are a sign of His presence with no particular gift absolute, but an openness to all of them as revealed in I Cor 12:1-11. We believe of all these gifts the greatest gift is love (I Cor 13:13)

Statement of Nondiscrimination

MVCS makes no distinction concerning an individual's race or ethnic background because we acknowledge that there can be no preferential treatment with God (Romans 2:11). We are bound to extend our ministry to all we can reach if we are to carry out our Lord's Great Commission (Matthew 28:18-20)

Statement of Affiliation

MVCS is dedicated to the establishment, philosophy and promotion of fundamental Christian education and it neither supports nor endorses the World or National Council of Churches, or any world, national, regional, or local organizations which give Christian recognition to non-believers or advocate a multi-faith union.

I have read and wholeheartedly support the MVCS Statement of Faith

Signature of Parent or Guardian

Date

HEALTH HISTORY FORM

Student's Name _____

Date of last physical exam or the date child was last seen by a health care provider for reasons other than immunization:

Allergies, expected symptoms, and method of treatment if necessary:

Health and developmental concerns or issues:

Life threatening medical condition that requires an individual plan:

List of current medications used by child:

Child's health care provider's name, address, telephone number:

Child's dentist's name, address, telephone number:



2810 N.E. 259th Street, Ridgefield, WA 98642 (360) 887-4019

2010 - 2011 Registration Check List

Family Name _____

- ✓ Registration & Book Fees (non-refundable)
- ✓ Student Registration Form
- ✓ Current Immunization Record
- ✓ Calculating your Tuition Form
- ✓ Tuition Payment Agreement...Option Chosen (1 per family)
- ✓ Signed Request for E-mail billing Form
- ✓ Signed Statement of Faith (1 per family)
- ✓ Signed Parent and School Covenant (1 per family)
- ✓ Signed S.A.L.T. (Serving and Laboring Together) Forms
- ✓ Emergency contact form (1 per family)
- ✓ Authorized Drivers Form
- ✓ Signed Criminal History Record Search for volunteers

A COMPLETE REGISTRATION PACKET must accompany the enrollment fee to hold a student's place in a class. Please contact office with questions (887-4019). Please return this form with your completed package.

WAITING LISTS - MVCS does maintain a waiting list for classes which reach maximum prior to the first day of school. Families do move or experience changes over the summer which necessitates withdrawal. Please consider utilizing the waiting list in the event class is full by the time you register. We are also open to adding additional classes when the waiting list reaches appropriate levels.

Office Use:

Received by _____ Date _____ Registration Fee \$ _____

Check# _____ Receipt # _____



STUDENT REGISTRATION 2010-2011

NEW _____ RETURNING _____ TUTORING ONLY _____

2810 N.E. 259th Street, Ridgefield, WA 98642 360 887-4019 Fax 360 887-0717

Primary Household (where student resides)		Home Phone	Work Phone	Cell Phone
Parent/Guardian:				
Parent/Guardian:				
Physical Address:		Street	City	State
Mailing Address:		Street	City	State
E-mail Address:				
<input type="checkbox"/> Both Parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Grandparents <input type="checkbox"/> Stepfather/ Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather				

Secondary Household (noncustodial parent)		Home Phone	Work Phone	Cell Phone
Parent/Guardian:				
Parent/Guardian:				
Physical Address:		Street	City	State
Mailing Address:		Street	City	State
E-mail Address:				
<input type="checkbox"/> Both Parents <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Grandparents <input type="checkbox"/> Stepfather/ Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Mother/Stepfather				

Verification of Information: The information on this form is true and accurate as of this date.

Legal Parent/Guardian Signature _____ Date _____

Ethnic background (optional) (check one)	
<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Black, not of Hispanic origin	<input type="checkbox"/> White, not of Hispanic origin
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other

Church you attend: _____ Pastor's Name _____

(PLEASE SEE ADDITIONAL INFORMATION ON REVERSE SIDE)

Student 1

Last Name _____ First Name _____ Middle Name _____

Birth Date _____ / _____ / _____ Gender (circle one) M F Grade Entering: _____ *Tutoring Only* _____
Month Day Year

Preschool Preferences:

Half day preferences: ___ T/TH 3/4 (8:30–noon) ___ M/W/F 3/4 (8:30–noon) ___ M-F 3/4 (8:30–noon)
___ T/TH 4/5 (8:30–noon) ___ M/W/F 4/5 (8:30–noon) ___ M-F 4/5 (8:30–noon)

All day preference: ___ M-F 4/5 (8:30-3:00) ___ M/W/F 4/5 (8:30-3:00)

Kindergarten Preference: ___ M-F half day (8:30–12:00) ___ M-F all day (8:30 – 3:00)

Student 2

Last Name _____ First Name _____ Middle Name _____

Birth Date _____ / _____ / _____ Gender (circle one) M F Grade Entering: _____ *Tutoring Only* _____
Month Day Year

Preschool Preferences:

Half day preferences: ___ T/TH 3/4 (8:30–noon) ___ M/W/F 3/4 (8:30–noon) ___ M-F 3/4 (8:30–noon)
___ T/TH 4/5 (8:30–noon) ___ M/W/F 4/5 (8:30–noon) ___ M-F 4/5 (8:30–noon)

All day preference: ___ M-F 4/5 (8:30-3:00) ___ M/W/F 4/5 (8:30-3:00)

Kindergarten Preference: ___ M-F half day (8:30–12:00) ___ M-F all day (8:30 – 3:00)

Student 3

Last Name _____ First Name _____ Middle Name _____

Birth Date _____ / _____ / _____ Gender (circle one) M F Grade Entering: _____ *Tutoring Only* _____
Month Day Year

Preschool Preferences:

Half day preferences: ___ T/TH 3/4 (8:30–noon) ___ M/W/F 3/4 (8:30–noon) ___ M-F 3/4 (8:30–noon)
___ T/TH 4/5 (8:30–noon) ___ M/W/F 4/5 (8:30–noon) ___ M-F 4/5 (8:30–noon)

All day preference: ___ M-F 4/5 (8:30-3:00) ___ M/W/F 4/5 (8:30-3:00)

Kindergarten Preference: ___ M-F half day (8:30–12:00) ___ M-F all day (8:30 – 3:00)

Student 4

Last Name _____ First Name _____ Middle Name _____

Birth Date _____ / _____ / _____ Gender (circle one) M F Grade Entering: _____ *Tutoring Only* _____
Month Day Year

Preschool Preferences:

Half day preferences: ___ T/TH 3/4 (8:30–noon) ___ M/W/F 3/4 (8:30–noon) ___ M-F 3/4 (8:30–noon)
___ T/TH 4/5 (8:30–noon) ___ M/W/F 4/5 (8:30–noon) ___ M-F 4/5 (8:30–noon)

All day preference: ___ M-F 4/5 (8:30-3:00) ___ M/W/F 4/5 (8:30-3:00)

Kindergarten Preference: ___ M-F half day (8:30–12:00) ___ M-F all day (8:30 – 3:00)

S.A.L.T.

Serving and Laboring Together

Parent/Guardian Name _____

Check Appropriate Boxes			
MISCELLANEOUS			TEACHER HELP
		S	Bulletin Boards
	Special Music	E	Room Volunteer
	Baking Cookies	R	Craft Aide
	Library	V	Grade Papers
	Picture Day Helper	I	Field Trip
	Artistic Skills	N	Classroom Helper
	Popcorn Friday Helper	G	
			Other:
		A	Other:
		N	
OFFICE HELP		D	SCHOOL PROGRAMS
	Bookbinding		Sewing Costumes
	Open House		Prop Construction
	Photocopying	L	Video Taping
	Graphic/Arts	A	Artwork/Design
	Laminating	B	Auction
	Telephoning	O	Harvest Festival
	Annual Auction	R	
		I	
		N	
		G	
GENERAL MAINTENANCE			Special Skills or hobbies you may be willing to share
	Mechanic	T	
	Painting	O	
	Weeding	G	
	Window Cleaning/Repairs	E	Professional or job related skills:
	Plumbing	T	
	Carpet Cleaning	H	
	Carpentry	E	Special trips you could share:
	Drywall	R	
	Summer Cleaning		

S.A.L.T.
Serving and Laboring Together:

S.A.L.T. (Serving And Laboring Together) is a program that enhances parent and guardian involvement in the school. The goal is to help meet some of the needs of MVCS.

We know that your child’s academic and spiritual growth is of primary importance to you. S.A.L.T. will offer you a way to be actively involved in this educational process. The active participation of all families also has a great impact on keeping tuition costs low.

Outlined below are the guidelines that we follow:

- 1) The S.A.L.T. plan runs from June 1 to May 31 each year.
- 2) Each parent (with full time student(s) enrolled) is asked to give 10 hours of service to the school during the S.A.L.T. year (see #1) or pay a \$10.00 per hour fee for each unworked hour.
- 3) One parent can work both parent’s hours, and the family as a whole may work the hours together. Grandparents, aunts, uncles and other family members may also work the hours. Hours are not, however, transferable from family to family.
- 4) S.A.L.T. hours worked must be reported by June 1 each year. Forms to log your hours are available in the school office.
- 5) For returning students, any hours worked after May 31 and over the amount of hours required will be credited to the next consecutive next school year.
- 6) Parents who would rather pay the fee may do so anytime after September 1 or the current school year. Any fees collected through S.A.L.T. will be used/to pay for jobs that require money to do them, such as carpentry, painting, etc.. Parents with unworked hours after June 1 will be billed for the number of unworked hours at \$10.00 per hour.

HOURS REQUIRED

- *Elementary and Middle School - **10** hours per parent/per child
- *5 Day Kindergarten - 5 Day Preschool - **5** hours per parent/per child
- *3 Day Preschool - **3** hours per parent/per child
- *2 Day Preschool - **2** hours per parent/per child

I agree to work hours indicated **or** pay the \$10.00 per hour fee for this school year.

Signature: Parent/Guardian _____

Signature: Parent/Guardian _____

(PLEASE SEE ADDITONAL INFORMATION ON REVERSE SIDE)



TUITION PAYMENT FORM
2010-2011

2810 N.E. 259th Street, Ridgefield, WA 98642 360 887-4019 Fax 360 887-0717

Parent/Guardian Name _____

Student(s) Name _____

Tuition Calculation (from tuition schedule)

1	Tuition – Family Total	\$
2	Book Fees (non-refundable) (due upon registration)	\$
	Registration Fees (non-refundable)	\$

Payment Schedule

3	Payment Schedule (check one)
	1 Payment to be paid by Sept. 1 st , 2010 3% discount with this option – see tuition schedule
	9 Month Plan (September - May - Payment starts September 1 st , 2010
	10 Month Plan (August - May) - Payment starts August 1 st , 2010
	12 Month Plan (June - May) - Payment starts June 1 st , 2010
Monthly payments will be billed by and collected through Mt. View Christian School	

If you do not specify a payment plan the 9 month plan will be chosen for you.

We agree to pay our monthly tuition in full by the 1st of each month. We understand that tuition is late after the 15th of each month. Late payments may result in a \$25 late fee. We have read the Family Handbook and agree to the policies and procedures described therein pertaining to tuition refunds.

Parent /Guardian Signature Date Parent /Guardian Signature Date

Office Use:	
Discounts	Grand Total
\$ _____	\$ _____ ÷ _____ (months) = Monthly payment \$ _____
Date Received _____	By _____

School Volunteer 2010-2011 School Year
Criminal History Record Search

Mountain View Christian School requires all of our volunteers to agree to a criminal history record search. We have required this of our employees for years. Anyone who plans on assisting in the classroom, working in the school, helping on field trips, or putting in SALT hours will be screened. This will ensure an increased level of safety for our students and staff. We will use the simple on-line Washington State Patrol criminal history record search procedure which now requires ***your first and last names, middle initial, and date of birth***. Please fill out this form and return it to the office so that you will be ready to volunteer. We appreciate your help!

1. I give permission to MVCS to do this search on me.

_____ _____ _____ _____
first name initial last name Date of Birth

Signature: _____ Date _____

2. I give permission to MVCS to do this search on me.

_____ _____ _____ _____
first name initial last name Date of Birth

Signature: _____ Date _____

CALCULATING YOUR TUITION

GRADE	1 st Child	2 nd Child	3 rd Child	4 th Child
Preschool 2 day	\$1,341.00			
Preschool 3 day	\$1,933.00			
Preschool 5 day	\$3,042.00			
Preschool 3 day All day transitional	\$2,461.00			
Preschool 5 day All day transitional	\$3,801.00			
*Kindergarten – Full	\$4,258.00			
*Kindergarten ½ day	\$3,273.00			
*1 st – 8 th *	\$4,551.00			

*\$200 discount given for each additional Kindergarten or Elementary Student
 \$100 tuition discount per family if registered by February 11, 2010

TUITION

STUDENT'S First & Last Name (oldest to youngest)	Grade	Annual Tuition
1.		\$
2.		\$
3.		\$
4.		\$
Family		\$
Total		\$

*If you have students in preschool grades and K – 8th you will pay the \$180 family fee

REGISTRATION FEE (non-refundable)		Family Fee	Sub-totals
	½ Day Preschool	X \$130	\$
	All Day Preschool – K- 8 th	X \$180	\$
Total			\$
Registration			

BOOK FEES (non-refundable)	Grade	# of students		Sub-totals
	½ Day Preschool		X \$80	\$
	All Day Preschool K – 2 nd		X\$130 =	\$
	3 rd – 8 th		X\$155 =	\$
Total				\$

Authorized Drivers 2010-20011 School Year

Student's Name: _____

Parents generally drive their children to and from school. However, there may be times when they can't do this and will ask a grandparent, relative, or family friend to do the driving. We ask that you provide us with the names of people who you might ask to do some driving for you. Please write the names of those you are designating as possible drivers for your child. If we do not recognize them when they come to pick up your child, we will check to see if they are on our designated driver's list. If they are not, we will have to give you a phone call to get authorization.

- | | | |
|----|------------|-----------|
| 1. | first name | last name |
| 2. | first name | last name |
| 3. | first name | last name |
| 4. | first name | last name |
| 5. | first name | last name |

I give my permission to MVCS to release my child to any of the above drivers.

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



FAMILY EMERGENCY CONTACT
2010-2011

2810 N.E. 259th Street, Ridgefield, WA 98642 360 887-4019 Fax 360 887-0717

Parent's Name: _____

<i>Student</i>		
Name _____	Teacher _____	Grade _____
Name _____	Teacher _____	Grade _____
Name _____	Teacher _____	Grade _____

Primary Household	Home Phone	Work Place Name/Phone#	Cell Phone
Parent/Guardian: Address:			
Parent/Guardian: Address:			
Secondary Household	Home Phone	Work Place Name/Phone#	Cell Phone
Parent/Guardian: Address:			
Parent/Guardian: Address:			

Emergency (please prioritize and list three) (after parent or guardian)

Contact 1 _____ Phone _____ Relationship _____

Contact 2 _____ Phone _____ Relationship _____

Contact 3 _____ Phone _____ Relationship _____

Health Concerns

Student: _____ Concerns _____

Medication _____

Student: _____ Concerns _____

Medication _____

DO NOT release my child(ren) to: _____

Parent/Guardian Signature _____ Date _____

Michelle Geer, Principal
mgeer@welovemvcs.com
www.welovemvcs.com



2810 NE 259th Street,
Ridgefield, WA 98642
360 887-4019 ~ 360 887-0717 fax

REQUEST FOR E-MAIL BILLING

Parent/Guardian Name _____

We request to have the following monthly billing statements sent by email rather than mailed.

_____ Tuition Statement

_____ Childcare Statement

_____ Tutoring Statement

_____ SALT Statement

The email address that we would like used for our monthly billings is:

We agree to accept the email statements as the official notification of our bill due. We agree to pay our monthly statement in full by the 1st of each month. We understand that tuition is late after the 15th of each month. Late payment may result in a late fee.

Legal Parent/Guardian Signature

Dated

NOTE: A signed and dated Email Request Form must be on file in the Accounting Office before email billing will begin.

Accounting Office Use Only:

Received _____ Date _____

Posted _____ Email Billing Began _____