

# Mountain View Christian School

March 3, 2010

Dear Parents,

Registration for the 2010-2011 school year has begun! In order to reserve a spot for your child, we will need the following items:

1. Completed registration forms (all forms included)
2. Updated immunization record, if applicable
3. Registration fee of \$250.00. You may pay \$125 now and \$125 by August 6th. (cash, credit card or check made out to MVCS)

We encourage you to register early, by May 3<sup>rd</sup>, in order to take advantage of this year's tuition rate before the increase. See the attached Payment Preference Form for your payment options. Please fill out all the forms completely and legibly.

Enrollment is not guaranteed until all requirements stated above have been met. We have room in all of our classes for new students so please refer your friends to us. We would be happy to answer any questions they have or give tours. A kindergarten orientation, for parents only, will be Tuesday, March 16 at 6:30 p.m. in room 207. The students will have an opportunity before school begins in August to come see the classroom and meet the teacher.

Thank you for your interest and consideration of our school. If you have any questions about the registration process please feel free to call 435-2923.

Thank you,

Lisa Thurman  
Bookkeeper

**Mountain View Christian School  
Elementary School Tuition Schedule  
2010-2011 School Year**

**REGISTRATION (annual-non refundable)**

Annual registration includes computer lab fee, processing fee, testing fees and textbooks	\$ 250.00
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**TUITION (annual)**

Kindergarten	\$3,800.00
Elementary	\$4,200.00

**EXTENDED CARE - MONTHLY RATES**

Part-time Kindergarten = 1:40-3pm	\$150.00
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**Full time Extended Care**

Kindergarten = 7-8am and 1:40-6pm	\$ 250.00
Elementary = 7-8am and 3-6pm	\$ 225.00

**EXTENDED CARE - CASUAL RATES**

Hourly Rate	\$ 7.00
Daily Rate	\$ 35.00

**CHARGES for picking up after 6 pm (must be paid directly to the teacher)**

First 15 minutes	\$ 5.00
Each additional 5 minutes thereafter	\$ 3.00
Failure to sign out	\$ 8.00

*Notes:*

1. Discounts: *Family discounts are available for the 3<sup>rd</sup> and 4<sup>th</sup> child. Please contact the office for details.*

2. Extended Care: *All students enrolled in full time extended care may attend the all-day Extended Care program during Christmas, Easter, and other holidays without additional charge.*



**Mountain View Christian School**  
**Pre-Admission Health History 2010-2011**

Please fill out completely

Today's date: \_\_\_\_\_

**Student's Full Legal Name:** \_\_\_\_\_  
Last First Middle

Grade for 10-11: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: Male  Female

Mother/Guardian's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Child lives with you? Yes  No   
First Last Sometimes

Father/Guardian's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Child lives with you? Yes  No   
First Last Sometimes

Physician: \_\_\_\_\_ Physician's Phone #: \_\_\_\_\_

Physician's Address: \_\_\_\_\_  
Street City State Zip

Has your child been under regular supervision of a physician? Yes  No  Date of last exam: \_\_\_\_\_

Does this child have an open or existing I.E.P. (individual educational plan)? Yes  No

**Immunizations:**

At registration you will need an Immunization Record showing the dates your child received each of the state required immunizations. Students WILL NOT be admitted unless an immunization record is presented and immunizations are up-to-date.

All NEW students MUST have had a TB shot within 1 year prior to the first day of school. Date of last TB shot \_\_\_\_\_

All FIRST grade students must have had a physical within 18 months prior to the first day of school.

Date of last physical \_\_\_\_\_

**Past Illnesses:**

- |                                   |                                       |                                       |  |   |
|-----------------------------------|---------------------------------------|---------------------------------------|--|---|
| <input type="checkbox"/> Allergy  | <input type="checkbox"/> Heart defect | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Frequent colds  | <input type="checkbox"/> Head injury          |
| <input type="checkbox"/> Asthma   | <input type="checkbox"/> Bone disease | <input type="checkbox"/> Hay fever    | <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Cancer               |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Ear problems | <input type="checkbox"/> Eye problems | <input type="checkbox"/> Epilepsy        | <input type="checkbox"/> Other, explain _____ |

**Medications:**

Are any daily medications required? Yes  No  If yes, name of medication(s): \_\_\_\_\_

**Student's daily routine:**

Goes to bed at \_\_\_\_\_ pm, gets up at \_\_\_\_\_ am. Sleeps well? Yes  No  Eats well? Yes  No

Childhood diseases that child has had:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Chicken pox - Date _____ | <input type="checkbox"/> Whooping Cough - Date _____ | <input type="checkbox"/> Mumps - Date _____   |
| <input type="checkbox"/> Rubeola - Date _____     | <input type="checkbox"/> Poliomyelitis - Date _____  | <input type="checkbox"/> Rubella - Date _____ |

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Mountain View Christian School

1284 East Bullard Avenue  
Fresno, California 93710  
559-435-2923

## Authorization for Release of Student Information

*(To be completed by parent or guardian)*

I hereby authorize MVCS to distribute my address, phone number or my child's birth date to other parents for the purpose of birthday invitations or other parties and activities (information will not be given to anyone other than the guardian of a currently enrolled student).

Name of student(s): \_\_\_\_\_

Grade for 2010-11: \_\_\_\_\_

I understand that the information given will be treated in a confidential manner and will not be released to a third party without my consent.

\_\_\_\_\_  
Signature of parent or guardian                      Date

\_\_\_\_\_  
Print name

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Please check here if you **do not** want your information given to anyone at any time for any reason.

Thank you for your cooperation.

Mrs. D  
Principal

# Mountain View Christian School

1284 East Bullard Avenue  
Fresno, California 93710  
559-435-2923 FAX 559-435-6140

## 2010-2011 EXTENDED CARE REGISTRATION FORM

Student's Last Name(s) \_\_\_\_\_ Grade for 10-11 \_\_\_\_\_

Address \_\_\_\_\_ Home phone \_\_\_\_\_

\_\_\_\_\_ CA, Zip \_\_\_\_\_

### Check one:

I wish to register my child in the Extended Care program as listed below. I understand that payment for **Regular Extended Care** is due by the 10<sup>th</sup> of each month or a \$25 late fee will be incurred. **Casual Extended Care** will be billed at the close of each month.

I do not wish to enroll my child in the Extended Care Program.

Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_

The choices and rates are listed below. (*Mark your choice.*)

<i>*Regular Elementary</i>	<i>*Regular Kindergarten</i>	<i>Kindergarten</i>	<i>Casual Care</i> (as needed)
Full Time 7-8am/ 3-6pm	Full Time 7-8am/ 1:40-6pm	Part Time 1:40-3pm	
\$225.00	\$250.00	\$150.00	\$7.00/hr

Child's name

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**\*Regular "FULL TIME" includes care, without additional charge, during Christmas, Easter and other holidays when the school remains open. Regular "FULL TIME" represents more than a 30% savings, plus 15 holidays and 10 minimum school days, without extra charge.**

Mountain View Christian School  
1284 E. Bullard Ave.  
Fresno, CA 93710  
Phone 435-2923 Fax 435-6140

**ANNUAL SCHOOL FEES PAYMENT PREFERENCE FORM 2010-2011**

PARENT/GUARDIAN'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_ GRADE for 10-11 \_\_\_\_\_

Annual school fees for the 2010-11 school year will be paid by: (choose one and return this form to the office with your enrollment paperwork)

- Option 1 - **Full payment** due on or before August 6th. (payable directly to MVCS by cash, check or credit card)
- Option 2 - **A two payment semester option** with 50% paid by August 6th and the balance due by January 7th. (payable directly to MVCS by cash, check or credit card)
- Option 3 - **FACTS Management monthly payment plan.** Payments budgeted over 10 months beginning August 5th or August 20th through May 5th or May 20th. (direct withdrawal from checking or savings account)

If you choose to pay using option 3, please complete the FACTS Management Automatic Payment Agreement form available in the office.

- If you used Facts management last year and wish to continue with the same account, please check here. Notify the office of any changes.

This form and all FACTS Management forms must be completed and returned to the office no later than May 23, 2010.

If you have any questions regarding FACTS Management or other payment options, please contact Lisa in the office @ 435-2923.

We, the parent/guardians of \_\_\_\_\_, understand that we are fully responsible for payment of tuition, including extended care and other costs and fees.

\_\_\_\_\_  
Parent/Guardian's signature

Date \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's signature

Date \_\_\_\_\_