

Monroe Christian School

1009 W. Main St., Monroe, WA 98272
360-794-8200; www.monroechristian.org

2010-11 Registration & Extended Care Enrollment



Child's Full Name: _____ Sex: M ___ F ___ Entering Grade: _____

For Pre-K (4 years old by Sept. 30), circle choice: AM PM Full Day

For Kindergarten, circle choice: 5 days/week 3 days/week

Nickname: _____ Birth Date: ___/___/___ Phone: _____

Child's Address: _____ City: _____ State: ___ Zip: _____

Race*: Black [] Asian/Pacific Is. [] Native American [] Caucasian [] Hispanic []
Other (specify): _____

FATHER

MOTHER

Name: _____

Name: _____

Address (if different): _____

Address (if different): _____

Home Phone (if different): _____

Home Phone (if different): _____

Place of Employment: _____

Place of Employment: _____

Position: _____

Position: _____

Hours: _____ Work Phone: _____

Hours: _____ Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

With whom does the child reside? [] Both Parents [] Mother [] Father [] Guardian

Parents' Marital Status: [] Married [] Separated [] Divorced [] Widowed [] Single

Custodial/Visiting Arrangements: _____

Other persons responsible for child and permitted to remove child in case of emergency (list in order of preferred contact) -- NOTE: Written notification by guardian must be given in the case that someone other than persons listed below will be picking up child:

	<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relation</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

RESTRICTIONS: Visiting rights denied to (attach copy of restraining order):

<u>Name</u>	<u>Relationship</u>
_____	_____

*NOTE: The Office of State Public Instruction requires that we report this information. It is not used in any way by MCS.

OUT OF AREA EMERGENCY CONTACT (required):

Name: _____ Phone: _____

Address: _____
City State Zip

Other Children in Student's Family (name/age/grade/school):

1. _____
2. _____
3. _____

CHILD'S PERSONAL HISTORY

Does child speak any languages in addition to English? _____

Does he/she have any unique ways of expressing wants or needs? _____

Would you describe the child as active or quiet? _____

What are the child's interests and favorite activities? _____

Does the child have any special fears of which you are aware? _____

Social Relationships:

With what age children has the child had social and play experience? _____

By nature, is the child: Friendly Aggressive Shy Withdrawn Other: _____

Eating:

General attitude toward eating: _____

Special likes: _____

Dislikes: _____

Is the family vegetarian? _____ Dietary restrictions? _____

Behavior:

Methods most effective in dealing with good behaviors: _____

Methods most effective in dealing with misbehavior: _____

Special Needs:

Aside from health issues (see next page), does the child have any special needs that we should know about?

HEALTH INFORMATION RECORD for:

Child's Full Legal Name

Doctor: _____ Phone: _____ Last physical exam: ____/____/____

Insurance Coverage: _____

Group Number: _____ Membership Number: _____ Group Name: _____

If the child has had any of the following, indicate by specifying the month and year:

Illness	Date	Illness	Date	Illness	Illness
Chicken Pox		Scarlet Fever		Blood Disease	
Measles		Scarletina		Kidney Disease	
3 Day Measles		Whooping Cough		Hearing Loss	
Mumps		Epilepsy		Diabetes	
Rheumatic Fever		Emotional		Nosebleeds	
Other		Convulsions		Other	

Indicate below if child has or has had: asthma, convulsions, fainting spells, diabetes, frequent sprains/dislocations, operations, hospitalizations, heart disease, strep throat, serious injury or concussions, ear infections, urinary tract infections, anemia, or any conditions affecting the child physically or emotionally:

<u>Condition</u>	<u>Description</u>	<u>Date(s)</u>

MEDICATIONS: In case of emergency, it may be necessary to know of any medications your child is taking on a regular basis. List below and include name of medication, strength, dosage, and health condition requiring the prescription:

Please list any other pertinent health information (physical, emotional, psychological) regarding the child:

ALLERGIES: It is important that we are aware of any allergies that your child has. Please indicate below:

Food: _____

Drug: _____

Other (i.e. grasses, pollen, etc.) _____

CONSENT FOR MEDICAL CARE/ACCIDENT RELEASE

I permit Monroe Christian School to give emergency treatment, including first aid and cardiopulmonary resuscitation (CPR) to my child when deemed necessary. I give authority for my child to be taken by ambulance or aid car to _____ hospital (or nearest hospital) in case of emergency. If, after every effort has been made to contact me, I cannot be reached, I further authorize and consent to medical, surgical, and hospital care, treatment, and procedures to be performed for my child by a licensed physician or hospital when a physician deems immediately necessary or advisable to safeguard my child's health. I wave my right of informed consent to such treatment. I accept financial responsibility for the cost of such treatment, including transportation by ambulance or aid car. I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct:

Name: _____ Signature: _____ Date: ____/____/____

MEDICATION POLICIES:

Prescription Medication can only be administered if the parent or guardian completes the Medication Authorization form giving us clear directions. All prescribed medication must be in the original container with physician's directions attached. Please request this form from the office.

Over-The-Counter (OTC) Medications

The school keeps limited OTC medicines on hand. These include acetaminophen, ibuprofen, cough drops, anti-bacterial ointment. We will only administer acetaminophen or ibuprofen with parental consent, as given with your signature below. If your child requires frequent OTC medication, parents must provide a supply for their child to keep in the school office with written dosing instructions. All medications must be in the original container and we will only administer the dosage listed on the label.

I authorize the school to administer OTC medications to my child as needed without consulting me each time. I prefer my child to be given acetaminophen / ibuprofen for pain.

I want to be called prior to any OTC being given to my child.

I can best be reached at this number: _____

Parent Signature: _____ Student's
Name: _____

All Medications and Drugs on school premises must be in the custody and under the administration of the school office. State law requires that children who self-medicate must:

1. Have a parent's written statement requesting that the child take their own medication;
2. Have a parent's written statement from a health care provider with prescriptive authority stating that the child is physically and mentally capable of taking their own medication;
3. Meet the State's storage requirements for medications; and
4. Be supervised by a responsible adult (office staff)

Medications Left at the School past their expiration date or one week after the child terminates enrollment will be disposed of according to state law.

I have read and understand the above medication policies:

Signature: _____ Date: ____/____/____

In which Public School District do you reside?

Monroe Riverview Snohomish Sultan
Other: _____

How did you hear about Monroe Christian School?

FIELD TRIP PERMISSION FORM

During the school year, Monroe Christian School plans various field trips. This form is designed to include your permission for your student(s) to take such field trips. Your signature below authorizes your child(ren) to go on field trips with the class. You will be notified in advance of each field trip with information regarding its nature, location, time, etc. By your signature, you indicate your understanding that every precaution will be taken for the safety and well-being of the student, and you will not hold the teacher, administration, board, or any agent of Monroe Christian School liable in the case of an accident.

Signature: _____ Date: ____/____/____
Parent/Guardian

MEDIA COVERAGE RELEASE FORM

On occasion, the media (newspaper, TV, etc.) may be present at school events. This release also includes posting your child's picture on our website, as appropriate. Please indicate your wishes regarding this exposure:

Name of Child: _____ Grade: _____

- Yes, my child can be included in any media coverage.
- No, I do not want my child included in any media coverage.

Signature: _____ Date: ____/____/____
Parent/Guardian

SCHOOL DIRECTORY

Directory information consists of parent and student names, addresses, telephone numbers, and email address(es). This information will be printed in the Monroe Christian School Directory for use by the school staff and families for school-related business. Please indicate your preference below:

- YES, it's okay to publish our above-noted information in the Monroe Christian School Directory.
- NO, we do not want to be listed in the Monroe Christian School Directory.

Signature: _____ Date: ____/____/____
Parent/Guardian

NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS

Monroe Christian School admits students of any race, color, gender, and national or ethnic origin to all the rights, privileges, programs, and activities generally accepted according or made available to students at the school. It does not discriminate on the basis of race, color, gender, and national or ethnic origin in administration of educational policies, admissions policies, financial aid, athletic, and other school-administered programs.

Monroe Christian School selects qualified personal for employment without regard to race, color, gender, age, or national or ethnic origin; but it does reserve the right to use selection criteria in support of its statement of faith, mission, and vision.

Philosophy of Monroe Christian School

Statement of Belief

- Triune God** We believe in one God who exists eternally as three persons; Father, Son, and Holy Spirit.
- God the Father** We believe that God created and continues to uphold the world by His Word. We also believe that He is the exalted Lord of the universe and the Creator of all things. He gives life to all things and actively preserves His handiwork. In Christian education, the child comes to learn about the Creator God through His creation.
- Jesus Christ** We believe through Jesus Christ, the power of sin has been broken and we are reconciled to God through Him. Jesus calls us to the building of a Christian church, culture, and way of life. Therefore, it is the task of the Christian school to help our children build a biblical foundation for living.
- Holy Spirit** We believe the Holy Spirit renews our hearts to love God and our neighbors. He directs our understanding to know God, ourselves, and our world. It is through yielding to His counsel that we develop the Christian walk.
- The Bible** We believe the Bible is the inspired Word of God. God reveals Himself in the Scriptures, the Old and New Testaments. The Bible is the basis for all of our relationships, thoughts, and activities; therefore, the Scriptures are also our guide in the education of our children.
- Man** We believe man is created in the image of God to enjoy fellowship with his Creator. Man reflects in his person and work the excellence of his Maker.

Purpose of Monroe Christian School

Monroe Christian School was established for the purpose of providing a school which would teach a way of life compatible with that held at home. The establishment of the Christian School rejects the secular philosophy that man is the center of the universe, and acknowledges God as the Creator of all things. It establishes the Word of God as the plumb line for learning. Monroe Christian School is concerned with teaching that our lives as Christians, are lived within the Kingdom of Jesus Christ here on earth. This “world and life view” does not separate us from the present world, but helps us to see the lights of God’s word as revealed to us by His Holy Spirit.

The instruction at Monroe Christian School is aimed at showing how to lead a life of service to God and our fellow man within the framework of the world in which we live.

The aim of Monroe Christian School is academic excellence in the tradition of both Christianity and education. Providing the best education within a Christian context is the goal of the society and staff at Monroe Christian School. Through texts, instruction and staff members, the students are led to understand how the truths of the Kingdom differ from the world they live in.

Our Mission/Vision Statement

We at Monroe Christian School partner with Christian homes and churches to nurture and equip God’s children. We recognize that Jesus Christ is sovereign over all creation and has created each child with unique abilities, gifts, and talents. Our purpose is to develop and encourage growth in every area of their lives: spiritually, intellectually, emotionally, socially and physically, according to God’s Word and relying on the Holy Spirit. Through this process, children develop a Christian perspective of life that will help them critically weigh the issues of the day and lead them to faithful stewardship of God’s world and into a life of joyful service.

Monroe Christian School is a Christ-centered Community equipping God’s children for service in His Kingdom.

I understand and agree with the Philosophy and Purpose of Monroe Christian School and its Mission/Vision Statement, and I will fully cooperate and support the school in accomplishing its mission.

Signature: _____ Date: ____/____/____

Monroe Christian School Parental Contract and Acceptance Form

1. I will, to the best of my ability, raise my children in a home where Christ is the center, including regular attendance in a Christian church.

Church you attend:

_____ Pastor: _____

Location:

Degree of involvement: Actively involved Regular Occasional

If you do not currently attend a church, please explain the circumstances: _____

2. I will teach my children to obey the biblical precepts stated in the Ten Commandments and in the summary of those Commandments given by Jesus Christ in the New Testament.
3. I will provide a time and a place for my children to do their homework.
4. I will support the policies and rules of behavior for students as stated in the MCS Parent-Student Handbook, and any other provided handbook or written communications.
5. I will support my children's teachers and the school administrator in discipline situations.
6. I will, if I have concerns regarding a discipline situation, in a loving, Christian manner, discuss my concerns with the teacher and/or the Administrator, following the principles established by the Lord Jesus in Matthew 18:15-17.
7. I will support Board-established school policies. I further agree that any disagreements I have with Board policy will be brought to the attention of the Board through proper channels, following the Matthew 18 principle.
8. I will participate in the Service Hours Program of MCS.

These pledges and commitments are understood and agreed to by the applicants (all signatures required):

Father (or Guardian): _____ Date: ____/____/____

Mother (or Guardian): _____ Date: ____/____/____

Student (if entering Grades 3-8): _____ Date: ____/____/____

Complete this page if you intend to utilize Extended Care (offered to ages 5-12).
Monroe Christian Extended Care
Parental Agreement

2010-2011 Contingency: While Monroe Christian School fully intends to provide after school care as established in this agreement, we fully understand that doing so is contingent upon 2 (two) eventualities:

1. That the state DCCL grants a license to operate a School-Age Childhood Center to Monroe Christian School, and
2. There are sufficient enrollments to cover costs to operate in accordance with the laws, rules and procedures

established for a School-Age Childhood Center by the State of Washington.

Registration Fee: A \$40.00 *non-refundable* registration fee per student (\$80 maximum per family) must accompany every registration request. Without this fee, no child shall be considered enrolled in the School-Age Childhood Center. This fee covers the State's annual licensing fee (24/student capacity). This is an annual fee to be collection upon registration for Extended Care.

Financial Responsibility: We agree to fulfill all financial obligations to Monroe Christian School promptly. We understand that the child care rate is \$6.00/hour for any portion of an hour and will be billed on the first of the month for the previous month. (A 10-minute grade period will be given. For example, care for 1 hour and 8 minutes will be \$6.00, while 1 hour and 30 minutes will be billed \$12.00.) These invoices are due upon receipt. In addition, parents arriving after 6:00pm will be charged a "Late Fee" of \$1.00 per child for every 1 (one) minute that the parent is late (this fee will be applied to your monthly invoice). We further agree to pay any and all reasonable costs associated in collecting any payments or balances on our accounts that are more than 30 days delinquent.

Termination or Contract Changes: MCS policy is that students who attend any portion of the month are charged for the entire month of service. Requests for changes to this executed contract must be made in writing at least two weeks prior to a requested change date to allow appropriate review and consideration by the school.

Philosophy: We understand the mission, purpose, and philosophy of Monroe Christian School and that they apply equally to the school and to the School-Age Childhood Center. By signing this parental agreement, we do pledge to support and cooperate in any way at home and at school to enhance and fulfill this purpose and philosophy.

Discipline and Conduct: The school shall have authority to discipline our child(ren) when necessary in accordance with applicable Washington State Laws and we will require our child(ren) to comply with all school regulations. We agree that we will cooperate and discipline our child(ren) in the home as needed. We understand that a child who persists in unacceptable conduct will not be permitted to remain in school. We further agree to require our child(ren) to show respect for those in authority over them in the school such as teachers, assistants, administrator, and staff.

Parental Involvement: We have the understanding that the philosophy of the school cannot be fulfilled without parental involvement. This involvement shall include but not be limited to participation in fundraising activities, attendance at school functions and parent meetings, reading information sent home from the school, and communication with our child's teacher(s).

Liability: We release Monroe Christian School from all liability, except negligence, while our child is under school care and responsibility.

Grievances: We pledge our loyalty to the aims and ideals of the school and will bring any and all questions and concerns directly to the appropriate administrator (following the Matthew 18 principle) so that they may properly be considered by those in authority.

Clothing: We understand that if our child attends full time, State law requires that a complete change of clothing be left at the center. Clothing must be labeled with the child's name.

Damages: We will pay for damages caused by our child.

Sign-In: The school will not assume responsibility for a child who has not been signed in when he/she arrives for the day. Note that this is a State requirement for a School-Age Childhood Center and is different than for other schools. The child must also be signed out at the time he/she is picked up from Extended Care.

I have read this parental agreement carefully and hereby agree to its terms.

Name: _____ Signature: _____ Date: ____/____/____

E-Care Registration Fee Payment:

Office use: Received [] Check # _____ [] Cash \$ _____ Date: ____/____/____