



**MONROE
CHRISTIAN SCHOOL**
est. 1956
ENGAGE · EQUIP · EMPOWER

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

2024-25 Registration
Preschool, Pre-K, K – 8th Grade

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

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

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

Race*: Black [] Asian [] Pac. Is. [] Native American [] Caucasian [] Hispanic [] Other: _____

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

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/Restrictions (provide legal papers/restraining order with this form): _____

LIST other persons responsible for child and permitted to remove child from school. 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>City of Residence</u>	<u>Best Phone</u>	<u>Relation to Child</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

OUT-OF-AREA EMERGENCY CONTACT (required):

Name: _____ Phone: _____

Full Address: _____

INFORMATION REGARDING CHILD

Why would you like your child to attend Monroe Christian School?

What do you see as special strengths in your child (areas that your child is particularly interested in at home and school)?

What does your child like about school?

What are some learning challenges facing your child?

Are there additional needs (family, health, sleep patterns, physical, speech, medication, emotional) that the school/teachers should be aware of? How have these been addressed to date?

Has your child ever had a formal educational assessment in the areas of high capability, speech/language, learning disabilities, IQ, or psychological testing? No Yes If yes, please explain and forward a copy of any testing.

Has your child ever been in an accelerated program, on an IEP (individualized education plan), received tutoring or accommodations in the school s/he has attended? No Yes If so, please explain and forward a copy.

What language/s in addition to English does your child speak? _____

Other children in student's family (name/age/grade/school):

1. _____

2. _____

3. _____

In which Public School District do you reside?

Monroe Riverview Snohomish Sultan Other: _____

Last school attended: _____, City: _____ For which grade/s: _____

If you are new to MCS this year, how did you hear about Monroe Christian School?

Family Referral (name) _____ Social Media (which?) _____

MCS Website Other: _____

HEALTH INFORMATION RECORD for: _____

Child's Full Legal Name

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

Insurance Coverage: _____

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

Dentist: _____ Phone: _____ Last dental exam: ____/____/____

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

Illness	Date	Illness	Date	Illness	Date
Chicken Pox		Scarlet Fever		Blood Disease	
Measles		Whooping Cough		Kidney Disease	
Rubella		Epilepsy		Hearing Loss	
Mumps		Emotional		Diabetes	
Rheum. Fever		Convulsions		Nosebleeds	
Other		Other		Other	

CONDITIONS: Indicate below if child has or has had: asthma, 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. A separated Medication Authorization Form is also required if dispensed at school. Please inquire in office. 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, neurological) regarding the child, including any diagnoses, assessment, or concern not already disclosed:

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 waive 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 (if not collected by parent).

I have read and understand the above medication policies:

Parent Signature: _____ Date: ____/____/____

FIELD TRIP PERMISSION FORM & INDEMNITY

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 or injury.

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

PHOTO RELEASE

This release includes posting your child's picture on our MCS website, on MCS social media, in any advertising for the school, local newspaper, or other media, as appropriate. Please indicate your wishes regarding this exposure:

Name of Child: _____ Grade: _____

Yes, my child or his/her photo can be included in the above-mentioned media type on behalf of the school within or outside of MCS.

No, I do not want my child or his/her photo to included in **any** type of release.

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 ONLY for school-related business.** Please indicate your preference below:

YES, it's okay to publish all of our above-noted information in the Monroe Christian School Directory.

Only publish: parent/student names and grade phone number/s address email address/es

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

NOTICE OF NONDISCRIMINATORY POLICY

Monroe Christian School admits students of any race, color, gender, and national or ethnic origin to all the rights, privileges, programs, and activities generally accorded 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, or other school-administered programs. Monroe Christian School selects qualified personnel 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 light 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 curriculum, instruction, and staff members, the students are led to understand how the truths of the Kingdom differ from the world they live in.

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, engaging, equipping, and empowering 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.

Father’s Signature: _____ Date: ____/____/____

Mother’s Signature: _____ Date: ____/____/____

**Monroe Christian School
Parental Contract and Acceptance Form**

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

Church your family attends: _____

Location: _____ Pastor: _____

Degree of involvement: Actively involved Regular Occasional

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

2. We will teach our 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. We will provide a time and a place for our children to do their homework.
4. We 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. We understand that the school shall have authority to discipline our children when necessary in accordance with applicable Washington State Laws, and we will require our children to comply with all school regulations. We will cooperate and discipline our children 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 children to show respect for those in authority over them in the school such as the administrator, teachers, assistants, and office staff.
6. We will, if we have concerns regarding a discipline situation, in a loving, Christian manner, discuss those concerns with the teacher and/or the Administrator, following the principles established by the Lord Jesus in Matthew 18:15-17.
7. We will support Board-established school policies. We further agree that any disagreements we may have with Board policy will be brought to the attention of the Board through proper channels, following the Matthew 18 principle.
8. We will participate in the Service Hours Program of MCS.
9. We release Monroe Christian School from all liability, except negligence, while our child is under school care and responsibility.
10. We understand that the purpose and mission 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).

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

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

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

Students entering 3rd - 8th grade must sign the agreement on page 10.

**MONROE CHRISTIAN SCHOOL
PARENT / SCHOOL PARTNERSHIP**

Shared Commitments

As a school, we commit to the following:

- † Fulfill our mission and purpose
- † Pray for and support your child and your family
- † Provide a safe, nurturing environment for your child
- † Provide consistent communication regarding your child
- † Provide consistent communication regarding the school
- † Provide opportunities for involvement
- † Provide consistency in values/discipline
- † Offer a listening ear
- † Show respect for your child and your family
- † Use wisely the resources entrusted to the school

As parents, we commit to the following:

- † Support the school's mission and purpose
- † Provide prayerful support for our child and the school
- † Provide a quiet study environment at home for completion of homework assignments
- † Provide consistent communication and attend all parent-teacher conferences
- † Attend pertinent school meetings and events
- † Be appropriately involved
- † Support the values and policies of the school (including discipline)
- † Seek information and facts and not believe rumors
- † Respect school administrators, teachers, and support staff (Matthew 18 Principle)
- † Honor our financial commitment in support of our child's education

Father's Signature: _____ Date: ____/____/____

Mother's Signature: _____ Date: ____/____/____

BOTH SIGNATURES REQUIRED

Monroe Christian School
Student Contract and Acceptance Form
Required for Grades 3 – 8

Parents, please review this contract with your child.

1. I will obey the rules of my classroom and the school.
2. I will conduct myself in a Christ-like manner.
3. I will bring home all the materials I need for homework and complete my homework every day.
4. As a member of the MCS community, I will take responsibility for my personal appearance and make sure that my clothing, hair, and attitude are not distracting to the learning environment. I understand that the way I look and act matters. I will come to school clean, dressed modestly and neatly, and with a good attitude.
5. I will attend church and church activities regularly and willingly with my family.
6. I will take responsibility for my words and actions and respectfully accept the discipline of those in authority over me.
7. I will practice the Bible's message as stated in Matthew 22:37-40: "Love the Lord your God with all your heart, soul, mind, and strength, and love your neighbor as yourself."
8. When I have a conflict with a person, I will not gossip. Instead, I will respectfully and privately work out my problems with that person and seek adult help as needed to resolve conflicts.
9. I will fully participate in school service projects and activities.

Student Signature: _____ Date: ____/____/____

Monroe Christian School

2024-25 Tuition Payment Agreement

Last Name: _____

STUDENT 1: _____ GRADE: _____

STUDENT 2: _____ GRADE: _____

STUDENT 3: _____ GRADE: _____

I/we will be paying this student’s tuition for the 2024-25 school year. I understand that non-payment of tuition and/or failure to return all properties belonging to Monroe Christian School will result in the student’s report cards/records being held. I further understand that any amounts owing to the school (in addition to tuition) will also result in report card/records being held (i.e., library fees, E-Care, field trips, Outdoor Ed., DC, etc.). In the event of default, I agree to pay all costs and reasonable fees incurred in the collection of this account. I also understand that we are required to give 20 service hours per Kg – 8th grade family (5 hours for Preschool/Pre-K).

- **Smart Tuition:** Tuition payments are to be made via Smart Tuition (or the billing agent of the school’s choice). Monthly payments can be made in 9, 10, or 12 installments, all beginning in August. By signing this document, I agree to pay any late fees to Smart Tuition (currently \$75). *(Smart late fees are applied on the 10th day from your due date and will not be reversed once charged. If you are concerned that you will be late with a payment, you must make arrangements with the MCS Bookkeeper prior to your due date.)* I further understand that Smart charges a \$25 fee failed auto-debit or failed checks payable to Smart.
- **MCS:** For any checks payable to MCS, a fee of \$35 will be charged for NSF and returned checks, regardless of the reason or the amount of the check.
- **Pay-in-Full Discount:** A 5% discount is offered for payment of entire tuition contract paid by cash, check, or money order by June 30 (no discount on registration fee or class fees). A 2% processing fee is applied to payments made by credit or debit card. *As the school incurs processing fees for credit/debit transactions, we urge you to pay by cash or check when possible.* By accepting the 5% discount, families are committing to sending their children to MCS for the entire school year. Tuition will be non-refundable except for in extreme extenuation circumstance approved on a per-case basis by the Finance Committee.
- If students withdraw prior to the end of the school year:
 - Families will owe tuition for the entire trimester (September – mid. December; mid. December – mid. March; and mid. March – June) in which they leave, regardless of the month or number of days in which they attend or the reason they leave.
- Any alternative tuition payment plan must be pre-approved by the Finance Committee in writing.
- The MCS School Board policy states that Report Cards, transcripts, and student records will not be released when there is an outstanding balance on any account in any amount.

I/we will be paying the Registration Fee with this application. I understand this amount is non-negotiable and non-refundable. I understand the Registration Fee is due upon enrollment and that no classroom slots will be reserved without payment of this fee. The registration fee must be at the time of registration and payment plan established prior to the first day of attendance.

I/we will be paying tuition by: Full Payment by June 30, 2024

Smart Tuition

SSN #1 _____

SSN #2 _____

Both signatures required. Father’s Signature: _____ Date: ____/____/____

Mother’s Signature: _____ Date: ____/____/____