

Mason County Christian School
2016-2017 Tuition and Fee Schedule

Application Fee

\$25 for new families.
 No fee for current families.

Registration Fees by Grade (fees apply to all students, due at registration)

These fees are to cover some of the costs associated with: PE equipment, classroom consumables, art class, field trips, and office/clerical costs for registration, account set-up, records management and records transfer.

K-9 Registration Fees (per student) = **\$120**
 PS / PK Registration Fee = **\$50**

Athletics Fees

Students playing football, volleyball or turning out for track will pay a \$25 per sport fee.

Financial Aid

Each year, a limited amount of financial aid is available to those families that qualify. You may apply online by following the link on our website to Covenant Tuition Services.

Tuition Rates

OPTION #1 – Payment in full (5% discount)

GRADE LEVEL	5% Deposit	1 PAYMENT OF	YEARLY
Kindergarten – 9 th Grade ~ One student	\$ 213.47	\$ 4,055.84	\$ 4,269.30
Kindergarten – 9 th Grade ~ Two students	\$ 373.56	\$ 7,097.71	\$ 7,471.28
Kindergarten – 9 th Grade ~ Three students	\$ 480.30	\$ 9,125.63	\$ 9,605.93
Kindergarten – 9 th Grade ~ Four or more students	\$ 550.74	\$ 10,464.05	\$ 11,014.79

OPTION #2 – Two payments each of half the annual tuition (3.5% discount)

GRADE LEVEL	5% Deposit	2 PAYMENTS OF	YEARLY
Kindergarten – 9 th Grade ~ One student	\$ 216.84	\$2,059.94	\$ 4336.71
Kindergarten – 9 th Grade ~ Two students	\$ 379.46	\$ 3,604.89	\$ 7,589.24
Kindergarten – 9 th Grade ~ Three students	\$ 487.88	\$4,634.86	\$ 9,757.60
Kindergarten – 9 th Grade ~ Four or more students	\$ 559.44	\$5,314.64	\$ 11,188.71

OPTION #3 – 10 monthly payments

GRADE LEVEL	5% Deposit	MONTHLY	YEARLY
Kindergarten – 9 th Grade ~ One student	\$ 224.70	\$ 426.93	\$ 4,494.00
Kindergarten – 9 th Grade ~ Two students	\$ 393.23	\$ 747.13	\$ 7,864.50
Kindergarten – 9 th Grade ~ Three students	\$ 505.58	\$ 960.59	\$ 10,111.50
Kindergarten – 9 th Grade ~ Four or more students	\$ 579.73	\$ 1,101.48	\$ 11,594.52

EARLY CHILDHOOD EDUCATION

GRADE LEVEL	5% Deposit	MONTHLY	YEARLY
Pre-Kindergarten – 5 Days Per Week	\$ 105.00	\$ 199.50	\$ 2,100.00
Pre-Kindergarten – 3 Days Per Week	\$ 63.00	\$ 119.70	\$ 1260.00
Afternoon combined – 5 Days Per Week	\$ 105.00	\$ 199.50	\$ 2,100.00
Afternoon combined - (Pre-K Focus) M/W/F	\$ 63.00	\$ 119.70	\$ 1,260.00
Afternoon (Pre-School Focus) T/TH	\$ 47.25	\$ 89.78	\$ 945.00

Kindergarten—9th Grade Students who attend individual classes (i.e. PE, math, etc.) will pay an appropriate fee.
 Students who attend half-day will pay 66% of the standard rate for a full time k-9 student.

MASON COUNTY CHRISTIAN SCHOOL

470 E. Eagle Ridge Drive ~ Shelton, WA 98584
TEL (360) 426-7616 FAX (360) 426-6582

Web: www.masoncountychristianschool.org Email: mccs@hctc.com

STUDENT REGISTRATION FORM

OFFICE USE ONLY

Application Received _____
Contract Signing Date _____
School year 2016-2017 Grade _____
Immun. Forms Reg. Fee Pd.
PS/PK Options: 2 days 3 days 5

STUDENT LAST NAME	FIRST NAME	MIDDLE NAME	BIRTHDATE
HAS THE STUDENT BEEN PREVIOUSLY ENROLLED IN: Gifted <input type="checkbox"/> Remedial <input type="checkbox"/> Special Ed (IEP) <input type="checkbox"/> Home School <input type="checkbox"/>			
ETHNICITY: <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other			
SIBLINGS AT MCCS:			

Primary Residence—Parent/Guardian where the student resides

FATHER	CONTACT: <input type="checkbox"/> FIRST <input type="checkbox"/> SECOND	HOME PHONE	FATHER CELL
MOTHER	CONTACT: <input type="checkbox"/> FIRST <input type="checkbox"/> SECOND	Please check if unlisted <input type="checkbox"/>	MOTHER CELL
RESIDENCE ADDRESS	CITY		ZIP
FATHER EMPLOYER	WORK PHONE		
MOTHER EMPLOYER	WORK PHONE		
FATHER EMAIL ADDRESS	School newsletter via <input type="checkbox"/> email <input type="checkbox"/> hardcopy	MOTHER EMAIL ADDRESS	School newsletter via <input type="checkbox"/> email <input type="checkbox"/> hardcopy

Secondary Residence—Parent/Guardian of student NOT residing full time with student

PARENT/GUARDIAN NAME	HOME PHONE	CELL PHONE	
MOTHER	CONTACT: <input type="checkbox"/> FIRST <input type="checkbox"/> SECOND	RELATIONSHIP TO STUDENT	AUTHORIZED TO PICK UP? YES <input type="checkbox"/> NO <input type="checkbox"/>
IS THERE A JOIN-CUSTODY OR PARENTING PLAN IN EFFECT? YES <input type="checkbox"/> NO <input type="checkbox"/> (If yes, plan must be on file with the school)			
IS THERE A RESTRAINING ORDER IN EFFECT? YES <input type="checkbox"/> NO <input type="checkbox"/> (If yes, plan must be on file with the school)			
Restraining order is against: Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/>			

EMERGENCY CONTACTS

We attempt to contact a parent first: Please list other local persons, usually available during the school day, who have agreed to care for your child, and are authorized to provide transportation for your child if he/she becomes ill, injured, or needs to be sent home and you cannot be reached. The persons below will be called in the order shown:

NAME OF INDIVIDUAL TO WHOM STUDENT CAN BE RELEASED	PHONE NUMBER	RELATIONSHIP TO STUDENT

STUDENT'S MEDICAL HISTORY

PLEASE COMPLETE ATTACHED STUDENT HEALTH RECORD AND SUBMIT CURRENT IMMUNIZATION RECORD OR EXEMPTION FORM	
SEVERE ALLERGIES:	OTHER HEALTH CONCERNS (Diabetes, Asthma, ect.):
ANY LIKES, DISLIKES HABITS, DEVELOPMENT, PERSONALITY OR BEHAVIOR NOTES WHICH MIGHT HELP US IN WORKING WITH YOUR CHILD:	

EMERGENCY MEDICAL AUTHORIZATION: I understand that in the event of accident or illness, every effort will be made to contact parent/guardian immediately. If a parent/guardian cannot be reached, I authorize the school to obtain emergency care for my child.

Parent/Guardian Signature: _____

Mason County Christian School does not discriminate on the basis of race, color, national or ethnic origin in the administration of its admissions policies, educational policies, and other school-administered programs

SPECIAL CONCERNS AND RELEASE OF INFORMATION

FIELD TRIPS: I hereby permit my child to participate in school sponsored outings and events. I understand that the school will communicate the details of each outing prior to the activity, and generally keep me informed of school functions. As parent and/or guardian of the above named child, I will release and hold harmless Mason County Christian School, First Baptist Church of Shelton, their officers, directors, and employees from any and all claims arising out of activities or events operated by the school or from any damage done to person or property, except as might arise because of gross negligence or recklessness on the part of Mason County Christian School, or its employees. **Parent/Guardian Initials:**_____

CLIMBING WALL: Your child will have the opportunity to participate in climbing on the "rock wall" located in the play shed. The highest a student is allowed to climb without a safety harness is eight feet. Anything higher than 8 feet, the student will be required to wear a safety harness along with a secure safety line. The students will be instructed in safe climbing practices and will be supervised while climbing. I hereby permit my child to participate in wall climbing at MCCC. I understand that this activity involves some risk and I will stress the importance of the rules established for this activity. **Parent/Guardian Initials:**_____

PHOTO RELEASE: I give **Mason County Christian School** permission to use my child's photograph and/or name in conjunction with publicity for the school in the following areas:

- School marketing brochures and/or local newspaper.
- School Website and/or Internet Networking Pages (no names or personal information will be displayed on the internet).

Parent/Guardian Initials:_____

- I **DO NOT** give Mason County Christian School permission to use my child's photo or name. **Parent/Guardian Initials:**_____

STUDENT HANDBOOK: It is important that you and your child(ren) are aware of the school's procedures and policies. You may access the Mason County Christian School Parent/Student Handbook on our website www.masoncountychristianschool.org under the admissions tab, or request a hard copy through the school office. Read through it and talk with your child about those things that are applicable to him or her. *We have read the Mason County Christian School Parent and Student Handbook and understand the school's policies and rules. Our family agrees to abide by these policies and rules.*

Parent/Guardian Initials:_____

PARENT PLEDGE:

- We understand that the school's guiding principle is to provide a God-centered, Christ-honoring education with a Bible-centered curriculum in a positive learning environment that promotes a Christian world and life view.
- We understand that the school's desire is to teach the Bible as God's inspired work, revealing its application to every area of life; to place an emphasis on scripture memory; and to encourage students to desire to know and obey the will of God as revealed in the Scriptures.
- We understand that the school's desire is to lead children and family members to confess Jesus Christ as Savior and Lord, and then on to responsible Christian maturity.
- We understand the school's desire to impart an understanding of the Christian's role in the church and its worldwide mission of service, community investment, evangelism, discipleship; and to stimulate interest and involvement in this mission.
- We understand the school's desire to encourage, support and give guidance to the Christian home; to aid families in Christian growth; to cooperate with parents in every phase of developing their children; and to encourage parents to understand and bear their responsibility of being the primary educator and trainer of their children.
- We will call the school for clarification of any matter we do not understand and will share any concerns with school administration in the spirit of Matthew 18:15-17.
- We will support the discipline of the school.
- We will see that our children reach school on time, and we will send written excuses for absence or tardiness. We will be punctual in picking our children up after school.
- We will assume responsibility for completion of homework and will work with our child as requested by the teacher.
- We will respond to all school communications that solicit a response and sincerely attempt to attend all parent functions, understanding that good communication is a key to successful relationships.
- We will pay our financial obligations to the school promptly.
- We will commit to 40 volunteer hours from July-June of each school year. (15 for single parents, and 30 hours for those who register by March 18th.) Unfulfilled volunteer hours will be billed at \$10.00/hour.
- We have read the handbook and agree to abide by school policies contained within it.
- We understand that if at any time the school feels the need to review the items in this pledge, a conference will be scheduled with the student's family to review and recommit to the above items.

Father's Signature: _____ **Mother's Signature:** _____ **Date:** _____

STUDENT PLEDGE: (GRADES 2-8)

- I understand that the school's guiding principle is to provide a God-centered, Christ-honoring education with a Bible-centered curriculum in a positive learning environment that promotes a Christian world and life view.
- I understand that the school's desire is to teach the Bible as God's inspired work, revealing its application to every area of life; to place an emphasis on scripture memory; and to encourage students to desire to know and obey the will of God as revealed in the Scriptures.
- I understand that the school's desire is to lead children and family members to confess Jesus Christ as Savior and Lord, and then on to responsible Christian maturity.
- I understand the school's desire to impart an understanding of the Christian's role in the church and its worldwide mission of service, community investment, evangelism, discipleship; and to stimulate interest and involvement in this mission.
- I will strive to be Christ honoring in character, attitude, and conduct.
- I will ensure that my spiritual and moral influence on my classmates and peers will not be negative.
- I will accept the training of the school by being cooperative, courteous, and respectful.
- I will ask questions of the staff if there is something I do not understand, either in my work or about the school rules or procedures.
- I will strive to use school time diligently.
- I will cooperate with my parents when they help me study at home.
- I will attempt to attend school functions.
- I will dress according to the dress code.
- I will accept the discipline of the school.

Student's Signature: _____ **Date:** _____

PARENT/GUARDIAN AUTHORIZATION: The signature below is acknowledgement that all statements are understood and all authorizations as indicated above are approved, except as noted, as the parent or guardian of the student for whom this form is completed.

Parent/Guardian Signature: _____ **Date:** _____

REQUEST FOR TRANSFER OF STUDENT RECORDS

To: Releasing School _____

Address _____

City, State, Zip _____

Re:	<u>Student(s) Name</u>	<u>Birth Date</u>	<u>Grade</u>
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Please send records to:

MASON COUNTY CHRISTIAN SCHOOL

Attn: School Coordinator

470 East Eagle Ridge Drive

Shelton, Washington 98584

In accordance with the provisions of the Family Educational Rights and Privacy Act of 1994, I do hereby authorize the release of my child's school records/files (cumulative, health, psychological, administrative, attendance, etc.) to Mason County Christian School.

Parent/Guardian Signature

Date

Date request sent: _____

OFFICE USE ONLY			
Application Received: _____	Interview Date: _____	School year: <u>2015-2016</u>	Application Fee: \$ <u>25.00</u>

PARENT APPLICATION FORM

Name (Father) : _____

Name (Mother): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Marital Status: Married [] Widow(er) [] Separated [] Divorced []

CHILDREN APPLYING TO MCCS:

Name _____ Grade _____ Birth date _____

Name _____ Grade _____ Birth date _____

Name _____ Grade _____ Birth date _____

OTHERS LIVING IN THE HOME:

NAME(S)	AGE	RELATIONSHIP TO STUDENT
_____	_____	_____
_____	_____	_____
_____	_____	_____

SCHOOL INFORMATION:

1. Why do you wish to enroll your child(ren) at MCCS? _____

2. What school(s) did your child(ren) last attend?

3. Please comment on the progress your child(ren) are making in the school they are now attending. _____

HOME INFORMATION:

5. Are there any unusual factors in your children's life and/or home situation? _____

6. What forms of discipline do you use at home? _____

7. What do you see as your part in your children's education? _____

8. Which church does your family attend? _____

Father and Mother: Please provide a brief testimony of your Christian faith.

FATHER: _____

MOTHER: _____

