



Memorial Christian School & Daycare

4905 South Highway 16 | Rapid City, SD 57701

2010 - 2011 TUITION PRICING AND SCHEDULE

All tuition payments are for 10 months (September – June).

PRESCHOOL

For 3 year olds

Meets: Tues/Thurs (8:15am to 11:15am)

Registration Fee:.....\$87.00

Monthly Tuition:.....\$92.00

For 4 & 5 year olds

Meets: AM or PM

AM: Mon/Wed/Fri (8:15am to 11:15am)

PM: Mon/Wed/Fri (12:00pm to 2:45pm)

Registration Fee:.....\$99.00

Monthly Tuition:.....\$110.00

KINDERGARTEN

All Day Kindergarten

Registration Fee:.....\$265.00

Monthly Tuition:.....\$245.00

Kindergarten Option

(Must be approved by Principal)

ELEMENTARY GRADES 1 - 6

Meets: Mon - Fri (8:15am to 2:45pm)

Registration Fee:.....\$265.00

Monthly Tuition:.....\$245.00 First Child

.....\$225.00 Second Child

.....\$205.00 Third Child

\$185.00 Fourth Child

DAYCARE

Meets: Mon – Fri (6:30am to 5:30pm)

Rate per month:\$450.00 First Child

.....\$435.00 Second Child

.....\$420.00 Third Child

.....\$405.00 Fourth Child

Rate per hour:\$ 3.05 Per Child

THE FULL-TIME DAYCARE FEE INCLUDES:

...Tuition for one month (preschool through sixth grade)

...Lunches for one month (20 lunches)

...All hours of daycare needed from 6:30am to 5:30pm

LATE FEE: *After 5:30pm a late fee will be charged to your account in the amount of **\$5.00 per 15 MIN.** If you see that an emergency has arisen and you know you are going to be late, please call and let the staff member know as soon as possible.*

REGISTRATION FEES ARE NON-REFUNDABLE



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(CHILD'S LAST NAME) (FIRST) (MIDDLE)

(BIRTH DATE) (AGE) (M/F)

(SOCIAL SECURITY NUMBER)

(ADDRESS)

(CITY) (STATE) (ZIP)

(HOME PHONE)

(MAILING ADDRESS - IF DIFFERENT FROM ABOVE)

GRADE THIS FALL:

PRESCHOOL – MWF (AM) _____ MWF (PM) _____ T/TH (AM) _____

ALL-DAY KINDERGARTEN _____

1ST _____ 2ND _____ 3RD _____ 4TH _____ 5TH _____ 6TH _____

SCHOOL ONLY _____ DAYCARE ONLY _____

HOURLY DAYCARE _____

Schedule Varies _____

(M T W T F) Approx. Time _____ am/pm TO _____ am/pm

FULLTIME DAYCARE _____

Schedule Varies _____

(M T W T F) Approx. Time _____ am/pm TO _____ am/pm

Answer BOTH questions.

1. Is this student (or you) Hispanic or Latino? (Choose only one)

* No not Hispanic or Latino

* Yes, Hispanic or Latino (A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or Origin regardless of race).

2. What is the student's (or your) race? (Regardless of how you answered the first question, choose one or more).

* American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment)

* Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent Including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam).

* Black or African American (A person having origins in any of the black racial groups of Africa).

* Native Hawaiian or Other Pacific Islander (A person having Origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands).

* White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa).

HAS YOUR CHILD EVER BEEN DISMISSED FROM SCHOOL? _____

If so why? _____

HOW DID YOU HEAR ABOUT MCS? _____

PARENTS: MARRIED _____ SINGLE _____ DIVORCED _____

(FATHER'S NAME) (CELL PHONE)

(FATHER'S E-MAIL – FOR BILLING AND UPDATES)

(EMPLOYER) (WORK PHONE)

(MOTHER'S NAME) (CELL PHONE)

(MOTHER'S E-MAIL – FOR BILLING AND UPDATES)

(EMPLOYER) (WORK PHONE)

(GUARDIAN NAME) (CELL PHONE)

(EMPLOYER) (WORK PHONE)

WHAT CHURCH DO YOU ATTEND? _____

(PHYSICAL OR MEDICAL PROBLEMS THE TEACHER SHOULD KNOW)

(EMERGENCY CONTACT) (PHONE)

(CHILD'S DOCTOR) (PHONE)

(TYPE OF INSURANCE)

(PUBLIC SCHOOL YOUR CHILD WOULD BE ATTENDING)

(NAME OF LAST SCHOOL ATTENDED)

I HAVE READ THE SCHOOL POLICY IN REGARD TO THE SPIRITUAL PHILOSOPHY, THE ATTENDANCE POLICY, THE DISCIPLINE PROCEDURE AND THE FINANCIAL POLICY REQUIREMENTS. I UNDERSTAND THE POLICIES AND AGREE TO ABIDE BY THEM AND TO SEE THAT MY CHILD ABIDES WITH THEM. MCS BELIEVES THAT YOUR INTEREST AND INVOLVEMENT IN YOUR CHILD'S EDUCATION IS ONE OF THE KEYS TO SUCCESS - THEREFORE WE EXPECT PARENTS TO BE INVOLVED IN OUR SCHOOLS PARENT/TEACHER ORGANIZATION (PTO).

(PARENT/GUARDIAN SIGNATURE) (DATE)

FERPA Parent notification information

Memorial Christian School may disclose, without consent, "directory" information, web site pictures & information, honors & awards to the newspaper, school web site and press. If a parent does NOT wish for information to be released, please sign a request that the school DOES NOT DISCLOSE the information about your child/children.



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TUITION POLICY

ALL FAMILIES MUST BE CURRENT TO START SCHOOL

- *Prior year tuition paid
- *Registration fee paid
- *Current to start each new semester

I understand:

1. My registration fee is non-refundable.
2. That I will supply, if needed, certain materials on the supply list for my child's classroom use. If a student withdraws he may retain his consumable materials.
3. I will take responsibility for the care of any books that my child brings home. I understand that I will be responsible for replacing lost or damaged books.
4. I understand that the tuition payments are due by the tenth of the month. If payment is not paid by the 20th of the month or arrangements have not been made with the school office, a charge of \$5.00 PER WEEK will be charged against your account. On the 25th of the month the school board will be notified that your account is in jeopardy. If your account is NOT paid by the end of that month, or arrangements are not made through the office, your student's account will be terminated. Every attempt will be made to cooperate with the parents to benefit both the school and the family.
5. Any account where an insufficient funds check has been returned will be assessed \$20.00 charge which will be due and payable on the next months billing.
6. I understand that if my child is withdrawn from the program during the year, tuition payments for that month are non-refundable and payments for the future months are refundable.
7. I understand that tuition enables my child to receive private education. Therefore, if tuition is in arrears in excess of 30 days from date due and office arrangements have not been made, my child will not be allowed to continue attending Memorial Christian School. I am liable for the registration fee, tuition, and other acknowledged expenses and agree to remit in accordance with this contract.
8. The Family Education Rights and Privacy Act of 1974 permits students enrolled at MCS to review their personal files compiled by the school unless they have waived that right by signing.

Signature of Father

Date

Signature of Mother

Date

Note: Both parents signature is required on this Financial Agreement. In the case of a single parent, the parent with custody will resume full responsibility of tuition. THIS FORM IS VALID FOR FUTURE YEARS, UNTIL THE STUDENT WITHDRAWS FROM MCS OR IS RENEGOTIATED BY EITHER PARTY.



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FIELD TRIP AUTHORIZATION

CHILD'S NAME: _____

I grant permission for my child to participate in all field trips sponsored by Memorial Christian School for educational and/or recreational purposes.

I will not hold Memorial Christian School, its employees, or its Board of Education liable in case of accident, injury or death to my child while on, en route to, or returning home from a field trip.

In the event I wish to deny permission for my child to go on a particular trip, it will be my responsibility to provide the school with a written notice.

Signature

Date

MEDICAL AUTHORIZATION

I give permission to take any or all of my children under care to the doctor or to the emergency room of the hospital in an emergency if I cannot be reached.

Signature of parent or guardian does give permission as stated above.

Signature

Date



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PARENT MEDICAL CONSENT FORM

_____ to my child _____
(Name of Rx and dosage) (Child's Name)

Grade/Teacher _____ At the time indicated below (check which)

Give medication at the specified times:

○ _____:_____ am / pm o'clock

○ _____:_____ am / pm o'clock

○ _____:_____ am / pm o'clock

As necessary to control asthma/wheezing for which this medication was specifically prescribed, but no more often than every _____ hours.

As is necessary _____

The medication shall be provided in a bottle showing the name of the pharmacy, student's name, physician's name and the dosage of the medication to be given.

I absolve the school personnel of all responsibility for any unforeseen development or reaction attributable to the administration of the above name medication. It is the responsibility of the child to come to the office to take his/her medication.

This authorization will terminate completely on _____
(Specific Date)

(Parent/Guardian Signature) (Date of Authorization)

Physician signature/instructions for dose(s) other than noontime _____.



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Transcript Request

Current School Information:

Current School: _____

Address: _____

Phone: _____

Child's Information:

Child's Name: _____

Date: _____

Please send permanent records to:

Memorial Christian School
4905 S. Hwy. 16
Rapid City, SD 57701

Please include:

1. Available health records
2. Birth Certificate
3. Academic records
4. Grades at the time of withdrawal and test results

In compliance with the family education rights and privacy act of 1974, I give my permission for copies of the information listed above to be sent to Memorial Christian School for use in scheduling and record keeping during enrollment at Memorial Christian School.

Signature of parent or guardian

Date