

# REGISTRATION PACKET 2020-2021



**MCMINNVILLE**  
CHRISTIAN ACADEMY

[www.IAMmca.org](http://www.IAMmca.org)

phone: (503)472-6076 email: info@IAMmca.org

# Application Notes

- Please complete all areas of the registration packet.
- Preschool and School Age preferences will be filled according to the order in which people turn in all registration forms and fees.  
NOTE: All preschool students must be potty-trained prior to entering school.
- McMinnville Christian Academy will not accept any student who has been expelled from another school.

**Office Use Only**

Date Submitted: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_ AM/PM Registration Paid: \$\_\_\_\_\_ Cash \_\_\_\_\_ or Check #\_\_\_\_\_

Preschool: (circle)      Mon.    Tues.    Wed.    Thurs.    Fri.      M-F    AM ONLY    FULL DAY

## Household Information

### Primary Household

**Parent or Guardian:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relation to Student: \_\_\_\_\_ Marital Status: \_\_\_\_\_

**Parent or Guardian: (In same household)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relation to Student: \_\_\_\_\_ Marital Status: \_\_\_\_\_

### Household Information

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## Secondary Household (if applicable)

### Parent or Guardian:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relation to Student: \_\_\_\_\_ Marital Status: \_\_\_\_\_

### Parent or Guardian: (In same household)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relation to Student: \_\_\_\_\_ Marital Status: \_\_\_\_\_

### Household Information

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

# Student Information

## Student Information - Student 1

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Student Goes by: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade to Enter: \_\_\_\_\_

Student is a member of (check all that apply): \_\_\_\_\_ Household 1 \_\_\_\_\_ Household 2

## Student Information - Student 2

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Student Goes by: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade to Enter: \_\_\_\_\_

Student is a member of (check all that apply): \_\_\_\_\_ Household 1 \_\_\_\_\_ Household 2

## Student Information - Student 3

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Student Goes by: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade to Enter: \_\_\_\_\_

Student is a member of (check all that apply): \_\_\_\_\_ Household 1 \_\_\_\_\_ Household 2

## Student Information - Student 4

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Student Goes by: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade to Enter: \_\_\_\_\_

Student is a member of (check all that apply): \_\_\_\_\_ Household 1 \_\_\_\_\_ Household 2

# Family Information & Signatures

## Family Status

With whom does the student primarily reside? \_\_\_\_\_

Who has custody of the student? \_\_\_\_\_

Is there a parent of the child who the court system has forbidden from picking-up the child from school or seeing the child at school? \_\_\_\_\_

If so, please list and include details: \_\_\_\_\_

Are there unusual factors in the student's life such as absence of father or mother; grandparents or others living in home; serious accidents or illnesses; physical handicaps of which the school should be aware? If so, please describe on a separate sheet of paper.

## Religious Information

Please note that if mother and/or father are not Christian and/or do not attend church, don't feel that your children will not be accepted. We request these answers in order to understand each student's religious background.

Church that student attends: \_\_\_\_\_

Is the parent(s) or guardian(s) of the student members of this church? \_\_\_\_\_

Does your family have a devotional time and pray together? \_\_\_\_\_

Who is the most influential person of faith in your student's life? \_\_\_\_\_

Is the student a believer in Jesus Christ? \_\_\_\_\_

## Agreement

I agree that the information provided in this application is correct. I understand that any falsification of information may result in my child's dismissal from McMinnville Christian Academy. I give McMinnville Christian Academy permission to use my child's photograph for school related purposes including in the yearbook and on the website. I also understand that McMinnville Christian Academy is a religious organization which is seeking to bring children to Christ from a Protestant perspective. I also agree to support all of McMinnville Christian Academy's policies and procedures, outlined in the Student Handbook and other governing documents.

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

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

# Registration & Tuition Schedule

## Registration & Curriculum Fees (due at registration)

The registration fee holds your child's place at MCA. This is a non-refundable fee.

**Preschool Registration Fee:** \$165 per/child

**School Age Registration w/Curriculum Fee:** \$300 per/child

Payment of the fees implies intent to attend. The administration makes staff decisions and purchases based on this fee, and the fee is non-refundable.

## Tuition Rates: School Age (Kindergarten – 6<sup>th</sup> Grade) \*

Age Group	Children	Monthly Rate
<b>School Age</b>	1 <sup>st</sup> Child	\$600
	2 <sup>nd</sup> Child	\$580
	3 <sup>rd</sup> Child	\$560
	Each Additional Child	\$550

## Tuition Rates: Preschool \*

Age Group	Full-Time Days/Week	Monthly Rate
<b>Preschool</b>	5 days/week	\$713
	3 days/week	\$470
	2 days/week	\$365
	Half-Time Days/Week	Monthly Rate
	5 days/week	\$454
	3 days/week	\$267
	2 days/week	\$216

**Full Day classes 8:00 - 3:00**  
**Half-Time classes 8:00-11:30**

\*All families doing a month-to-month payment plan will need to enroll in our online payment plan available through SMART Tuition for \$5/month per family (payments made by credit card will incur a 3% processing fee to cover our costs as a non-profit 501c3). **Payments are due on the 1<sup>st</sup> of every month.**

## Financial Aid

McMinnville Christian Academy offers financial aid to families who are in need (Kindergarten through 6 grade). Families may apply for this assistance any time during the year. Financial aid is awarded as funds are available. Financial aid packets are available in the office.

*Note: financial aid is not available for preschool.*





# Registration & Tuition Agreement – Page 1

Parent or Guardian responsible for tuition:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Children to attend McMinnville Christian Academy:

\_\_\_\_\_ Grade to Enter \_\_\_\_\_ Monthly Tuition \_\_\_\_\_

\_\_\_\_\_ Grade to Enter \_\_\_\_\_ Monthly Tuition \_\_\_\_\_

\_\_\_\_\_ Grade to Enter \_\_\_\_\_ Monthly Tuition \_\_\_\_\_

\_\_\_\_\_ Grade to Enter \_\_\_\_\_ Monthly Tuition \_\_\_\_\_

Total Tuition \_\_\_\_\_

## **Tuition Payment Options**

McMinnville Christian Academy offers a month-to-month payment plan, and full year payment. Every family who elects to pay by a payment plan must enroll with our tuition management company. Payment plans have a \$5 monthly fee per family. (Families who choose to pay in full do not need to enroll with the management company.) Families paying in full by August 1st will receive a 2% discount. Unless paying in full, no student will be considered enrolled until a payment plan is established. Any payments made by credit card will incur a 3% processing fee to cover our costs as a non-profit 501c3.

## **Payment Plan Selection (Please Select One)**

\_\_\_\_\_ Pay in full

\_\_\_\_\_ Month-to-Month (Must be enrolled with the tuition management company before first day of attendance)

(MUST COMPLETE BOTH SIDES OF THIS TUITION AGREEMENT FORM)

## Registration & Tuition Agreement – Page 2

### Non-Discrimination Policy

McMinnville Christian Academy does not discriminate on the basis of race, color, gender, and national or ethnic origin in administration of its educational policies, admission policies, scholarship and loan program, and athletic and other school-administered programs.

### Agreement

This agreement establishes a financial agreement between the parent(s) or guardian(s) listed above and the McMinnville Christian Academy. The parent(s) or guardian(s) will be responsible to pay tuition and fees in full to McMinnville Christian Academy according to the Registration and Tuition Schedule and this agreement.

### Late Entry Tuition

If your child enrolls after the start of the month, your tuition rate will be prorated.

### Withdrawal

We will honor withdrawals upon “life changing” events, such as loss of job, moving, death in the family, etc. If you withdraw your child after the start of the month, no refund will be made for that month’s tuition.

### Past Due Accounts

Should parents fall more than 30 days behind in paying their bill, their student(s) will be withdrawn from MCA unless special arrangements have been made. If parents have an unpaid bill at the end of the school year, their student(s) will be ineligible to attend MCA the next school year until the bill has been paid in full. MCA may use an outside agency to collect any funds when scheduled payments are not made.

### Arbitration of Disputes

For the purpose of resolving disputes, matters of disagreement, and adjudication of financial issues, the principles established in I Corinthians 6:1-8 and Matthew 18:15-17 shall be followed. Parents enter into this contract agreeing to use binding arbitration approved by the McMinnville Christian Academy School Board.

**I have read and agree to abide by this agreement.**

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

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

# Preschool Preferences

Primary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Note: Our birthday cutoff for enrolling a student is the first day of school. If your child was born later than September, please contact the school to determine what grade level is appropriate for your child.

**\*Additionally, preschool students must be potty-trained prior to the beginning of school.**

Preschool preferences will be filled according to the order in which people turn in all registration forms and pay registration fees.

Preschool Preference: If you have a child or children entering a Preschool Class please indicate your preference on the number of days they will attend a week, which days those will be, and if they will be attending FULL or HALF days.

**\* Full Time is 8:00 am – 3:00 pm and AM only is 8:00 am – 11:30 am**  
Drop off for both choices begins at 7:45.

How many days a week:      **2 Days**      **3 Days**      **5 Days**

Desired days:

\_\_\_\_ **Monday**

\_\_\_\_ **Tuesday**

\_\_\_\_ **Wednesday**

\_\_\_\_ **Thursday**

\_\_\_\_ **Friday**

Full Time   **OR**   AM Only

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



# Request for Student Records

McMinnville Christian Academy  
325 NW Baker Creek Road  
McMinnville, OR 97128  
Phone - (503) 472-6076  
Fax - (503) 434-5543

Name of Releasing School: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I hereby give permission for all of my student(s) listed below to be sent to:

McMinnville Christian Academy  
325 NW Baker Creek Road  
McMinnville, OR 97128

Student's Name (Last, First, Middle)	Grade Level

I have been notified of my right to receive a copy of my student's records, to review the records and to have a hearing to remove or correct any information that is inaccurate, misleading, or otherwise violates my student's rights or privacy, or other rights.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Personnel Signature: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_



## **Enrollment Checklist**

**The following items must be completed in order for your student to be completely registered for school:**

- Paid Registration/Curriculum Fee
- Signed Registration and Tuition Agreement
- Completion of Scholastic History Form, including Request for Student Records Form.
- Tuition Payment Arrangement
- Immunization Records