

REGISTRATION PACKET

2020-2021



MCMINNVILLE
CHRISTIAN ACADEMY

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: \$200 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 – 6th Grade) *

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

Tuition Rates: Preschool *

Age Group	Full-Time Days/Week	Monthly Rate
Preschool	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 1st 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