

KINGSVIEW CHRISTIAN SCHOOL

accredited through Northwest Association of Accredited Schools, Association of Christian Schools International, and the Nazarene International Educators Association

2023-2024 ENROLLMENT APPLICATION

REGISTRATION

to be completed by the parent or legal guardian and returned to the office with the following:

- Completed Application**
- Non-Refundable Enrollment Fee**
 - Preschool & PreKindergarten \$175.00
 - Kindergarten - 8th Grade \$225.00
- Copy of Birth Certificate**
- Copy of Current Immunization Records**



TUITION

Class	Annual Tuition	Monthly Payment Option	
Preschool Half Day (Mon-Fri)	\$2800	9 monthly payments of \$311.11	Must be 3 years old by Sept. 1
Pre-Kindergarten Half Day (Mon-Fri)	\$2800	9 monthly payments of \$311.11	Must be 4 years old by Sept. 1
Pre-K thru 6th Grade Full-Time Student			
1st Child	\$5400	10 monthly payments of \$540	
2nd Child	\$4200	10 monthly payments of \$420	
3rd Child	\$3700	10 monthly payments of \$370	

PRICE GUARANTEE: Once your child has enrolled in Kingsview Christian School, tuition cost will be set per grade level following the above prices for as long as your child attends KCS.

EARLY WITHDRAWAL: Because Kingsview Christian School offers a payment plan as a courtesy, there may be a balance or refund due if you withdraw your child before payments are complete.

FINANCIAL AID: If you feel you need to apply for financial aid in order to keep your student at Kingsview, it is your responsibility to request the application from the office each year.

ADDITIONAL SERVICES

KCS AFTER-CARE: Kingsview Christian School offers an After-Care program for the convenience of working parents. This program is billed separately from tuition payment and is expected to be paid monthly.

After-Care is held every full school day and runs from 2:30 p.m. to 5:30 p.m. Cost is \$3.00 per hour and is billed by the quarter hour. Your promptness at 5:30 pick-up is greatly appreciated.

Children using this program will be signed in and out, and persons eligible to pick up must register their phone number with After-Care Supervisor.

FAMILY INFORMATION

The following pages of this application must be completed by the parent or legal guardian and returned to the office with enrollment fees for valid enrollment. Copies of birth certificates and immunization records are also required.

Student full name _____ 2023-2024 grade _____ DOB _____

Student full name _____ 2023-2024 grade _____ DOB _____

Student full name _____ 2023-2024 grade _____ DOB _____

Student full name _____ 2023-2024 grade _____ DOB _____

Father/Guardian full name _____ **Relationship to student** _____

Home address _____ City _____ State _____ Zip _____

Mailing address _____ City _____ State _____ Zip _____

Home phone _____ Cell phone _____

Email _____

Employer _____ Business phone _____

Mother/Guardian full name _____ **Relationship to student** _____

Home address _____ City _____ State _____ Zip _____

Mailing address _____ City _____ State _____ Zip _____

Home phone _____ Cell phone _____

Email _____

Employer _____ Business phone _____

****Current legal documents must be kept on file in the student's records if one or more of the parents is not allowed unsupervised visits.**

If applicable, who has legal custody? _____

If applicable, who has physical custody? _____



Office Use Only: Entered in Computer/Date _____ Entered in QuickBooks/Date _____

Immunization Records _____ Birth Certificate _____ Enrollment Fee(s) \$ _____

Step Parent (if applicable): _____ Relationship _____

Home address _____ City _____ State _____ Zip _____

Mailing address _____ City _____ State _____ Zip _____

Home phone _____ Cell phone _____

Step Parent (if applicable): _____ Relationship _____

Home address _____ City _____ State _____ Zip _____

Mailing address _____ City _____ State _____ Zip _____

Home phone _____ Cell phone _____

EMERGENCY CONTACTS _____ *Please list at least one local contact* _____

Name _____ Relationship _____ Home # _____ Cell # _____

Name _____ Relationship _____ Home # _____ Cell # _____

Other than the above emergency contacts, who is authorized to pick up your student? Please notify the office when you need to add or delete from this list.

Name _____ Relationship _____ Home # _____ Cell # _____

Name _____ Relationship _____ Home # _____ Cell # _____

Name _____ Relationship _____ Home # _____ Cell # _____

Name _____ Relationship _____ Home # _____ Cell # _____

Pediatrician/Physician _____ Phone # _____

Do you have a home church? Yes No Church Name _____

Minister's Name _____ Phone # _____

ETHNICITY _____

Several of our yearly reports ask for this information.

Native American Asian/Pacific Islander African American Decline to answer

Hispanic Caucasian Other _____

STUDENT HEALTH _____ **2023-2024** _____

Student _____ DOB _____ Grade _____

Please check all that apply:

Allergic reactions to _____

Epi Pen/Emergency medication needed? _____

Asthma Inhaler needed? _____ Instructions _____

Wears glasses/contacts

Speech difficulties

Emotional difficulties (anxiety, depression, etc.)

Hearing difficulties

Endocrine disorders (diabetes, hypoglycemia, etc.)

ADD/ADHD

Seizure disorder

Frequent nosebleeds

Dietary restrictions

Heart problems

Frequent headaches

Physical restrictions

Blood disorders

History of serious illness, injury or surgery

Other _____

Additional information regarding conditions checked above: _____

MEDICATION: *I authorize Kingsview Christian School personnel to give my child the following over-the-counter medications as needed while under the school's supervision.*

Tylenol Tums Allergy Medication Do not give my child medication.

Ibuprofen Cough drops Other _____

Please call parents before giving my child/children medication. Phone _____

Prescription medications needed during school _____

** All prescription medications taken at school must be in the original packaging with the student's name and administration instructions clearly marked.*

I hereby certify that, to the best of my ability, the information supplied herein concerning my student's health is accurate and complete. I agree to keep Kingsview Christian School apprised of any changes to this information that may occur during the course of the school year.

Parent/Legal Guardian signature _____ **Date** _____

ILLNESS: It is mandatory that any child showing symptoms of communicable illness be excluded from classes until readmission is acceptable to school authorities. Your cooperation is greatly appreciated!

IMMUNIZATION RECORD: Please submit current immunization information to the school office, and let us know if additional immunizations are received throughout the school year.

BIRTH CERTIFICATE: A copy of the student's birth certificate must be on file at the school. If the birth certificate is

CONSENT TO EMERGENCY TREATMENT _____ 2023-2024 _____

Student _____ DOB _____ Grade _____

Address _____ City/State _____ Sex [] M [] F

Doctor _____ Phone _____

Father _____ Phone _____

Mother _____ Phone _____

Emergency Contact _____ Phone _____

Pastor's Name _____ Phone _____

Known Physical Problems and Allergies _____

_____ Date of Last Tetanus _____

The undersigned, legal guardian(s) of _____, a minor child, do hereby authorize the administrator of Kingsview Christian School, or designee, to act as agent for the undersigned to consent to any examination, X-ray, anesthetic, medical or surgical diagnosis, treatment, and hospital care which is deemed necessary for the protection and preservation of the aforementioned student's life. It is given to provide authority and power on the part of our school representative to give specific consent to any and all such diagnosis, treatment or hospital care which any attending physician or surgeon, in the exercise of his/her best judgment, may deem advisable.

This authorization shall remain effective until the end of the school year or when revoked in writing by the undersigned and delivered to said agent.

I agree to be financially responsible for any accidental injuries to my child on school property or during school activities.

Father/Guardian Signature

Date

Mother/Guardian

Date

Insurance Company _____

Group Number _____ Policy Number _____

Name of Insured _____

FINANCIAL AGREEMENT _____ 2023-2024__

Contract for the _____ family.

Student _____ Grade _____

Student _____ Grade _____

Student _____ Grade _____

Student _____ Grade _____

I (We) select the following Payment Plan (check one) from the Schedule of Tuition and Fees:

- Payment in full:** \$ _____ on or before **September 1, 2023.**
- Nine (9) payments** of \$ _____. Preschool and Pre-K must be paid in nine payments **September 1, 2023 through May 1, 2024** unless you have older children in the school who are on an alternate plan.
- Two (2) payments** of \$ _____ each on or before **September 1, 2023 and February 1, 2024.**
- Ten (10) monthly payments** of \$ _____ beginning **September 1, 2023 through June 1, 2024.**

ALL ACCOUNTS MUST BE PAID IN FULL BY JUNE 30, 2024.

I / We have read and understand the financial policies. I / We do agree to pay all the fees, tuition and any incurred bank charges according to the terms and policies I / we have selected from the attached payment plans and set forth in this contract.

I / We understand that the tuition does not pay all the cost of educating my child(ren). In order to keep my out-of-pocket tuition and fees down, I understand that my family will be asked to participate in school fundraisers and volunteer hours.

Father/Guardian Signature _____ Date _____

Mother/Guardian Signature _____ Date _____

Name of person responsible for bills, if other than parents. Bills will be sent to them as requested.

Name _____ Phone _____

Address _____
Street City State Zip

****PAST DUE ACCOUNTS** - If a student's tuition becomes 30 days past due and satisfactory arrangements have not been made with the office staff, the student(s) will unfortunately be dismissed from school.

FINANCIAL POLICIES

CHECKS: Please make checks payable to Kingsview Christian School or KCS. Returned checks will be charged up to a \$25.00 fee. Be sure to include the student's name in the memo line.

DEBIT/CREDIT: Payments may be made using Visa or Mastercard.

CASH: Please get a receipt from the office personnel to ensure proper credit for cash payments.

LATE PAYMENTS: Payments are due on the 1st of the month and considered late after the 10th of the month. (Note: The grace period will be extended to the next business day when the 10th falls on a weekend.) A \$20.00 late fee will be charged to your account for payments made after the 10th of the month. Modifications to the due date may be made with prior arrangements at the beginning of the school year.

STATEMENTS: Monthly statements **will be** sent by email unless the account is paid in full.

PAST DUE ACCOUNTS: If a student's tuition becomes past due one month and satisfactory arrangements have not been made with the office staff, the student(s) will unfortunately be dismissed from school.

WITHDRAWALS: Kingsview hires staff expecting parents' commitments to be for the full year. If you choose to make payments rather than full payment, there may be a balance due in the event of early withdrawal. The school incurs non-negotiable expenses — fees paid before the school year begins — and these expenses are not negated upon dismissal.

SPECIAL NOTES: Monthly payments do not reflect a price per month but rather equal payments of the total tuition and fees. Tuition includes classroom equipment, book usage, and staff assistance. Books stay with the school.

EXTRA BLESSING: We realize that for some families, it is challenging to make tuition payments. However, some families may be positioned to invest into the work at Kingsview. If you would like to make a tax deductible donation to any of the following ministries within Kingsview, your gift will be greatly appreciated and put to good use. Accounts of special Kingsview ministries are as follows: undesignated donations, Financial Aid Fund, School Expansion Fund, and Emergency Aid Fund.

I have read and understand the above financial policy. _____

Where every student is somebody, the staff is something special, and Jesus Christ is Lord!

STATEMENT OF COOPERATION _____

“I hereby pledge to pay my **financial obligations** to the school on the date due and understand that late fees will be assessed when payment has not been made in the agreed upon manner.”

“I agree to uphold and support the **high academic standard** of the school by providing a place at home for my child to study and give my child encouragement in the completion of any homework or assignments.”

“I appreciate the **standards of the school** and do not tolerate profanity in word or action, dishonor to the Trinity, the Word of God, or disrespect to the personnel of the school.”

“I understand that the school reserves the right to **dismiss** any child who fails to comply with the established regulations and discipline or whose financial obligation remains unpaid.”

“It is my understanding that the policy for the school is to make **no refund** of enrollment fees after June 30, 2022.”

“I give Kingsview Christian School **permission** for my child(ren) to take part in all school activities, including bus trips, sports activities, and school-sponsored trips away from the school premises.”

“I also believe that **discipline** is necessary for the welfare of each student, as well as for the entire school. I give permission for my child’s teacher and/or other agent of the school to make and enforce school regulations in a manner consistent with Christian principles and discipline as set forth in the Scriptures. (Hebrews 12:11) I understand no corporal punishment will be used.”

“I will help my child(ren) maintain the **dress code** that is listed in the Student Handbook.”

“I agree that if my child(ren) should become involved in any trouble at school or I disagree with any policy set by the school, I will not discuss with other parents issues that don’t relate to their children. I further agree to settle issues regarding my child(ren) by the Matthew 18:15-17 passage of Scripture. I will register my concerns with the teacher, principal, and Advisory Committee in that order. If necessary I will ask for a mediator if the issue has not been solved by administration or boards. Should legal action, for any reason, be taken against Kingsview Christian School or any employee or agent not be found at fault, I agree to pay any attorney fees, court fees, damages or other costs that Kingsview Christian School or its agent should incur to defend itself against such action.”

“I agree that we will **abide by the policies and guidelines** in the student handbook, and I have read and discussed the appropriate areas with my child(ren).”

By signing these enrollment forms, we signify that we have read, understand, and are agreeing to the above **commitments** for the length of time our child is enrolled.

SIGNATURES OF BOTH PARENTS ARE REQUIRED UNLESS A SINGLE PARENT HOME.

Father/Guardian Signature _____ Date _____

Mother/Guardian Signature _____ Date _____

Where every student is somebody, the staff is something special, and Jesus Christ is Lord!

DOCTRINAL MATTERS

Kingsview Christian School support the historic authority of the Bible. Many different denominations are represented by our school family. We have had very little doctrinal controversy among our parents or faculty. There is much more which holds the family of believers together than separates denominations.

We ask our teachers not to dwell upon any doctrine which could be divisive. We ask the same of our parents when participating in a school function. Sometimes children will say things at home which may indicate a controversial doctrine has been discussed in class. If you are concerned, please call the teacher and find out the context of the discussion.

Neither of these lists are exhaustive, but these suggested areas give direction to our school family.

BIBLICAL DOCTRINES THAT MAY BE FREELY TAUGHT AT KINGSVIEW

- * God is a Trinity: Father, Son and Holy Spirit. (Matt. 28:19)
- * God created all things supernaturally. (Hebrews 11:3)
- * Man was created for God's glory. (Isaiah 43:7)
- * Man rebelled against God. (Genesis 3)
- * Sin entered by rebellion. (Isaiah 43:27)
- * Man can be restored only by atonement. (Romans 3:22-26)
- * Old Testament atonements are symbols. (Hebrews 13:10-14)
- * Christ made full atonement for our sins. (Hebrews 9:26-28)
- * Justification is by grace through faith. (Gal. 2:16)
- * Repentance toward God (Acts 20:21)
- * Lordship and faith (Romans 10:9)
- * Baptism (but not mode) (I Peter 3:21)
- * Eternal life and everlasting death (Romans 6:23)
- * Heaven and Hell (II Tim. 4:18, Matt. 10:28)
- * Virgin birth (Matt. 1:23)
- * God's love and God's wrath (Romans 8:39, Romans 1:18)
- * The Bible as the infallible Word of God (II Tim. 3:16)
- * Christ is coming again (but not when). (John 14:1-4)
- * All unrighteousness is sin. (I John 5:17)
- * The Holy Spirit dwells in believers. (Romans 8:16)
- * Missionary work and evangelism (Matt. 28:19-20)
- * After death-judgment (Hebrews 10:26-31)
- * Godly respect for all in authority (Hebrews 13:17)
- * People are lost without Christ. (Luke 15:4-6)
- * Christ, our power and wisdom (Jude 25)
- * Man is born in sin. (Romans 5:12)
- * Christ, our Righteousness (II Corinthians 5:21)

BIBLE DOCTRINES TO BE TAUGHT BY THE HOME AND CHURCH AND NOT PRACTICED AT SCHOOL:

- * Infant baptism
- * Eternal security
- * Falling from grace
- * Pre-, post-, or mid-trib. rapture
- * Predestination
- * Holiness (eradication)
- * Manifestations of the Holy Spirit not mentioned in the Bible
- * Speaking with other tongues
- * Divine healing
- * Church authority
- * Church government
- * Mode of baptism

Dear Parents, Teachers, Building Occupants, and Employee Organizations:

In the past, asbestos was used extensively in building materials because of its insulating, sound absorbing, and fire retarding capabilities. Virtually any building constructed before the late 1970's contained some asbestos. Intact and undisturbed asbestos materials generally do not pose a health risk. Asbestos materials, however, can become hazardous when, due to damage or deterioration over time, they release fibers. If the fibers are inhaled, they can lead to health problems, such as cancer and asbestosis.

In 1986, Congress passed the Asbestos Hazard Emergency Response Act (AHERA) which requires schools to be inspected to identify any asbestos containing building materials. Suspected asbestos-containing building materials were located, sampled (or assumed) and related according to condition and potential hazard. Every three years, Kingsview Christian School's has an inspector determine whether the condition of the known or assumed asbestos containing building materials (ACBM) has changed and to make recommendations on managing or removing the ACBM. At the last inspection conducted, all materials listed in the Management Plan as asbestos containing (or assumed to be asbestos-containing) were inspected and found to be in good condition.

The law further requires an asbestos management plan to be in place by July 1989. Kingsview Christian School developed a plan, as required, which has been continually updated. The plan has several ongoing requirements: publish a notification on management plan availability and the status of asbestos activities; educate and train its employees about asbestos and how to deal with it; notify short-term or temporary workers on the locations of the asbestos containing building materials; post warning labels in routine maintenance areas where asbestos was previously identified or assumed; follow set plans and procedures designed to minimize the disturbance of asbestos containing building materials; and survey the condition of these materials every six months to assure that they remain in good condition.

It is the intention of Kingsview Christian School's to comply with all federal and state regulations controlling asbestos and to take whatever steps are necessary to ensure students and employees a healthy and safe environment in which to learn and work. You are welcome to review a copy of the asbestos management plan in the school district administrative office or administrative office of the school during regular business hours. Donald Farmer is our designated asbestos program coordinator, and all inquiries regarding the asbestos plan and asbestos-related issues should be directed to him at 541-756-1411.

I have read the above asbestos information:

Father/Guardian Signature _____ Date _____

Mother/Guardian Signature _____ Date _____



SOCIAL MEDIA PHOTO AND VIDEO CONSENT FORM

Dear Parents,

Kingsview Christian School (KCS) will be taking many pictures/videos of the all the students doing various activities this year! We will post the pictures/videos to our school website and Facebook page so that family members and friends can get a peek into our world here at KCS. I need your permission to post photographs/videos of your child on our school website/Facebook page.

Please let me know if you have any questions or if you need more information. I look forward to capturing lots of magical moments this year and sharing them with you all! Visit our Website at www.kingsviewchristian.com and follow us on **Facebook!**

Please complete and return this portion to school

Student full name

Parent/Guardian full name

Student full name

Parent/Guardian full name

Date

- YES NO My child's photograph may appear on KCS website.
- YES NO My child's first name may appear on KCS website.
- YES NO My child's photograph may appear on KCS Facebook page.
- YES NO My child's first name may appear on KCS Facebook page.
- YES NO My child's video recording may appear on KCS website.
- YES NO My child's video recording may appear on KCS Facebook page
- YES NO Videos/photos may be distributed to members of the general public, including fire and police department for example.

Kingsview Christian School
1850 Clark Street
North Bend, Oregon 97459-1806
phone 541-756-1411
fax 541-756-0105



Our Mission
Equipping Students For Life:
Physically, Academically,
Socially, Spiritually

PERMISSION TO RELEASE INFORMATION

For Educational Planning/Appropriate Placement Purpose

I hereby give my permission for the release of the following information from the education records of:

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Name of Previous School _____

Previous School Address _____
City State Zip

INFORMATION REQUESTED

Please check education records that may be released.

- Academic Record including transcript of grades
- Health Card, Immunization Record
- Individual Education Plans (IEP's) or Special Education Records
- Educational Evaluation Records, including psychological reports and/or test results
- Current grades to date of withdrawal
- An explanation of graduation credit requirements (secondary level)

Parent/Guardian/*Eligible Student Signature _____ Date _____
*Student 18 years of age or older

Parent/Guardian/Student (Please Print) _____ Date _____

Please return records to:
Kingsview Christian School
1850 Clark Street | North Bend, OR 97459-2228

Mailed Faxed Date _____