

MIDDLETOWN
Christian School



**Middletown
Christian School**
Elementary
Enrollment Package

Shaping Hearts and Minds

Dear Interested Parents,

As you consider enrolling your child, please know that the school is both honored and humbled with the prospect of being entrusted with children, a most valuable and precious possession.

MCS is privileged to become partners with parents in the development of young lives.

Living for Jesus Christ, learning academic truths for critical thinking, and developing godly character are the three strands that make up the braid of Christian education. As these truths weave into the tapestry of a child's life, it is our prayer that God's Word will shine brightly in the light and life of the child.

It is our prayer to be partners with parents as we endeavor to glorify God in Christian education.

Sincerely,

The Middletown Christian School Board

Check List for Parents

Before a prospective student is admitted to MCS, the parent (guardian) must complete and return the following list of items as they apply to the particular grade level:

- 1) Application, immunization record*, birth certificate, and other completed registration forms.
- 2) **NOTE:** *New required Immunizations* include:
 - Kindergarten/1st grade entry: Varicella (Chicken Pox)**
 - 7th Graders: Varicella (Chicken Pox-2nd dose)
Tdap (Whooping Cough) booster**
- 3) Registration fee when paperwork is submitted.
- 4) Copy of Report cards and standardized test results
- 5) Physical examination for kindergartners/first graders/new student signed by your Physician (*"Health Exam Prior to School Entry"*).
- 6) Pre-enrollment testing for all grades to determine readiness.
- 7) *Both parent's* signature on "Statement of Cooperation"
- 8) For 6th grade and up entry, statement in their own words described at bottom of application form (to be written during interview/testing appointment).

Middletown Christian School

ENROLLMENT APPLICATION

Middletown Christian School
 P O Box 989, 20800 Highway 29
 Middletown, CA 95461
 707-987-2556

FOR OFFICE USE ONLY	
Registration Paid _____	Test (_____) Interview (_____)
Health Record _____	
S. D. (_____)	L..D. (_____)
Cumulative Req.: _____ Sent _____	

Your Registration Fee must accompany this application

Student's Name _____ <small style="display: flex; justify-content: space-between; width: 100%;"> LAST FIRST MIDDLE </small>	Nick Name _____ <small>(WHAT STUDENT WILL GO BY)</small>
Home Address _____ <small style="display: flex; justify-content: space-between; width: 100%;"> STREET CITY STATE ZIP </small>	
Mailing Address _____ Phone _____	
Birthplace _____ Birthdate _____ Sex _____ Age _____	
Email Address _____	
Name of school last attended _____ Grade applying for _____	
Address of school last attended _____	
Physical limitations or disabilities _____	
Was the child ever retained at a grade level for more than one year? _____ If so, please explain. _____	
Areas of difficulty _____	
Child's special interests, skills or hobbies _____	
How did you hear of MCS? (if personal referral please specify who) _____	

Parents' Status: Married Separated Divorced Remarried Deceased Other _____
Student lives with: Father Mother Stepfather Stepmother Guardian Other _____

Father or Legal Guardian _____ Place of employment _____ Employer's Address _____ Home Address _____ <i>If different from student</i>	Occupation _____ Work phone _____ Cell phone _____ Home phone _____
Mother or Legal Guardian _____ Place of employment _____ Employer's Address _____ Home Address _____ <i>If different from student</i>	Occupation _____ Work phone _____ Cell phone _____ Home phone _____

Does family attend church regularly? _____ Member of what church? _____ Explain briefly why you want your child to attend Middletown Christian School. _____ _____ _____

Other children under 18 living at home:	Name	Birth Date	Grade	School attending

PERSON(S) RESPONSIBLE FOR TUITION:

Print Full Name(s):	1.	2.
Social Security #(s):	1.	2.
Telephone # (s):	1.	2.
Home Address (s):	1.	2.
Mailing Address (s):	1.	2.

* *Signature* of Person(s) responsible for tuition

* _____ * _____ *Date* _____

EMERGENCY CONTACTS IF PARENTS CANNOT BE LOCATED:

Note: This must be someone available during school hours!

1. Name	Phone number
Address	Relationship to student
2. Name	Phone number
Address	Relationship to student

EMERGENCY CARE PERMIT: When a child suffers any injury or illness while in school, an immediate and continuing effort will be made to contact the parents of that child. In the case of serious injury or illness, first aid will be rendered in accordance with school policies, if I cannot be reached by telephone, in the event of an emergency involving:

Please call Dr. _____ Doctor's phone _____

* *Signature* of Parent or Legal Guardian _____

Policy of Nondiscrimination: We have a Policy of Nondiscrimination in regard to race, color, nationality, or ethnic origin which admits students of any race to all rights, privileges, programs and activities made available to students at Middletown Christian School.

Students applying for 6th Grade and up are also required to submit a written statement on separate sheet telling about their relationship with Jesus Christ and why they wish to attend Middletown Christian School. Also, these students need to sign the Standard of Conduct.

Student Health Inventory

Name _____ Grade ____ Birthdate _____ Sex _____
Last First Middle

Address _____ Telephone _____

Father's name _____ Mother's name _____

PLEASE CHECK (X) IF YOUR CHILD HAS HAD ANY OF THE FOLLOWING: (Explain on reverse)

Frequent Asthma

Polio

Hepatitis

Tuberculosis

Rheumatic Fever

Allergy

Hearing Impaired

Freq. Ear Infections

Emotional Problems

Vision Handicap

Convulsive Disorder

Cerebral Palsy

Measles (red)

Kidney Disease

Mumps

German Measles (3-day)

Diabetes

Heart Condition

Description and date of serious injuries, operations, or physical handicap: _____

Is physical activity limited (explain): _____

Allergy history: Please indicate if your child has had a reaction to food, bee stings or chemicals indicated by any of the following: (Check those that apply)

_____ Respiratory: breathing, tightness in throat/chest

_____ Skin Reaction: flushing, hives, palms itching

_____ Vascular: fainting, loss of blood pressure

A reaction to what? _____

Signs and symptoms: _____

How many minutes after exposure? _____

As a parent, it is your responsibility to notify the school in writing of any changes pertaining to your child's medical history.

MEDICAL AND DENTAL RESOURCES:

Physician _____ Date of Last Exam _____

Dentist _____ Date of Last Exam _____

Orthodontist _____

Eye Examiner _____ Date of Last Exam _____

Does your child wear glasses? _____ Contact lenses? _____

Ear Specialist _____ Date of Last Exam _____

Psychiatrist or Psychologist _____ Freq. of visits _____

Signed _____ Date _____

Parent or Guardian

STATEMENT OF COMMITMENT

- I understand the standards of Middletown Christian School do not tolerate profanity, obscenity in word or action, dishonor to the Holy Trinity and the Word of God, or disrespect to the personnel of the school. I herewith agree to authorize this school to employ such discipline as it deems wise and expedient for my child.

Parent signature _____

- I realize that my attitude toward the teachers, statement of faith and policies of Middletown Christian School affects the emotional and academic stability of my child. I will support and uphold the ideals of the school in every way and will abide by the discipline and regulation of the administration. Parent signature _____

- It is my understandings that complete support and cooperation must be maintained in order for my child to remain enrolled in Middletown Christian School. I understand that the school reserves the right to dismiss any student who does not respect its spiritual standards, does not cooperate in the educational process, or violates the rules or spirit of the rules. Parent signature _____

- I understand that because of the emphasis MCS places on student's success, I will be responsible for working with my child on a daily basis to facilitate his or her progress.

Parent signature _____

- I agree that if my child should become involved in trouble with another student or a teacher at the school, we will in no instance complain to any other parent. Instead, with Christian love and prayer, I will register complaints in person with the appropriate teacher or the principal. Parent signature _____

- In the event of any harm or injury to my child, I hereby release Middletown Christian School and Middletown Bible Church from any liability for such injury. This includes injury during regular or after school hours as a result of normal school play, sports, disobedience to school rules, or leaving campus without permission.

Parent signature _____

- I hereby pledge to pay my financial obligation to the Middletown Christian School on the due date. All payments should be in by the first. Students' accounts that become 45 days delinquent will not be allowed to attend class until the account is paid in full.

Parent signature _____

- It is my understanding that if my child is not accepted into the program, my registration fee will be refunded less a \$50.00 handling fee. Parent signature _____

- I have read and agree with the information printed in the Student Handbook of Middletown Christian School. My signature below identifies that I and the student I have enrolled in the school will comply with all expectations of us. Parent signature _____

Signature _____ Signature _____

Date _____

PARENT SERVICE HOURS

“Just as each of us has one body with many members, and these members do not all have the same function, so in the body of Christ, we who are many form one body and each member belongs to all the other. We have different gifts according to the grace given us...” Romans 12:4-6

PURPOSE: To encourage positive growth of the School. To nourish relationships between staff and parents to help accomplish needed tasks. To involve parents in Christ-like service to the school that serves their youth. To be role models to our youth of Christian service. To share in the responsibility and benefits derived from providing the best school environment for all students.

RESPONSIBILITY: Each family is responsible for 25 service hours per year. (2.5 hours per month) Those families on MCS scholarship or MBC assistance will be responsible for 35 hours (5 of those hours towards our annual auction). For those who choose not to fulfill the required hours they may instead pay **\$15.00** per hour. We will bill monthly for service hours.

** Some fieldtrips, activities & tasks will have a cap of no more than 8hrs on a given day.*

I understand and accept the requirements of the Middletown Christian School Parent Service Hour program as outlined above and agree to fulfill my obligation.

Signature: _____ Date: _____

PARENT SERVICE HOURS

Opportunity Survey Sheet

Listed below are the current opportunities that qualify for participation in the Parent Service Hours. This list gives you a chance to see what is available. We feel we have provided a wide range of choices to accommodate everyone's schedule and individual areas of interest. We will endeavor to identify more areas of opportunity as the year progresses.

If you are interested in any particular area but are unsure about what is required, go ahead and mark it. Marking a particular area does not obligate you to that need.

Name: _____ **Phone:** _____
Email: _____

The best way to communicate with me is (circle one):

___ Email ___ Text ___ Phone Call

The opportunities below earn one hour for every hour worked.

___ Bathroom clean-up

___ Correcting papers

___ Yearbook

___ Baking for events

___ Take home tasks

___ Field Trip driver

___ Classroom volunteers

___ Room Mom/Parent

___ Cleaning classrooms

___ Snack Shack/Costco shopper

Lunch recess duty:

___ Weekly: Circle day of choice
M Tu W Th F

___ On call

Middletown Christian School
CAR POOL AUTHORIZATION

The following persons are authorized to pick up my child(ren) on a regular basis:

1. _____
2. _____
3. _____
4. _____

This authorization will remain in effect until specifically revoked in writing.

Signed _____ Date _____

Middletown Christian School
Emergency Medical Consent

Dear Parents/Guardians:

This form signed by you authorizes emergency medical treatment for your minor child in case of necessity. Should it be necessary for you to be away from home, it authorizes the person charged with the care of your child to act for you.

I/we, the undersigned parents/guardians of _____, a minor, authorize any chaperone of Middletown Christian School as agent to act for the undersigned to consent, in advance, to any specific diagnosis, x-ray, exam, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed physician, surgeon, paramedic or emergency medical technician as provided by California Civil code 25.8, whether such diagnosis or treatment is rendered at the site or at the office of said physician or at a hospital and the cost of which will be the financial obligation of the parent/guardian. This authorization is effective permanently unless specifically revoked.

Medical problems or medication child is taking: _____

Medical Insurance Carrier

Policy #

Field Trip Consent/Waiver

This is to certify that I give my permission for _____ to participate in field trips planned by the staff of MCS, I release the staff of the above mentioned school and the pastor, staff and members of MCS and MBC (Middletown Bible Church) from liability resulting from injury while my child is being transported to/from or during any field trip. I understand that the persons in authority will provide the best supervision they are capable of. This permission slip will be considered valid until specifically revoked. (You will be notified in advance of each specific field trip and asked for permission for your child to attend each trip. This is a permanent consent form for our files)

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

Guardian's Signature _____ Date _____

Middletown Christian School

Request for Records

Student's Last Name	First	Middle	Birthdate	Grade
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Please send all scholastic and health records for the student listed above who has enrolled in Middletown Christian School. Please include any information regarding Special Education placement if applicable.

Thank you

School Last Attended

Mailing Address

City, State, Zip Code

Requested by:

Secretary

Date

Authorized by (Parent's Signature)

IF YOU HAVE ANY QUESTIONS OR THESE RECORDS CANNOT BE SENT FOR ANY REASON,
PLEASE PHONE THE SCHOOL AT (707)987-2556 AS SOON AS POSSIBLE.

Thank you.

Middletown Christian School
P.O. Box 989
20800 HWY 29
Middletown, CA 95461
Office (707) 987-2556
Fax (707) 987-2126

Authorization for Photo Release

I hereby grant my permission to Middletown Bible Church and Middletown Christian School to post pictures of my child(ren) on their official website /local newspaper or the MCS Facebook page for the express purpose of promoting the school.

- Yes, I do give permission for my child(s) picture to be posted.

- No, I do not want my child(s) picture to appear on the website, facebook, and or newspaper.

Student Name _____

Parent Signature: _____

Date: _____

OVER THE COUNTER MEDICATION PERMISSION SLIP

I give the MCS staff permission to administer the following over- the- counter medications, should the need arise while at school. I further certify that, to the best of my knowledge, my child is not allergic to any of the approved over-the-counter medications. Dosages will be administered according to the directions on the label.

Please mark the medications that are approved below:

Pain & Cold Meds

Headache/Muscle Pain

___ Tylenol(acetaminophen) or Motrin(ibuprofen)

Bee/Wasp sting

___ Benadryl(diphenhydramine HCl)

Allergy

___ Benadryl(diphenhydramine HCl)

Cough/Sore Throat

___ Halls(phenylalaine-menthol)

These items are stored in the school office (generic brands may be substituted). If you want to supply these medications for your child, please bring them to the office.

Please administer as needed

Please call prior to administration

STUDENT

NAME: _____

PARENT/GUARDIAN

SIGNATURE: _____

DATE: _____

Physical Education Permission Slip

My child, _____, has permission to join his/her class in using the High School track at Middletown High School for the school year. Also during some PE times we may jog/walk in the Middletown area and or use the community tennis courts.

Parent/Guardian Name _____

Signature _____ Date _____

Middletown Christian School Cell Phone/Laptop Policy Agreement

MCS recognizes that communication and access to information has evolved in recent years with the proliferation of technology. Many of these useful tools can support student learning. However rules and guidelines are essential. We want to ensure that students are monitored using these tools responsibly to prevent misuse while supporting the educational goals of MCS.

The following may be modified ONLY at the discretion and with the supervision of the teacher.

- **Cell phones may not be used or displayed between the hours of 7:45am-2:45pm.**
- **Cell phones must be kept in a backpack. (not pockets or desks)**
- **Teachers may choose to collect cell phones at the start of the school day and return them at 2:30.**

1st Violation: Phone will be confiscated and returned to PARENTS at the end of the day.

2nd Violation: Phone will be confiscated for two weeks.

3rd Violation: No phone on campus for one month.

- **Laptops are to be used for educational purposes in the classroom as directed by the teacher and under the supervision of the teacher.**
- **Students in grades 6-10 may only use laptops in the classroom for specific assignments/ projects when directed by the teacher (class computers are available).**
- **11th/12th Apex students will need a laptop each day.**
- **Kindles, E-readers, Ipad/Ipods, fall under the same rules for laptops**

In order to provide an atmosphere where the aforementioned activities are supported in a scholastic environment, the following activities are not allowed during school hours.

- **Gaming**
- **Blogging**
- **Music**
- **Downloading (many downloads contain malware/viruses which are detrimental to our computer system)**
- **Viewing, downloading, or dispensing of offensive/illegal material online including, but not limited to: games, violence and sexual content materials.**

I have read and understand the Cell Phone/Laptop Policy and will abide by the terms and conditions.

Parent /Guardian Signature: _____ Date _____

Student Name: _____ Student Signature: _____

OFF CAMPUS PERMISSION SLIP

Dear Parents,

Occasionally teachers may elect to take a class off campus for a town trip (i.e. Mugshots, library, JollyCone, community service cleaning projects, etc...).

Legally all persons under the age of 18 are required to either:

- 1) Call their parents each time they leave campus to obtain permission or
- 2) Have a permission slip on file

Please complete the form below to indicate how you would like to handle your child's off campus travel.

My child has permission to leave campus with supervising teacher for local trips.

My child is not allowed to leave campus.

Student Name: _____

Parent Signature: _____

Date: _____

Contract of Commitment and Cooperation

Students are expected to follow and abide by the school expectations and to uphold biblical principles in both attitude and actions. It is the understanding of Middletown Christian School board and staff that some high school students may not have a personal relationship with Jesus Christ or be in agreement with their parents as to their enrollment at Middletown Christian School. While we are not in control of their salvation and cannot control the heart attitudes of students, we do expect a commitment of compliance and cooperation.

Please read the attached MCS Statements of Faith and Philosophy found in the Parent Student handbook upon enrollment. Initial and sign in agreement each sentence below.

I have read and agree to abide by the school rules and code of conduct. _____

I take full responsibility for my attitude, actions and words. _____

I will be respectful and cooperative and conduct myself in a manner that upholds the teachings of God's Word. I understand that even if I hold different spiritual beliefs, as a student I am expected to respect those of Middletown Christian School.

I will not publicly defy, slander, smear, tarnish ("to make damaging statements against another's reputation") the philosophy, standards, or staff at MCS. If a conflict arises I will follow the process of conflict resolution as laid out in the parent-student handbook. _____

I will comply with Biblical moral standards while in attendance at MCS and agree that public conversations, conduct, or social media postings outside of school will uphold the reputation of MCS and its students. (No profanity or inappropriate postings, sexting, cyberbullying or pictures on social media such as instagram, facebook, twitter, etc.)

I will ensure that my attitude and behavior will not negatively affect the classroom climate or prevent instruction in any subject. _____

Student Signature _____

Parent Signature _____

Planned Absence and Independent Study

Regular attendance is imperative as classroom learning involves more than reading textbooks and completing worksheets. A classroom functions best when students are present for teacher instruction, and participate in discussion & learning activities. *To maximize learning and student academic performance, parents are strongly urged to schedule absences and vacations around the scheduled vacation periods according to the school calendar. MCS family trips and vacations to align with scheduled school breaks according to the current calendar.*

PLANNED ABSENCES

Please schedule doctor and dental appointments at times that least interfere with the student's school day or after 2:45 when possible.

EXCUSED ABSENCES

Please notify the office for excused absences such as illness or injury. Students are granted one additional day to make up work for every day they are absent.

Student work can be picked up at the end of the school day in their classroom or the office by 3:00pm. In the case of mid-day medical appointments, please get your missing work before leaving, or upon returning, from your teacher.

INDEPENDENT STUDY

In the event that students must miss scheduled school days for an unforeseen emergency or important family event that cannot be rescheduled (up to one week for H.S. & up to 2 weeks for K-8th) the teacher will provide work for the days absent under the following terms:

- **Parents and student will complete Independent Study Contract form available in the office.**
- **Office staff and teachers must receive form at least one week before departure date**
- **Students must return with completed work & contract in order to receive credit.**
- **Completing make-up work prior to planned absence is at the teacher's discretion and only an option in subjects where direct teacher instruction is not necessary (spelling, handwriting, history, etc).**