

Kingsview Christian School
1850 Clark Street, North Bend OR 97459
Phone: (541) 756-1411 ~ Fax: (541) 756-0105



Tuition and Fees 2020-2021

Enrollment Fees: Preschool & PreKindergarten \$150.00
 Kindergarten—6th Grade \$200.00

**** Enrollment fees are not refundable after June 30, 2020***

**** The enrollment application is to 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.***

Preschool Mon-Fri ~ 1/2 day Must be 3 years old by Sept. 1	\$2,500.00 per year (or 9 monthly payments of \$277.78)
PreKindergarten Mon-Fri ~ 1/2 day Must be 4 years old by Sept. 1	\$2,500.00 per year (or 9 monthly payments of \$277.78)

Tuition & Fees	Full-Time PreK Thru 6th Grades	Payments 10 or 12
1st Child	\$4,850	\$485.00
		\$404.17
2nd Child	\$3,700	\$370.00
		\$308.34
3rd Child	\$3,200	\$320.00
		\$266.67

The above charges include:

Tuition, Book Rental Fee, TerraNova Testing, PE classes, Capital Investment (\$20 per child), and Bookkeeping Fees.

Early Withdrawal: Kingsview Christian School offers payment plans as a courtesy. If it is necessary for you to withdraw your child before the payments are complete, there may be a balance due. This balance reflects the portion of your tuition that is non-negotiable. **Non-negotiables** include, but are not limited to, consumable books, a portion of non-consumable books, testing, capital investment (\$20.00 per child), and bookkeeping fees.

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 yearly.



Enrollment Packet 2020-2021
KINGSVIEW CHRISTIAN SCHOOLS
1850 Clark Street, North Bend, OR 97459
Phone: 541-756-1411 ~ Fax: 541-756-0105



e-mail: kingsviewchristian@gmail.com ~ website: kingsviewchristian.com

*The following pages of this application are to 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: _____ 2020-2021 grade: _____ DOB: _____

Student full name: _____ 2020-2021 grade: _____ DOB: _____

Student full name: _____ 2020-2021 grade: _____ DOB: _____

Student full name: _____ 2020-2021 grade: _____ DOB: _____

Parent / Guardian Information

1) Father / Guardian full name: _____

Relationship to student: _____

Home address: _____ City: _____ State: _____ Zip: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Cellular phone: _____

E-Mail address: _____

Employer: _____ Business phone: _____

2) Mother / Guardian full name: _____

Relationship to student: _____

Home address: _____ City: _____ State: _____ Zip: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Cellular phone: _____

E-Mail address: _____

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? _____

Equipping For Life: Physically, Academically, Socially, Spiritually

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

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

1) Step Parent (if applicable): _____

Home address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Cellular phone: _____

E-Mail address: _____

2) Step Parent (if applicable): _____

Home address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Cellular phone: _____

E-Mail address: _____

Emergency Contacts (please list at least one local contact)

1) Name _____ Relationship _____ Home # _____ Cell # _____

2) Name _____ Relationship _____ Home # _____ Cell # _____

Other than the above emergency contacts, names of people who are authorized to pick up your student. Please notify the office if you need to add or delete from this list.

Name: _____ Relationship _____ Home # _____ Cell # _____

Name: _____ Relationship _____ Home # _____ Cell # _____

Name: _____ Relationship _____ Home # _____ Cell # _____

Pediatrician/Physician: _____ Phone # _____

Which church or parish does your family attend? _____

Minister's Name: _____ Phone # _____

Identifiable Information

☐ YES ☐ NO My child may enter contests that require information such as name, address, and phone number with the possibility of having his/her picture published.

☐ YES ☐ NO My child's first name only may be published on Kingsview's website.

☐ YES ☐ NO My child's photograph may appear on Kingsview's website.

Ethnicity: *(Optional - Several of our yearly reports ask for this information.)*

____ Native American ____ Asian/Pacific Islander ____ African American
____ Hispanic ____ Caucasian ____ Other _____

Student Health Information

2020-2021

Student: _____ DOB: _____ Grade: _____

Please check all that apply:

☐ Allergic reactions to _____
Epi Pen/Emergency medication needed? _____

☐ Asthma

Inhaler needed? _____ Instructions for use: _____

- | | |
|---|--|
| <input type="checkbox"/> Wears glasses/contacts | <input type="checkbox"/> Speech difficulties |
| <input type="checkbox"/> Emotional difficulties (anxiety, depression, etc.) | <input type="checkbox"/> Hearing difficulties |
| <input type="checkbox"/> Endocrine disorders (diabetes, hypoglycemia, etc.) | <input type="checkbox"/> ADD/ADHD |
| <input type="checkbox"/> Seizure disorder | <input type="checkbox"/> Heart problems |
| <input type="checkbox"/> Blood disorders | <input type="checkbox"/> Frequent nosebleeds |
| <input type="checkbox"/> Dietary restrictions | <input type="checkbox"/> Frequent headaches |
| <input type="checkbox"/> Physical restrictions | <input type="checkbox"/> History of serious illness, injury or surgery |
| <input type="checkbox"/> 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.

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Tylenol | <input type="checkbox"/> Tums | <input type="checkbox"/> Allergy Medication |
| <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Cough drops | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Please call parents before giving my child/children medication: _____ | | |

PHONE NUMBER HERE

Prescription medications needed at 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/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 not available, please make arrangements with the school office to provide alternative documentation.

Financial Agreement 2020-2021

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.

_____ *Nine (9) payments* of \$ _____ preschool and Pre-K must be paid in nine payments *September thru May*, unless you have older children in the school who are on an alternate plan.

_____ *Payment in full:* \$ _____ on or before *August 10, 2020*.

_____ *Two (2) payments* of \$ _____ each on or before *August 10, 2020*, and *January 10, 2021*.

_____ *Ten (10) monthly payments* of \$ _____ beginning *August 10, 2020 through May 1, 2021*.

_____ *Eleven (11) monthly payments* of \$ _____ beginning *August 10, 2020 through June 1, 2021*.

_____ *Twelve (12) monthly payments* of \$ _____ beginning *August 10, 2020 through July 1, 2021*.

_____ Monthly payments of \$ _____ beginning _____. Payment plan ends _____.
(For adjusted dates and amounts.)

All accounts must be paid in full by July 31, 2021.

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 FUND RAISERS AND VOLUNTEER 20 HOURS PER FAMILY, PER YEAR.**

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.

Father/Guardian Signature: _____ Date: _____

Mother/Guardian Signature: _____ Date: _____

Name of person responsible for bills, if other than parents, if you want bills sent to them.

Name _____ Telephone # _____

Address _____
Street City State Zip Code

CONSENT TO EMERGENCY TREATMENT

NAME _____ AGE _____ GRADE _____ SEX: M/F _____
ADDRESS _____ PHONE _____
BIRTHDATE ____/____/____ DOCTOR & PHONE _____
FATHER _____ PHONE _____
MOTHER _____ PHONE _____
EMERGENCY NAME & PHONE _____
KNOWN PHYSICAL PROBLEMS OR ALLERGIES _____
PASTOR'S NAME & PHONE _____

The undersigned, parent(s) of _____, a minor, 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.

DATE OF LAST TETANUS _____

Father/Guardian Signature Date

Mother/Guardian Date

INSURANCE INFORMATION

Insurance Company: _____

Group Number: _____ Policy Number: _____

Name of Insured: _____

Financial Policies

1. **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.
2. **Debit/Credit**—Payments may be made using Visa, MasterCard, Discover and American Express cards.
3. **Cash**—Please get a receipt from the office personnel to ensure proper credit for cash payments.
4. **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.
5. **Statements**—Monthly statements **will be** sent by email unless the account is paid in full.
6. **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.
7. **Withdrawals**—Kingsview hires staff expecting parents' commitments to be for the full year. If you choose to make payments instead of payment in full, there may be a balance due in the event of early withdrawal due to non-negotiables. Non-negotiables are expenses incurred by the school. The school pays these fees before the school year and the expenses are not negated upon dismissal.
8. **Special Notes**—Monthly payments do not reflect a price per month but rather equal payments of the total tuition and fees. There is a book usage fee included in the tuition. Books stay with the school.
9. **Extra Blessing**—We realize that for some families just paying the tuition amount is difficult. However, others have more money to invest in God's ministries. If you would like to make a tax deductible donation to any of the following ministries within Kingsview, your donation 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. _____

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, 2018."

"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) 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.

BOTH PARENTS' SIGNATURES REQUIRED, UNLESS A SINGLE PARENT HOME:

Father/Guardian Signature: _____ Date: _____

Mother/Guardian Signature: _____ Date: _____

DOCTRINAL MATTERS

Kingsview Christian Schools 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 just what the context was for the discussion.

BIBLE DOCTRINES THAT MAY BE FREELY TAUGHT AT KINGSVIEW

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

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

- | | |
|--------------------------------------|--------------------------------------|
| 1) Infant baptism | 8) Manifestations of the Holy Spirit |
| 2) Eternal security | not mentioned in the Bible |
| 3) Falling from grace | 9) Church authority |
| 4) Pre-, post-, or mid-trib. rapture | 10) Church government |
| 5) Predestination | 11) Mode of baptism |
| 6) Holiness (eradication) | 12) Divine healing |
| 7) Speaking with other tongues | |

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

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 on January 29, 2016, 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's 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. Rick Wetherell 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:

Date

Father/Guardian Signature

Date

Mother/Guardian Signature

Kingsview Christian School
1850 Clark Street
North Bend, Oregon 97459-1806
Preschool – High School
Phone 541-756-1411
Fax 541-756-0105



Our Mission

**Equipping 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's 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 the following address: _____

Kingsview Christian School
1850 Clark Street
North Bend, OR 97459-2228

Equipping For Life: Physically, Academically, Socially, Spiritually

Mailed _____ Faxed _____ Date _____