



Office Use Only

2024-2025

Date Received Application Fee Included: \_\_\_\_\_ Date Received Registration Fee Paid: \_\_\_\_\_

Date Received Tuition Paid in Full: \_\_\_\_\_ 12 Month Payment: \_\_\_\_\_ 9 Month Payment: \_\_\_\_\_

# Mission Valley Christian Academy Preschool Application

38907 WWJD Lane Polson MT 59860 mvcapolson.org Elementary School: 406.883.6858 // Middle & High School: 406.883.0706

The Mission of MVCA is to provide a Christ-centered, quality education, to prepare students to be lifelong servant leaders.

### Preschool Student Requirements:

- 1) Students must be able to take care of themselves completely in the restroom with out assistance and not wearing Pullups.
- 2) Students will bring their own lunch each day.

**STUDENT INFORMATION: ALLERGY ALERT!**  FOOD OR MEDICAL CONDITIONS THE TEACHER SHOULD BE AWARE OF:

Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Sex: F \_\_\_ M \_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Current Age: \_\_\_\_\_  
Month Day Year

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

### TUITION RATES: Please circle Preferred Days and Time

#### FULL DAYS (8:00AM – 3:00PM)

#### HALF DAYS (8:00AM – 11:00AM)

5 days a week: \$5,760.00 per year

5 days a week: \$2,900.00 per year

4 days a week: \$4,700.00 per year M / T / W / TH / F

4 days a week: \$2,550.00 per year M / T / W / TH / F

3 days a week: \$3,600.00 per year M / T / W / TH / F

3 days a week: \$2,000.00 per year M / T / W / TH / F

2 days a week: \$2,700.00 per year M / T / W / TH / F

2 days a week: \$1,550.00 per year M / T / W / TH / F

### Registration/Curriculum Fee:

\$250.00

Please select your preferred payment plan and start date below: You will need to speak to our bookkeeper to set up your monthly drafts.

12 Month Payment Schedule Beginning:  June 5<sup>th</sup> or  June 20<sup>th</sup>

9 Month Payment Schedule Beginning:  September 5<sup>th</sup> or  September 20<sup>th</sup>

Pay tuition in full by check or cash. (Check # \_\_\_\_\_ Date: \_\_\_\_\_)

### PARENT/GUARDIAN INFORMATION:

Father's Name:	Mother's Name:
Address: <small>(If different from student's)</small>	Address: <small>(If different from student's)</small>
Cell Phone:	Cell Phone:
Home Phone:	Home Phone:
Office Phone:	Office Phone:
Email:	Email:
Employer: Address:	Employer: Address:
If parents are living separately, are there restrictions on custody or visitation of which we should be aware? If so, please specify: <input type="checkbox"/> Yes <input type="checkbox"/> No	

How will your child travel to and from school? Please circle one: Parent Driving Older Sibling Driving Carpool Walking  
How many people live in household (including student)? \_\_\_\_\_

<u>SIBLINGS:</u>	Name	Age	Grade	School Currently Attending

CHURCH INFORMATION:

Family Church Affiliation: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Which most accurately describes your church attendance?

\_\_\_ Family is Active \_\_\_ Family Attends Occasionally \_\_\_ Children Attend \_\_\_ Family Attends a few times a year

Have you read the Parent & Student Handbook? \_\_\_ Yes \_\_\_ No

Do you agree to have your child taught in accordance with the Statement of Faith in the handbook? \_\_\_ Yes \_\_\_ No

If the Statement of Faith contains any points which are inconsistent with your convictions, please explain briefly here:

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How did you hear about MVCA? \_\_\_ Website \_\_\_ Friends \_\_\_ Media \_\_\_ Church Other: \_\_\_\_\_

Do you know families that have students attend MVCA? If so, please list the names: \_\_\_\_\_

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Why do you want your child to attend MVCA? \_\_\_\_\_

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How do you think parents should participate in the education of their children?

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MVCA requires parents to regularly participate in school activities and serve as volunteers, modeling Christ-like behavior to all students. What skills or abilities would you be willing to share?

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Has your student ever been referred for testing or placed in a special program?  Yes  No

Has your student received any other special help or tutoring?  Yes  No

Has your student ever been suspended or expelled by a previous school or program?  Yes  No

Has your student ever seen a counselor / doctor / psychiatrist for any type of social, behavioral, or mental problems?  
 Yes  No

Has your student ever been diagnosed by a counselor / doctor / psychiatrist as having hyperactivity or attention deficit disorder?  Yes  No

If yes to any of the above questions, please explain here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We understand that the following questions can be very sensitive, and we are only asking them for accreditation. If you feel uncomfortable you may skip answering these two (2) questions.

The family income for my student is provided through:

One (1) Working Adult  Two (2) Working Adults  Student

The annual family income level is:

< \$20,000  \$20,001-\$45,000  \$45,001-\$80,000  \$80,001-\$100,000  \$100,001+

GRANDPARENT INFORMATION: (For Newsletters & Grandparent's Day invitations)

Father's Parents: \_\_\_\_\_ Mother's Parents: \_\_\_\_\_

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

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

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

Final Documents needed for Application process:

\$50.00 Non-Refundable Application Fee: \_\_\_ Check # \_\_\_\_\_ or \_\_\_ Cash  
\_\_\_ Current Immunization Records or \_\_\_ Notarized Immunization Waiver

Upon Received Acceptance to MVCA:

The MVCA Office will contact you.

Student testing will be set up with the Teacher.

Date Tested: \_\_\_\_\_

\$250.00 Registration fee is due. (The \$50.00 Application Fee will apply towards the registration fee.)

**MEDIA RELEASE:**

During the school year, your student may be photographed and/or videoed, or your student’s work may be used for publication purposes or school activities. Please check the box next to the media platform that you would allow your student’s photo/art and name to be displayed/published. (Including birthday on our internal school calendar.)

Photo/Video Including Name:

Work Published/Displayed Including Name:

<input type="checkbox"/> School Website	<input type="checkbox"/> School Website
<input type="checkbox"/> Newspaper/News Media	<input type="checkbox"/> Newspaper/News Media
<input type="checkbox"/> School Calendar	<input type="checkbox"/> School Calendar
<input type="checkbox"/> Facebook/Instagram	<input type="checkbox"/> Facebook/Instagram
<input type="checkbox"/> Other Social Media	<input type="checkbox"/> Other Social Media

As a Parent(s)/Guardian(s), I/We commit to the following:

1. I/we am/are responsible for the timely monthly payment and other fees due MVCA, through the end of the quarter that the student(s) is/are enrolled, even if the student(s) is/are voluntarily withdrawn or expelled from school. The only exception to this is that registration fees will be returned if the student application is not accepted.
2. In the event that I/we decide to withdraw or choose not to re-enroll my/our student(s) at MVCA, I/we will, for the school’s benefit, inform the school office in writing concerning my/our reasons.
3. I/we am/are responsible for any and all damages my/our student(s) may make to the school property.

I/we certify that this application is correct. I/we understand my/our financial commitment and the dates payments are due and agree to faithfully meet my/our obligations to the school. I/we have read, understood, and agree with the school’s guidelines and policies in the Parent & Student Handbook. I/we further agree to allow MVCA to teach my/our student according to the MVCA Statement of Faith. \*This form is not completed and should not be returned to the office until it has been signed by *all* Parents/Legal Guardians. Returning this form in an incomplete state does not obligate MVCA to reserve your student(s) seat in any class.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Signatures if needed:

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

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

Mission Valley Christian Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities accorded or made available to MVCA students. We do not discriminate on the basis of sex, race, color, national or ethnic origin in the administration of our educational policies and procedures, scholarship awards, athletic or other school-administered programs. We do, however, reserve the right to deny admission to any individual who cannot benefit from enrollment based on past academic achievement, disqualifying learning difference or physical limitations, or whose personal or family lifestyle is not in harmony with the Statement of Faith of Mission Valley Christian Academy.