



Office Use Only

2025-2026

Date Received Application Fee Included: _____ Date Received Registration Fee Paid: _____
Date Received Tuition Paid in Full: _____ 12 Month Payment: _____ 9 Month Payment: _____

***REFERRED TO MVCA BY: _____

Mission Valley Christian Academy K3-K4 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.

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: _____

PRE-Kindergarten TUITION RATES:

3-year-olds (K3)

FULL DAYS (8:00AM – 3:15PM)

- [] 5 days a week: \$6,500.00 per year
[] 4 days a week: \$5,787.00 per year
[] 3 days a week: \$4,878.00 per year
[] 2 days a week: \$3,900.00 per year

HALF DAYS (8:00AM – 12:00PM)

- [] 5 days a week: \$4,025.00 per year
[] 4 days a week: \$3,087.00 per year
[] 3 days a week: \$2,484.00 per year
[] 2 days a week: 2,000.00 per year

4-year-olds (K4)

FULL DAYS (8:00AM – 3:15PM)

- [] 5 days a week: \$6,500.00 per year
[] 4 days a week: \$5,787.00 per year
[] 3 days a week: \$4,878.00 per year
[] 2 days a week: \$ 3 , 9 0 0 .00 per year

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[] 3 days a week: \$2,484.00 per year
[] 2 days a week: \$2,000.00 per year

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 5th or [] June 20th
[] 9 Month Payment Schedule Beginning: [] September 5th or [] September 20th
[] Pay tuition in full by check or cash. (Check # _____ Date: _____)

PARENT/GUARDIAN INFORMATION:

Table with 2 columns: Father's Name, Mother's Name, Address, Cell Phone, Home (or Office) Phone, Email, Employer, Address.

If parents are living separately, are there restrictions on custody or visitation of which we should be aware? Yes No

If so, please specify: _____

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:

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: _____

Why do you want your child to attend MVCA? _____

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

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?

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

Do you suspect or have you been told that your student might have dyslexia? ___ Yes ___ No

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+

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:

- School Website
- Newspaper/News Media
- School Calendar
- Facebook/Instagram
- Other Social Media

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Final Documents needed for Application Process:

___ Current Immunization Records or ___ Immunization Waiver

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Preschool Student Requirements:

- 1) Students must be potty trained and able to take care of themselves completely in the restroom without assistance and not wearing Pullups.
- 2) Students will bring their own lunch each day.
- 3.) Students will bring a change of clothing, including socks and underwear, and a pair of indoor shoes to be left at school.

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: _____

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.