

# Vineyard Christian School Enrollment Packet 2009-2010

## Tuition and Fee Schedule

### Enrollment Checklist

Grade	Non-Refundable Enrollment Fee	Tuition
Half Day Pre-K (3 year olds) Tue & Thu 8:00-11:00	\$200	\$1500
Full Day Pre-K (3 year olds) Tue & Thu 8:00-2:30	\$200	\$1750
Half Day Pre-K (4 year olds) Mon, Wed, Fri 8:00-11:00	\$200	\$2200
Full Day Pre-K (4 year olds) Mon, Wed, Fri 8:00-2:30	\$200	\$2500
Full Day Kindergarten	\$250	\$3285
1st & 2nd Grade Combination Class	\$300	\$3335
3rd & 4th Grade Combination Class	\$300	\$3335
5th & 6th Grade Combination Class	\$300	\$3335
7th & 8th Grade Classes	\$325	\$3370
9th thru 12th Grade Classes	\$350	\$3385

- Application acceptance letter
- Immunization records
- Completed enrollment packet
- Enrollment fee
- Core course and elective selection survey

### PLACEMENT

Paying the **non-refundable** Enrollment Fee holds the accepted student's spot at the Vineyard Christian School. The Enrollment Fee must be received before a student may begin attending classes. **Enrollment is on a space available basis.**

### PAYMENT

Tuition can be divided into a **maximum of 11 monthly payments beginning in August and ending in June.** Students entering after the beginning of the school year must pay the Enrollment Fee to begin attending class. Monthly pro-rated tuition payments will then be calculated based upon the week they began classes with the first payment being due on the next month's billing cycle. **Payments are due by the 10th of the month.** Payments received after the 15th will be considered late and a **Late Payment Fee of \$15** will be charged.

## Student Information

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Student Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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Mailing Address: \_\_\_\_\_ Mother's Work/Alt. Phone: \_\_\_\_\_

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Street Address: \_\_\_\_\_ Father's Work/Alt. Phone: \_\_\_\_\_

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

## Payment Information

Enrollment Fee of \$ \_\_\_\_\_ has been paid.       CASH       CHECK # \_\_\_\_\_

Your Total Tuition of \$ \_\_\_\_\_ has been divided into \_\_\_\_\_ payments of \$ \_\_\_\_\_

Your first payment is due on or before the 10th of \_\_\_\_\_ .

# Billing and Contact Information

**Billing Information:** By checking *other*, you agree to release billing information

<input type="checkbox"/> Bills should be sent to father:	<input type="checkbox"/> Bills should be sent to mother:	<input type="checkbox"/> Bills should be sent to other:
_____	_____	_____
Name:	Name:	Name:
_____	_____	_____
Address:	Address:	Address:
_____	_____	_____
City:	City:	City:
_____	_____	_____
State:                  Zip:	State:                  Zip:	State:                  Zip:

By signing below you are acknowledging the following:

- (1) a student with an outstanding balance from the previous year cannot be registered for the next academic school year until the entire balance is cleared. Any fees or funds received for the next year will first be applied to the outstanding balance.
- (2) the Enrollment Fee is non-refundable
- (3) students with a 60 day overdue balance may be dismissed from the Vineyard Christian School. Re-entry to VCS may require advance payment in full of the remaining balance.
- (4) Upon withdrawal or dismissal during the school year, tuition refunds will be pro-rated based upon the number of weeks attended.

_____	_____
Parent Signature:	Parent Signature:
_____	_____
Parent Name (please print):	Parent Name (please print):

## Photo Policy

The Vineyard Christian School often uses photos of students and descriptions of their school activities in promotional videos, on our website and in advertising. By signing below, you are expressly giving your consent for us to do so.

_____	_____
Parent Signature:	Date:

## Contact Information

Father's Information	Mother's Information
_____	_____
Name:	Name:
_____	_____
Address:	Address:
_____	_____
City:                          State:                  Zip:	City:                          State:                  Zip:
_____	_____
Home Phone:	Home Phone:
_____	_____
Work Phone:	Work Phone:
_____	_____
Alt. Phone:	Alt. Phone:
_____	_____
Email:	Email:

# Tuition Assistance Information

Tuition assistance at the Vineyard Christian School is allocated to re-enrolling students first and then to newly enrolling students if there are funds left available. By filling in the information below, you are asking for consideration in our tuition assistance program. Although consideration will be given, if funds are not available, VCS may not be able to meet the needs of all families requesting tuition assistance. You are not required to pay any fees or tuition until receiving notification of your tuition assistance decision.

Tuition assistance applications are available through the Vineyard Christian School office. Information is also available about outside tuition assistance programs. Financial information (recent pay stubs, W-2 or tax forms) may be required to process your tuition assistance request.

## Emergency Contacts (please provide 2 contacts in case you cannot be reached)

### Primary Emergency Contact

Name:

Address:

City:

State:

Zip:

Home Phone:

Work Phone:

Alt. Phone:

Email:

Relationship to Student

### Secondary Emergency Contact

Name:

Address:

City:

State:

Zip:

Home Phone:

Work Phone:

Alt. Phone:

Email:

Relationship to Student

## Physician Information

In the event that neither a parent nor emergency contact can be reached during a medical emergency or if the emergency is such that time does not allow for such contact, you would like appropriate VCS personnel to seek medical attention from:

### 1st Choice Contact:

Physician Name:

Address:

City:

State:

Zip:

Phone:

Fax:

### 2nd Choice Contact:

Physician Name:

Address:

City:

State:

Zip:

Phone:

Fax:

# Emergency Contact & Medical Information

## Medical History

Known Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Last Tetanus Shot: \_\_\_\_\_

Pertinent Medical or Mental Health Issues (please describe fully) \_\_\_\_\_

## Hospital Information

If neither of the physicians can be reached, you authorize another licensed physician to be contacted. At the direction of that physician or in the event that a physician cannot be reached, you authorize the appropriate VCS personnel to seek medical attention for your child from:

### 1st Choice Hospital:

Hospital Name: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### 2nd Choice Hospital:

Hospital Name: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Release of Liability

If efforts to reach a parent, emergency contact person, or listed physician fails, or if the emergency is such that time does not permit for such attempts to be made, I authorize the appropriate VCS personnel to seek medical treatment from a physician in any hospital emergency department. I agree to pay all medical expenses and other fees incurred as a result of the emergency. I release the Vineyard Christian School, Vineyard Lewiston and other facility or persons connected with the school from any and all liabilities or injuries and/or illnesses resulting from conditions or circumstances while in attendance at the school, in transit to and from the school, and on supervised excursions from the school. I am enclosing a copy of my child's emergency immunization records which show that he/she is up to date with all immunizations. I will supply appropriate information concerning the health of my child to the VCS staff to assure a healthy and safe environment for my child and other VCS students.

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Parental and Student Partnership

The Vineyard Christian School isn't a pay for service academic institution as much as it is a **partnership** between members of the Vineyard Lewiston, staff of Vineyard Lewiston and the Vineyard Christian School parents, students and staff. We must all think of the **good of the whole** in everything we do at VCS. **Partnership is the key** to success in achieving our mission **together** of impacting Central Maine with the redemptive history of the Gospel. To that end, by signing below you acknowledge having read the Partnership Section.

- ◆ I, the parent and student, have received and reviewed the guidelines set forth in the 2009-2010 VCS Handbook.
- ◆ As a parent, I understand that part of my partnership with VCS is to take full financial responsibility for the tuition and fees and I agree to keep my account up to date. If, for any reason, I should need to ask for a deviation from my agreed upon payment plan, I will contact the VCS director and/or the accounting department to discuss it.
- ◆ I, the parent and student, agree to address any questions or concerns I may have regarding my child's education at VCS with the appropriate VCS staff in an attitude of partnership and respect.
- ◆ I, the student, am attending the Vineyard Christian School of my own free will and am not being made to do so against my will.

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

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