



MIAMI SHORES PRESBYTERIAN CHURCH SCHOOL ELEMENTARY SCHOOL
REGISTRATION FORM

DATE _____ CHILD'S NAME _____

Please check the appropriate line(s) which apply to you or your child:

_____ Active MSPC Member since _____

_____ Returning Student

_____ Sibling of MSPC School Student

_____ New Applicant **How did you hear about us? _____

****Elementary families are required to complete 20 hours of volunteer service by April 30. All hours that are not completed will be charged to your account at the rate of \$25.00 per hour.**

MANDATORY VOLUNTEER EVENTS include two pumpkin sale shifts and the fall festival . _____ Initial here

*****ALL TUITION AND FEES ARE NON-REFUNDABLE** _____ (initial here)

*****NO COMPANY CHECKS ACCEPTED FOR PAYMENT**

*** A \$35.00 late registration fee will be charged for any returning families once open registration begins.

MSPC does not discriminate against applicants and students on the basis of race, color, and national or ethnic origin.

Please note we cannot guarantee teacher requests. _____

Please

initial

FOR OFFICE USE ONLY

Child's Date of Birth _____ HRS Required Health Forms _____

Birth Certificate _____ Registration Fee Paid _____ Ck. # _____

Book Fee Date Paid _____ Ck. # _____

May Tuition Date Paid _____ CK. # _____

2012-2013



MIAMI SHORES PRESBYTERIAN CHURCH ELEMENTARY SCHOOL
ENROLLMENT FORM

Child's Full Name: _____ Age: _____
(First) (Middle) (Last)

Name Used: _____ Birthday: _____ Sex: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Mother's Name: _____ Occupation: _____

Address: _____

Employer: _____ Business Phone: _____

Cellular Phone: _____ Drivers License#: _____

e-mail _____ Soc. Sec. # _____

Father's Name: _____ Occupation: _____

Address: _____

Employer: _____ Business Phone: _____

Cellular Phone: _____ Drivers License#: _____

e-mail _____ Soc. Sec. # _____

Parents are: Married _____ Separated _____ Divorced _____ Other _____

Child lives with: _____

Church Affiliation: Mother: _____

Father: _____

Child's previous school experience:

Sibling's name/age _____ Sibling's name/age _____ Sibling's name/age _____



Health Section: I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Name of Physician: _____ Phone: _____

List any allergies, serious accidents, operations, etc. that your child has had:

List all identifying ***birthmarks*** your child has by size & location

(Example: Mongolian

birthmark): _____

Has your child had any of the following illnesses?

Measles _____ German Measles _____ Chicken Pox _____ Mumps _____

Rheumatic Fever _____ Strep Throat _____ Scarlet Fever _____

List any and all testing/evaluations your child has had: _____

Does your child have any special needs? _____

Attach any testing/evaluations upon returning this registration form.

Signature of Parent or Guardian

Date

_____ **Yes, I give permission for MSPC School to use my child's picture on the school website, school newsletters & school advertisements.**

_____ **No, I do not want my child's picture used on the MSPC School on the school website, school newsletters & school advertisements.**

_____ **Yes, you may share my home phone and/or address with my child's classmates family.**

_____ **No, you may not share my home phone and/or address with my child's classmates family.**

Date

Signature of Parent/Guardian



Miami Shores Presbyterian Church School Elementary School

Procedures and Policies

THE FOLLOWING ARE SOME IMPORTANT PROCEDURES AND POLICIES OF THE SCHOOL. THIS FORM IS FOR YOUR RECORDS. PLEASE SIGN THE ATTACHED ACKNOWLEDGEMENT OF RECEIPT.

1. Tuition is based on an annual amount. For your convenience, we prorate the annual tuition over a ten-month period. If your child is withdrawn prior to the end of the school year, you will still be responsible for the total annual tuition. Report cards will not be distributed unless all accounts are current.

ALL TUITION AND FEES ARE NON REFUNDABLE.

2. Tuition for all the MSPC Programs is payable on the first of each month. A late fee of \$15.00 will be added to bills not paid within ten days of the due date.

3. **ALL TUITION AND FEES ARE NON REFUNDABLE.**

4. There is no reduction of fees for absences, vacations, or hurricanes.

5. Children MUST be in class ready to begin school at 8:30 am. After 8:30 children are considered late.

6. Each quarter you are allowed 3 tardies, after which you will be charged \$5.00 per occurrence. Late students must be accompanied by a parent to the office for a late pass.

7. Children must be picked up promptly. After 5 minutes the child will be placed in After School Care. A late pickup fee of \$15.00 for every 15 minutes you are late will be billed to your account. After 5:30 you will be charged \$1.00 per minute.

8. No medication can be administered to a child without written authorization from a parent. All medication must be given to the child's teacher. **DO NOT PUT MEDICATION OF ANY KIND IN YOUR CHILD'S LUNCH BOX.**

9. Parents need to inform the school of changes in address, phone number, employment, emergency information or any changes in family situations.

10. Please let the school know if your child is absent for illness or any other extended periods of time.

11. Attendance in elementary school in the State of Florida is a mandatory 170 days. Students may not miss more than 10 days of school for the entire year. This is a state law and students who miss more than 10 days of school may not be promoted to the next grade.

12. All families are required to complete 20 hours of volunteer service. All hours that are not completed will be charged to your account at the rate of \$25.00 per hour.

13. All students must be in uniform at all times.

PARENT'S SIGNATURE (ACKNOWLEDGEMENT OF PROCEDURES & POLICIES SHEET)



MIAMI SHORES PRESBYTERIAN CHURCH SCHOOL ELEMENTARY SCHOOL

EMERGENCY CONTACT FORM

This form is very important to ensure the proper care of your child in the event of an emergency. It must be filled out completely and accurately.

Child's Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Mother/Guardian's Name: _____

Father/Guardian's Name: _____

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

List individuals *specifically not* authorized to pick up your child from school:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

***In cases of custody issues:** The school must have copies on file of all legal documentation, regarding custody issues, for enforcement.



MIAMI SHORES PRESBYTERIAN CHURCH SCHOOL ELEMENTARY SCHOOL

TUITION AND FEES 2012 - 2013

TUITION

New Family & Late Registration	\$ 1,115.00 ANNUALLY
Returning Families Registration	1,080.00 ANNUALLY
Sibling Registration	595.00 ANNUALLY
Parent Association Fee	130.00 ANNUALLY PER FAMILY
Tuition	7,350.00 per year (\$735.00 per month X 10 months)

****Elementary families are required to complete 20 hours of volunteer service. All hours that are not completed will be charged to your account at the rate of \$25.00 per hour.**

*****ALL TUITION AND FEES ARE NON-REFUNDABLE.**

** A \$35.00 late registration fee will be charged for any returning families once open registration begins.

REGISTRATION AND BOOK FEE

A REGISTRATION AND BOOK FEE ARE DUE UPON REGISTRATION, \$1,080.00 for currently enrolled and \$1,115.00 for new families and late registrations (child is not considered registered until these fees are paid in full).

An advanced Payment/Deposit for May 2013 tuition and Parent Association Fee totaling \$865.00 are due by May 1, 2012.

PAYMENTS

Tuition is past due if not paid by the 10th of each month. A late fee of \$15.00 will be automatically charged to your account. Children of parents who are considered "delinquent" after 30 days will no longer be able to attend school.

**A 5% discount will be given if entire year's tuition is paid in full by Sept. 1.

NO statement will be sent out UNLESS your account is past due.

AFTER SCHOOL CARE

Payment of After School Care is due by the 1st of each month.

ALL TUITION AND FEE PAYMENTS ARE NON-REFUNDABLE

PLEASE SIGN THE SECTION BELOW AND RETURN WITH YOUR PAYMENT.

I have read, and fully understand, the above instructions regarding the rates and due dates of tuition and fees. I agree to make the payments specified by the following due dates:

*Registration Fee is due upon registration.

*An advanced Payment/Deposit for May 2013 tuition and Parent Association Fee are due by May 1, 2012.

**A 5% discount will be given if entire year's tuition is paid in full by Sept. 1.

******ALL TUITION AND FEE PAYMENTS ARE NON-REFUNDABLE.**

A late fee of \$15.00 will be charged to your account after the 10th of each month. A returned check fee of \$25.00 will be charged to your account. Please make all payments by check or money order payable to MSPC School.

Signature of Parent/Guardian Child's Name

Printed Name of Parent/Guardian

_____ Date



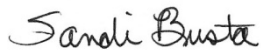
Dear Parents,

MSPC Pre-school and Elementary School are **Nut Free Environments**. We are asking that parents not provide peanuts, peanut butter, or any type of nut in their child's lunch. If any child brings any type of food containing nuts, they will not be allowed to eat it and we will replace it with something else. **NO TYPE OF NUT PRODUCT SHOULD BE BROUGHT INTO THE BUILDING BY ANYONE.**

This practice has been implemented to address the needs of several children in our program who have a life-threatening allergy to nuts. Simple contact with peanuts or any nuts or their oils could be potentially fatal to these children, and we have a responsibility to care for these children and address their needs. Be aware that our program restricts all nut products including peanuts and peanut butter and any types of nut spreads. If your child has anything with nuts in their lunch box it will be taken out and they will be given something else to eat. If this occurs, you will be given a notice regarding the incident and your account will be billed \$3.00 for a lunch that we will provide.

Please realize how important this policy is, and we want to thank you in advance for your cooperation in this matter.

Sincerely,



Sandi Busta

Director

I have read and understand the nut free policy of MSPC Schools and agree to abide by this policy.

Print Name

Signature



Preschool

Elementary School

PROBATIONARY AGREEMENT

Miami Shores Presbyterian Church School believes in supporting and facilitating our students in every way possible in order for each individual to reach their potential. It is with great pleasure to accept your child into our school. However, there is a minimum **10 DAY PROBATIONARY PERIOD** where the students are evaluated and a final decision is then concluded. We reserve the right to extend the time frame beyond 10 days at our discretion, which includes the dismissal of a student at the 10 day mark or beyond.

I have read and understand the Probationary Agreement of MSPC Schools and agree to abide by this policy.

Print Name

Signature

****Student Contact Information - FOR CUMMALITIVE FILE****

Student Name: _____ **Date of Birth:** _____

Mother's Name: _____

Father's Name: _____

Address of Mother: _____

Email of Mother: _____

Phone Number of Mother: _____

Address of Father: _____

Email of Father: _____

Phone Number of Father: _____

Legal Guardian: _____