

**MIAMI CHRISTIAN SCHOOL 2008-2009  
RE-ENROLLMENT FORM**

OFFICE USE ONLY
_____ Payment Rec.
_____ SSN
_____ DOB
_____ Names & Grades
_____ Back page signed
_____ Date Rec.

**RE-ENROLLMENT/ENDOWMENT FEE FOR RETURNING STUDENTS  
(\$20.00 of the Re-enrollment fee is designated for the MCS Endowment Fund.)**

If paid by February 11<sup>th</sup> \$195.00; after February 11<sup>th</sup> enrollment will be \$275.00 until April 21<sup>st</sup> , after this date re-enrollment is \$375.00 per student.

In recent years, classes have filled quickly. Please respond early so your child has a place in his/her appropriate classroom and take advantage of the lower enrollment fee. ALL TUITION AND SCHOOL FEES ARE NON-REFUNDABLE.

New enrollment is now open to the public.

**READ AND SIGN THE AGREEMENT ON THE REVERSE SIDE  
TO COMPLETE THE RE-ENROLLMENT FORM**

**(Please indicate grade for the fall term.)**

<b>NAME</b>	Fall 2008 Grade	DOB	<b>NAME</b>	Fall 2008 Grade	DOB
_____	_____	_____	_____	_____	_____
Social Security number _____			Social Security number _____		
<b>NAME</b>			<b>NAME</b>		
_____			_____		
Social Security number _____			Social Security number _____		

**Re-enrollment/endowment fees for your family: (payment must accompany form) \$ \_\_\_\_\_**

If you have any questions concerning the re-enrollment procedure, please call the Admissions Office between 8:30 a.m. and 4:30 p.m. on school days at 305-221-7754.

**MANDATORY PARENT INFORMATION (fill in all spaces)**

<b>Father's Name</b> _____	<b>Mother's Name</b> _____
<b>Spouse's Name</b> _____	<b>Spouse's Name</b> _____
<b>Social Security Number</b> _____	<b>Social Security Number</b> _____
<b>Home Address</b> _____	<b>Home Address</b> _____
<b>City/Zip</b> _____	<b>City/Zip</b> _____
<b>Home Phone</b> _____ <b>Cell</b> _____	<b>Home Phone</b> _____ <b>Cell</b> _____
<b>Work Phone</b> _____	<b>Work Phone</b> _____
<b>Email</b> _____	<b>Email</b> _____
<b>Employer</b> _____	<b>Employer</b> _____
<b>Occupation</b> _____	<b>Occupation</b> _____
<b>Address</b> _____	<b>Address</b> _____
<b>City, Zip</b> _____	<b>City, Zip</b> _____

Person paying account if different from parent with whom the child resides:

Name \_\_\_\_\_

Social Security # \_\_\_\_\_ Relationship to student \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Wk Phone \_\_\_\_\_ E-mail \_\_\_\_\_

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

**REVERSE SIDE MUST BE SIGNED BY PARENT**

**AS A MIAMI CHRISTIAN SCHOOL PARENT I AGREE WITH THE FOLLOWING:**

In seeking this **re-enrollment**, I understand that:

1. My child will go on **scheduled field trips** and other school activities.
2. I support the school in its implementation of the **Assertive Discipline** program.
3. The administration has full responsibility for placing my child(ren) in the **proper grade(s)**.
4. My **cooperation** is expected in (a) **regular tuition payments**, (b) **annual endowment fee**, (c) **annual improvement fee**, (d) **annual technology fee** (e) **registration fees**, (f) **special gifts and** (g) **faithful prayer** since tuition does not cover all costs.
5. The **school reserves the right to dismiss any student** who does not respect its spiritual standards or cooperate in the educational process.
6. Our family will cooperate in **maintaining school standards** as published in the Student Handbook (dress code, merit system, field trips, Saturday school, etc.).
7. **The re-enrollment fee of \$375.00 is non-refundable and confirms my decision to re-enroll my child(ren) and reserves a space in his/her grade through June 1, by which time the first of 12 monthly tuition payments is due. The June 1<sup>st</sup>, July 1<sup>st</sup> and August 1<sup>st</sup> tuition payments are non-refundable and must be paid in full to continue to reserve space for my child(ren) through the start of school.**
8. I understand that **re-enrollment, registration, tuition and any other school fees are non-refundable.**
9. **All accounts must be paid in full** (involving any area of the school) **before the following can occur for my child: release of any and all records, (i.e., report cards and transcripts), administration of high school semester exams, receiving a diploma for 8<sup>th</sup> grade or senior graduation and continued access to Edline.**
10. In order to avoid my incurring a large debt, **I understand that if I am more than one month behind with payments, suspension or withdrawal procedures** will be carried out.
11. **I understand that if a 3<sup>rd</sup> party is paying my child(ren's) bill, and fails to make timely payments, I am responsible for any outstanding balance.**
12. If my child(ren) is/are in **K3 through 8<sup>th</sup> grade**, I will pick him/her up between 2:55 and 3:15 p.m. or entrust him/her to the After School Care staff and guidelines. **If I am later than 3:15 p.m., I understand that my child will automatically be placed in After School Care and that fees will be incurred.**  
  
K3-12<sup>th</sup> grade: I understand that if I am late picking up my child(ren) from ASC, Saturday School or an athletic practice or event there will be a substantial charge.
13. According to the Matthew 18 principle, I understand that when I have a concern with a faculty/staff member I will go directly to the person involved to work toward a solution. I understand at that point, if I am not satisfied, I have the right to ask the person with whom I have a problem to meet with me and the appropriate school administrator.

Please print name \_\_\_\_\_

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

NOTE: If any of your children are not returning in the fall of 2008 for reasons other than graduation, please list their names and grades here, then sign and return this form without delay.

Children not returning \_\_\_\_\_



