



MIAMI CHRISTIAN SCHOOL 2021-2022 ENROLLMENT FORM FOR NEW STUDENTS

OFFICE USE ONLY

_____ Approved By (initials)

_____ Date Received

- Payment Rec.
- Parent SSN
- Name, Grade, DOB
- Back Pg. Signed
- FACTS Acct created

Enrollment fee is \$400.00 per student, which must be paid at the time of enrollment. This fee confirms your decision to enroll your child. **ALL TUITION AND SCHOOL FEES ARE NON-REFUNDABLE.**

**READ AND SIGN THE AGREEMENT ON THE REVERSE SIDE
BEFORE COMPLETING THIS ENROLLMENT FORM**

Student Information

Name	Grade in 2021-2022	DOB
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

MCS Enrollment Fee: (\$400 per student; payment must accompany form)	\$ _____
FACTS Enrollment Fee: (\$55 per family; payment must accompany form)	\$ _____
Total MCS Enrollment and FACTS Enrollment Collected:	\$ _____

In order to complete the enrollment process a FACTS account must be created and payment information must be added for Agreements and Incidentals.

FACTS Account Created by: Name _____ Date _____

If you have any questions concerning the enrollment procedure, please call the Admissions Office between 8:30 a.m. and 4:00 p.m. on school days at 305-221-7754 ext. 773 or email at admissions@miamichristian.org.

MANDATORY PARENT INFORMATION (fill in all spaces)

<input type="checkbox"/> Person responsible for paying account Father's Name _____ Spouse's Name _____ Social Security Number _____ Home Address _____ City/Zip _____ Home Phone _____ Cell Phone _____ Work Phone _____ Email _____	<input type="checkbox"/> Person responsible for paying account Mother's Name _____ Spouse's Name _____ Social Security Number _____ Home Address _____ City/Zip _____ Home Phone _____ Cell Phone _____ Work Phone _____ Email _____
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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:

1. The Parent/Student handbook is available on the Miami Christian School website for me to review upon enrolling my child. www.miamichristian.org
2. My child will go on **scheduled field trips** and other school activities.
3. I support the school in its implementation of the **Assertive Discipline** program.
4. The administration has full responsibility for placing my child(ren) in the **proper grade(s)**.
5. My **cooperation** is expected in **all fees, special gifts and faithful prayer**.
6. The **school reserves the right to dismiss any student** who does not respect its spiritual standards or cooperate in the educational process.
7. Our family will cooperate in **maintaining school standards** as published in the Student Handbook (dress code, merit system, field trips, Saturday school, etc.).
8. The enrollment/re-enrollment fee is **non-refundable** and confirms my decision to enroll my child(ren) and reserves a space in his/her grade through August by which time the first of the monthly tuition payments is due. August tuition payment must be paid **in full to continue to reserve space for my child(ren) through the start of school. The annual FACTS online enrollment must also be completed to secure your child's enrollment at MCS.**
9. I understand that **application, annual fees, tuition and any other school fees are non-refundable.**
10. I understand that my child's picture will be on the MCS website, the school yearbook, social media, and other publications.
11. **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 8th grade or senior graduation and continued access to parent portal. Late fees are assessed.**
12. 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.**
13. **I understand that if a 3rd party is paying my child(ren's) bill, and fails to make timely payments, I am responsible for any outstanding balance.**
14. If my child(ren) is/are **in K5 through 8th grade**, I will pick him/her up after school, before 3:15 p.m. or entrust him/her to the After School Care staff and guidelines. **If I am late, I understand that my child will automatically be placed in After School Care and that fees will be incurred. K5-12th 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.**
15. 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.
16. If you would like to receive text messages with school updates and information please provide your cellular number.

Please print name _____ Cell # _____

Parent's Signature _____ Date _____