

# Ventura Missionary School

## Registration Information for 2011/2012

**All Registration fees are due at the time of registration.**

*Acceptance of re-registration is conditional upon all 2010/2011 fees being current at the time re-enrollment papers are submitted. **Registration and Book Fees are non-refundable.***

|                                      |                                       |
|--------------------------------------|---------------------------------------|
| New Student Registration Fee:        | \$ 200 (Per Student - Payable to VMS) |
| Continuing Student Registration Fee: | \$ 150 (Per Student - Payable to VMS) |
| SMART Tuition Management Fee:        | \$ 43 (Per family payable to VMS)     |
| Book Fee (Grades K-8):               | \$ 260 (Per Student - Payable to VMS) |

### Other fees due during school year:

|                                       |   |
|---------------------------------------|---|
| New Student Testing Fee:              | \$ 35 (Grades 1-8) (Payable to VMS)           |
| P.E. T-Shirt (Middle School):         | \$ 12 (Payable to VMS at time of purchase)    |
| 5th Grade Outdoor Education (Spring): | \$ 185 (Approximately - paid at a later date) |
| Middle School Outdoor Ed. (Sept.):    | \$ 385 (Approximately - paid at a later date) |

**Tuition for Grades 1-8: \$ 4,495**

**Tuition for Kindergarten \$ 4,195**

**Family Discounts:** The second child in the school will have a tuition reduction of 15%; third child in the school will have a tuition reduction of 30%. If you have a child in the school and enroll a child in the preschool, the child in preschool will receive a 10% tuition reduction when you notify the Preschool Office.

### Registration Dates are:

Continuing students register February 28 - March 11

Siblings of currently enrolled students register March 14 - 25

Church members may register March 28 - April 8

Open enrollment begins April 20

Registration will be taken in the school office from 8 a.m. to 4:00 p.m. each day.

### **Only completed packets will be accepted.**

**Enrollment is contingent on placement tests and transcripts**

**Child Care:** Childcare cards may be purchased in advance from the school office. Cost is \$1 per day for morning care from 7:30 a.m. to 7:45 a.m. (From 7:45 a.m. to 8:15 a.m. there is no charge) and \$4 per hour for after school care.

**The California School Immunization Law.** Children must have their immunizations before they can attend school in California. Returning students need proof of immunization only if they have received a booster shot. A new school immunization law requires all students entering 7<sup>th</sup> through 12<sup>th</sup> grades in the 2011-2012 school year in California to be immunized with a pertussis (whooping cough) vaccine booster called Tdap. Applicants (returning and new) for 7<sup>th</sup> grade must also show proof of Hepatitis B. **All students** are required to show proof of immunization.

**First Grade Enrollment:** Your doctor must complete a "Report of Health Examination for School Entry" form and the form must be turned into the school office before the first day of school. (An actual physical exam is necessary only if your child has not had one in the 18 months prior to the start of school). Applicants must present this to school staff prior to admission. Additionally, the State Health Dept. now requires children to have proof of having received an oral health assessment conducted by a licensed dental health professional. While not required of private school students under state law, VMS recommends such an assessment prior to admission.

**First Time Applicants:** New students must present an up-to-date immunization record, birth certificate, and most recent standardized tests, in addition to the forms in the registration packet.

# VENTURA MISSIONARY SCHOOL

## APPLICATION AND EMERGENCY INFORMATION

|                                |                    |  |                                     |                                       |
|--------------------------------|--------------------|--|-------------------------------------|---------------------------------------|
| STUDENT LAST NAME              | STUDENT FIRST NAME | SEX                                      | BIRTHDATE                           | GRADE (next year)                     |
| HOME ADDRESS                   | CITY               | STATE                                    | ZIP                                 | AREA CODE & PHONE NUMBER<br>(       ) |
| FATHER                         | EMPLOYER           | WORK PHONE: (       )<br>CELL: (       ) |                                     |                                       |
| MOTHER                         | EMPLOYER           | WORK PHONE: (       )<br>CELL: (       ) |                                     |                                       |
| <b>Email Address:</b>          |                    |  |                                     |                                       |
| RELATIVE or NEIGHBOR           |                    |  | PHONE: (       )<br>CELL: (       ) |                                       |
| ADDRESS                        | CITY               | STATE                                    | ZIP                                 | RELATIONSHIP TO STUDENT               |
| ALTERNATE RELATIVE or NEIGHBOR |                    |  | PHONE: (       )<br>CELL: (       ) |                                       |
| ADDRESS                        | CITY               | STATE                                    | ZIP                                 | RELATIONSHIP TO STUDENT               |

|                                 |                          |                      |
|---------------------------------|--------------------------|----------------------|
| DOCTOR'S NAME                   | AREA CODE & PHONE NUMBER | DATE of LAST TETANUS |
| KNOWN MEDICAL PROBLEMS          |                          |                      |
| KNOWN ALLERGIES                 |                          |                      |
| FAMILY HEALTH INSURANCE COMPANY | CERTIFICATE or GROUP #   |                      |

## AUTHORIZATION for MEDICAL TREATMENT

I, We, Parents, Guardians of the minor listed above, do hereby authorize the Ventura Missionary School and its representatives as agents for the undersigned, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions for the Medical Practice Act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agents to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgement may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective for the duration of the current school year (August-June) unless revoked in writing delivered to said agents.

**Signature of Father or Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Mother or Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

1/24/201

**PLEASE COMPLETE AND SIGN REVERSE SIDE**



**Ventura Missionary School**  
**Parent Authorization for Student Pick-Up**  
**2011-2012**

If anyone other than a parent/guardian or individual noted on the student emergency form will be picking up your child please list him or her below.

Student Name \_\_\_\_\_ Grade/Class \_\_\_\_\_

Those authorized to pick up my child:

| <b>Name</b> | <b>Relationship</b> | <b>Phone #</b> |
|-------------|---------------------|----------------|
| _____       | _____               | _____          |
| _____       | _____               | _____          |
| _____       | _____               | _____          |
| _____       | _____               | _____          |
| _____       | _____               | _____          |
| _____       | _____               | _____          |
| _____       | _____               | _____          |

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## 2011-2012 E-Mail Information

In order to be able to communicate via e-mail with our VMS families, please complete the information below:

Your Name: \_\_\_\_\_

Email: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

If you do not have e-mail and would like a hard copy of the:

- Class Newsletter
- School Newsletter

Please return this form along with your registration paperwork.

Thank you.

# Ventura Missionary School

## 2011-2012

### CLASS ROSTER POLICY

Class splits are finalized at the end of each school year, but are not published until our “Welcome Back” Orientation Day the week prior to the first day of school. Per policy, no requests for changing classes will be considered.

#### Middle School

Class rosters (names only) are posted on the windows at the back of the School Office building on the day each grade is scheduled to buy their books the week before school begins.

#### 1<sup>st</sup> to 5<sup>th</sup> Grade

Class rosters (names only) will be posted on each specific classroom door on Orientation Day so you can find your child’s room, meet the teacher and your classmates and put your school supplies in your desk if you wish.

Once school begins, the final rosters (including address, telephone number, and email address) will be printed & published and made available to parents and students by the end of August. You may come to the school office to request a copy of your student’s class roster.

*If you DO NOT want your address, phone number, or email address published, please sign below and turn this form in with your registration papers.*

**Class Rosters are to be used for school purposes ONLY! Any use for personal or business solicitation is strictly prohibited!**

**DO NOT PRINT OUR INFORMATION ON THE CLASS ROSTER**

\_\_\_\_\_  
Student’s Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Special Instructions:**

**DO NOT PUBLISH THE FOLLOWING: Address [ ] Phone # [ ] Email Address [ ]**

2/15/11

2011-2012

VENTURA MISSIONARY SCHOOL

Financial Agreement

Ventura Missionary School (VMS) operates on a closely balanced budget. An integral part of maintaining that budget is the timely receipt of all registration, tuition, daycare, and other fees from the parents or guardians of enrolled students. To accomplish this goal, the VMS Board has adopted the following tuition payment policy, which will be strictly followed.

Tuition: VMS uses a prepayment tuition schedule beginning in June of each year and concluding with the final payment in March for those who choose a 10-month plan or in April for those who choose an 11-month plan. You must make all payments set forth in the current VMS Tuition and Fee Schedule, according to the plan selected. Payments must be made in a timely manner to SMART Tuition Management. You must keep SMART informed of any address changes. **Should you pay by check, please change the auto draft account number with your bank, as numbers change from year to year. This will ensure proper credit to your account.**

All tuition and fee payments are due on the 20<sup>th</sup> of the month beginning in June, except for late registrants, whose first due date will be assigned by the school. An account will be considered delinquent if a payment due is not received at SMART within 5 days from the due date, at which time a \$30 late fee will be assessed by SMART. In addition, VMS will charge a \$15 late fee bringing the total late fee charge to \$45. Online, web and credit card payments take 2-3 days to post to your account and Saturday and Sunday are not considered business days. SMART will contact you informing you of an overdue payment and that late fees have been assessed to the account. Should an account become 60 days or more past due, VMS will send a letter requesting immediate payment and inform the family that their student cannot return to school until their account is brought current.

Once an account is closed, re-enrollment of your child(ren) and reinstatement of your account will be contingent upon (1) the child(ren)'s places in class having not yet been filled by incoming students. (2) The account being brought current in the school office by cashier's check made payable to VMS for all tuition, daycare, and late fees.

VMS will assess a \$25 fee for any check returned by your bank unpaid and for any electronic funds transfer reversed by your bank. This fee, plus the amount of the returned check or reversed transfer, plus any late fees incurred as a result of the return or reversal, must be paid at the school office by cashier's check payable to VMS. You must come to the school office upon learning of a returned check or reversed transfer and not wait for the school to contact you.

Other fees: All fees other than tuition are payable to VMS. These fees include hot lunch, daycare, registration, book fees, athletic fees, and any other student activities fees.

Daycare payments are made in advance at the school office by check payable to VMS for the amount of daycare needed for each student. Daycare payments must not be mailed to SMART. Daycare may be denied if your daycare account is delinquent, and your child(ren) will be dismissed if your daycare account remains delinquent for more than 45 days.

All financial obligations should be paid by May 20<sup>th</sup>. Student grades and registration for subsequent school years will be withheld until monies due the school have been paid in full.

Hardships: If you have a personal financial hardship, please contact the school office to discuss your account before it reaches the point of dismissal.

Exceptions: the school administration and School Board must approve any exceptions to the financial policies described in this Financial Agreement.

I/We agree to be bound by the financial policy described in this Financial Agreement as well as by the policies set forth in the Student Application and all other school policies. I/We understand that continued enrollment depends not only upon timely payments as set forth in this Financial Agreement, but also upon compliance with all other school policies.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Father or Legal Guardian

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Mother or Legal Guardian

## Billing Information

|                                  |                  |       |       |
|----------------------------------|------------------|-------|-------|
| Responsible Party                |                  |       |       |
| Phone #'s                        | Home:            | Work: | Cell: |
|                                  | Home:            | Work: | Cell: |
| Email Address<br>Billing Address | Email Address:   |       |       |
|                                  | Billing Address: |       |       |
|                                  |                  |       |       |

| Student Name | Grade | School Year |
|--------------|-------|-------------|
|              |       |             |
|              |       |             |
|              |       |             |
|              |       |             |

***Please Note: The Smart Tuition Registration Form Must Be Completed In The Office When You Turn In Your Child's Registration Paperwork. Thank You!***

### OFFICE USE ONLY

| Discounts                    | Number of Payments  | Total Payment Amount   |
|------------------------------|---|------------------------|
| Sibling _____ %    \$ _____  | <input type="checkbox"/> 10 (JUNE-MARCH)<br><input type="checkbox"/> 11 (JUNE-APRIL)<br><input type="checkbox"/> QUARTERLY (JUNE, SEPT., DEC., MARCH)<br><input type="checkbox"/> SEMI-ANNUAL (June, Jan.)<br><input type="checkbox"/> PAY IN FULL (JUNE)<br><input type="checkbox"/> OTHER | \$ _____               |
| Sibling _____ %    \$ _____  |   | Monthly Payment Amount |
| Pastor _____ %    \$ _____   |   | \$ _____               |
| Employee _____ %    \$ _____ |   |                        |
| Total \$ _____               |   |                        |

**SEXUAL HARASSMENT LETTER**



Dear **First through Third Grade** Students and Parents,

In our school everyone is to be treated with respect. Teachers are to respect children and children are to respect teachers. Students are also to respect each other.

God made each of us different. Some of us He made girls. Some of us He made boys. Some of us have blonde hair. Some of us have brown hair. Some of us have light skin. Some of us have dark skin. The things that make us different are very special gifts from God.

Sometimes people make fun of people who are different from them. Sometimes, for example, boys make fun of girls because they are different. Sometimes girls make fun of boys because they are different. Or, people may make fun of somebody of a race different from their own.

When we make fun of people because they are different, we are not respecting them. When we call each other names, we are not being kind. We call this being disrespectful, and it is never acceptable at our school.

When we are disrespectful to each other, we hurt each other's feelings. After a while, if we continue to be disrespectful to each other our school becomes an unhappy place. The students whose feelings have been hurt do not do as well in school and sometimes do not want to come to school any longer.

In our school we want to be sure that everyone who is part of our school is happy to be here and has a chance to do their very best. So, if someone says something, does something, or draws something that is mean, disrespectful or inappropriate we want you to tell your teacher right away. He or she will find out what happened and try to make sure that it does not happen again. It is also not acceptable to talk about an inappropriate drawing that you may have seen or done.

A very important part of respecting one another is respecting each other's bodies by not touching each other inappropriately. Kissing is never appropriate at school. Touching one another's private areas is never acceptable. If anybody does this to you, please tell your teacher or the principal right away. We want to be sure all students are safe at school.

You should never be afraid to tell when something disrespectful happens. It is not tattling and it will not get you into trouble. If you always tell a staff member when something disrespectful happens, we can make sure that our school remains a happy place where students feel safe and everyone respects each others differences.

Please sign below to indicate you have read and understand the expectations outlined above. Please turn this letter into the school office. Thank you.

Sincerely,

Mrs. Baker  
Principal

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Student Name \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

12/30/10

**SEXUAL HARASSMENT LETTER**



Dear **Fourth through Eighth** Grade Students and Parents,

Ventura Missionary School is committed to maintaining an academic environment in which all individuals treat each other with dignity and respect and which is free from all forms of intimidation, exploitation and harassment, including sexual harassment. This school is prepared to take action to prevent and correct any violations of this policy. Anyone who violates this policy will be subject to discipline, up to and including expulsion.

Sexual harassment means unwelcome verbal, visual or physical conduct of a sexual nature which has the purpose or effect of a negative impact upon the individual’s academic performance, or of creating an intimidating, hostile, or offensive educational environment. Other types of harassment could be physical intimidation, racial degradation, or teasing regarding an individual’s personal characteristics. Some examples of such unwelcome conduct include the following:

- \* Referring to another student as “gay,” or synonyms thereof
- \* Derogatory comments implying ability or lack thereof being related to gender, race or religion
- \* Derogatory notes, comments, epithets or “jokes” toward another gender, race or religion
- \* Comments about male or female body parts in a crude context
- \* Visually leering
- \* Displaying sexually suggestive objects, pictures or cartoons
- \* Physically touching another in a sexually suggestive way or in a private area
- \* Obscene gestures or hand signals
- \* Threatening to cause harm to another or to the property of another

Anyone who feels that they have been subjected to conduct of a harassing nature is encouraged to promptly report the matter to their teacher or the administrator. All complaints will be promptly investigated. Every effort will be made to protect the privacy of the parties involved in any complaint. However, the school reserves the right to fully investigate every complaint, and to notify a student’s parent or guardian and appropriate government officials as the circumstances warrant.

It is of utmost importance to us that every student at our school feels safe and secure at all times.

Please sign below to indicate you have read and understand the expectations outlined above. Please turn this letter into the school office. Thank you.

Sincerely,

Mrs. Baker  
Principal

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

Print Student Name \_\_\_\_\_ Date \_\_\_\_\_

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