1 A

BEE STING ALLERGY ASSESSMENT

Date ___________________

According to your child's records, she/he has a bee sting allergy. Please provide us with more information by completing this form and returning it to the school office.

Child's Name: ____ Birth Date: ______________
Last First Middle

CONTACT INFORMATION:

Name: _________________________________ Relationship to Child: _________________________

Primary Phone: ___________________ Secondary Phone: ____________________

Name: _________________________________ Relationship to Child: _________________________

Primary Phone: ___________________ Secondary Phone: ____________________

MD/HEATH CARE PROVIDER:

Allergist/Physician's Name: ____ Phone: ____________

Address: ____

☐ **Bee stings allergies are no longer a problem for my child. Please sign below and return this form to the school office.**

When did you first become aware that you child was allergic to bee stings? ______________________

Approximately what was the date of your child's last bee sting reaction? _______________________

Please describe the signs and symptoms of the reaction? ______________________________________

____

TREATMENT

If child is stung by a bee give checked medication/treatment:

☐ **Epinephrine** ☐ **Antihistamine** ☐ **Other**

DOSAGE

Epinephrine: inject intramuscularly (circle one) -see reverse side for instructions.

EpiPen® EpiPen®Jr. Twinject® 0.3 mg Twinject® 0.15 mg

Antihistamine: give ____
Medication/dose/route

Other: give ____
Medication/dose/route

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE THE CHILD TO A MEDICAL FACILITY!

Signature: ____ Date: _______________
Parent/Guardian

5/13/2013

1 B

FOOD ALLERGY ACTION PLAN

Date ____________________

According to your child's records, she/he has a food allergy. Please provide us with more information by completing this form and returning it to the school office.

Place Child's Picture Here

Child's Name: ____ Birth Date: __________
Last First Middle

ALLERGY TO:____

Asthmatic ☐ Yes* ☐ No *Higher risk for severe reaction

❖ STEP 1: TREATMENT

Symptoms:

Give Checked Medication:**
**(To be determined by physician authorizing treatment)

Symptoms		Give Checked Medication		
• If a food allergen has been ingested, but no symptoms:		☐ Epinephrine	☐ Antihistamine	☐ Other
• Mouth	Itching, tingling, or swelling of lips, tongue, mouth	☐ Epinephrine	☐ Antihistamine	☐ Other
• Skin	Hives, itching rash, swelling of the face or extremities	☐ Epinephrine	☐ Antihistamine	☐ Other
• Gut	Nausea, abdominal cramps, vomiting, diarrhea	☐ Epinephrine	☐ Antihistamine	☐ Other
• Throat†	Tightening of throat, hoarseness, hacking cough	☐ Epinephrine	☐ Antihistamine	☐ Other
• Lung†	Shortness of breath, repetitive coughing, wheezing	☐ Epinephrine	☐ Antihistamine	☐ Other
• Heart†	Thready pulse, low blood pressure, fainting, pale, blueness	☐ Epinephrine	☐ Antihistamine	☐ Other
• Other†	________________________________	☐ Epinephrine	☐ Antihistamine	☐ Other
• If reaction is progressing (several of the above areas affected), give		☐ Epinephrine	☐ Antihistamine	☐ Other

†Potentially life-threatening. The severity of symptoms can quickly change.

DOSAGE

Epinephrine: inject intramuscularly (circle one) -see reverse side for instructions.

EpiPen® EpiPen®Jr. Twinject® 0.3 mg Twinject® 0.15 mg

Antihistamine: give ____
Medication/dose/route

Other: give ____
Medication/dose/route

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

❖ STEP 2: EMERGENCY CALLS

1. Call 911 (or Rescue Squad: ________________). State that an allergic reaction has been treated, and additional epinephrine may be needed.
2. Dr. ______________________________ Phone Number: ____________________
3. Parent ______________________________ Phone Numbers: ____________________
4. Emergency Contacts:
   Name/Relationship Phone Number(s)

a. ______________________________ 1.) ________________ 2.) ________________

b. ______________________________ 1.) ________________ 2.) ________________

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

Parent/Guardian's Signature ________________________________ Date ______________

Doctor's Signature ________________________________ Date ______________
(Required)

5/13/2013

1C

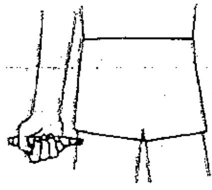
TRAINED STAFF MEMBERS

1. ______________________________ Room ________
2. ______________________________ Room ________
3. ______________________________ Room ________

EpiPen® and EpiPen® Jr. Directions

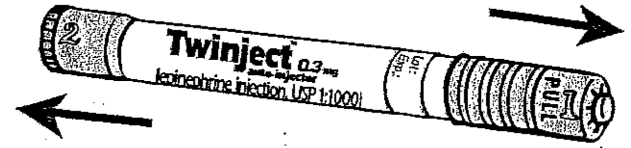
- **Pull off gray activation cap.**

- **Hold black tip near outer thigh (always apply to thigh).**



- **Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.**

Twinject® 0.3 mg and Twinject® 0.15 mg Directions

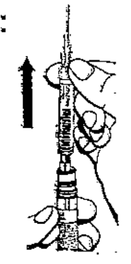


- **Remove caps labeled "1" and "2."**

- **Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.**

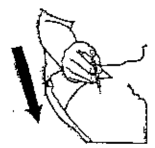
SECOND DOSE ADMINISTRATION:
If symptoms don't improve after 10 minutes, administer second dose:

- **Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base.**



- **Slide yellow collar off plunger.**

- **Put needle into thigh through skin, push plunger down all the way, and remove.**



Once EpiPen® or Twinject® is used, call the Rescue Squad. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.

For children with multiple food allergies, consider providing separate Action Plans for different foods.

***Medication checklist adapted from the Authorization of Emergency Treatment form developed by the Mount Sinai School of Medicine. Used with permission.*

2

Meadowlane Christian School
5810 S. Meadowlane Road, Spokane, WA 99224
509.327.4441

APPEARANCE RELEASE

I hereby grant to Meadowlane Christian School, the right to record and reproduce on film, tape, print, audio, video, yearbook or web materials the physical and/or vocal image and words of my child/children.

Child/Children's Names: ________________________________

____

____

____

You are authorized to use the said material for educational purposes for the life of the material. Meadowlane Christian School may use the said material for relevant business purposes, including the promotion of its educational programs and services, at its commercially reasonable discretion.

I agree that I am to receive no monetary compensation for services and that my or my child's participation provides us no ownership rights to the materials produced.

For any use other than that stated above, terms of this agreement will be re-negotiated.

Agreed to this ________day of _______________, 20__.

Parent/Guardian Signature: ____

5/13/2013

Initial and date in the box below each time this is updated.		

Meadowlane Christian School
EMERGENCY - MASTER RECORD
ENROLLMENT/EMERGENCY INFORMATION

Child's Name ______________________ Sex _____ Age ____ Grade _____
(LAST) (FIRST) (MIDDLE) (M/F)

Address ____
(STREET) (CITY/STATE) (ZIP)

Date of Birth ________________ Place of Birth ______________________
(Month/day/year) (City/Sate)

Home Telephone # ________________ Student's Church ______________________

Date of Baptism ______________ Church where Baptized ______________________
(Month/Day/Year) (City/Sate)

Living with: ______________________ Relationship: ______________________

List the school that the student previously attended. Indicate the grade level.

Grade __________ School & Location ______________________________
(Name) (City, State, Zip)

Publish my child's information in the school directory _____Yes _____No

FAMILY INFORMATION:

Father/Guardian

Name ______________________
Work Place ______________________
Work Phone# ______________________
Cell Phone # ______________________
Where Church Member ______________________
Marital Status ______________________

Mother/Guardian

Name ______________________
Work Place ______________________
Work Phone# ______________________
Cell Phone # ______________________
Where Church Member ______________________
Marital Status ______________________

PERSON OTHER THAN PARENT/GUARDIAN AUTHORIZED TO PICK UP CHILD:

Name ______________________
Phone# ______________ Cell# ______________
Relationship ______________________

Name ______________________
Phone# ______________ Cell# ______________
Relationship ______________________

IN CASE OF EMERGENCY WHEN UNABLE TO REACH PARENT, CALL:

Name ______________________ Phone – Home# ________ Work# ________ Cell# ________
Address: ____
Name ______________________ Phone – Home# ________ Work# ________ Cell# ________
Address: ____
Name ______________________ Phone – Home# ________ Work# ________ Cell# ________
Address: ____

MEDICAL INFORMATION:

FAMILY PHYSICIAN ______________________ PHONE# ______________
HOSPITAL ______________________
HEALTH INSURANCE ______________________ POLICY NUMBER ______________

MEDICAL INFORMATION THAT MIGHT NEED SPECIAL ATTENTION SUCH AS:

☐ Special Needs ____

☐ Allergies ____

☐ Medications ____

Meadowlane Christian School **DEVELOPS** a deep-rooted Christian academic foundation, **PROMOTES** a sense of awe for God's creation, and **PREPARES** children to serve as Disciples of Christ.

4a

Certificate of Immunization Status (CIS)

DOH 348-013 January 2010

Office Use Only:
Reviewed by: Date:
Signed Cert. of Exemption on file? ☐ Yes ☐ No

Please print. See back for instructions on how to fill out this form or get it printed from the Immunization Registry.

Child's Last Name: First Name: Middle Initial: Birthdate (mm/dd/yyyy): Sex:

Symbols below: ◆ Required for School and Child Care/Preschool
● Required for Child Care/Preschool Only

Parent/Guardian Name (please print):

I certify that the information provided on this form is correct and verifiable.

Parent/Guardian Signature Required Date

Vaccine	Dose	Date: Month	Day	Year
◆ Hepatitis B (Hep B)				
	1			
	2			
	3			
or Hep B - 2 dose alternate schedule for teens				
	1			
	2			
Rotavirus (RV1, RV5)				
	1			
	2			
	3			
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)				
	1			
	2			
	3			
	4			
	5			
◆ Tetanus, Diphtheria, Pertussis (Tdap, Td)				
	1			
	2			
● *Haemophilus influenzae* type b (Hib)				
	1			
	2			
	3			
	4			
● Pneumococcal (PCV, PPSV)				
	1			
	2			
	3			
	4			

Vaccine	Dose	Date: Month	Day	Year
◆ Polio (IPV, OPV)				
	1			
	2			
	3			
	4			
Influenza (flu, most recent)				
◆ Measles, Mumps, Rubella (MMR)				
	1			
	2			
◆ Varicella (chickenpox) or verify disease 1-4 ▶				
	1			
	2			
Hepatitis A (Hep A)				
	1			
	2			
Meningococcal (MCV, MPSV)				
	1			
Human Papillomavirus (HPV)				
	1			
	2			
	3			

Office Use Only: Immunization information updated and verified with parent/guardian permission:

Printed Staff Name Date	Printed Staff Name Date
Printed Staff Name Date	Printed Staff Name Date

If the child named on this CIS had chickenpox disease (and not the vaccine), disease history must be verified.
Mark option 1, 2, 3, OR 4 below – see, back #5.

1) ☐ Chickenpox disease verified by printout from CHILD Profile Immunization Registry
Must be marked by printout (not by hand) to be valid.

2) ☐ Chickenpox disease verified by Health Care Provider (HCP)
If you choose this box, mark 2A OR 2B below.
2A) ☐ Signed note from HCP attached OR
2B) ☐ HCP signed here and print name below:

Licensed health care provider (HCP) Signature (MD, DO, ND, PA, ARNP) Date

HCP Printed Name:

3) ☐ Chickenpox disease verified by school staff from CHILD Profile Immunization Registry
If you choose this box, staff must initial that parent or guardian approves: ______ (initial) ______ (date)

4) ☐ Chickenpox disease verified by parent*
If you choose this box, fill in the date or child's age when he or she had the disease:
Age/Date of disease: ______
*Can ONLY verify for some grades, see back #5 (4).

If the child can show immunity by blood test (titer) and hasn't had the vaccine, ask your HCP to fill in this box.

Documentation of Disease Immunity

I certify that the child named on this CIS has laboratory evidence of immunity (titer) to the diseases marked. Signed lab report(s) MUST also be attached.

☐ Diphtheria ☐ Mumps ☐ Other:
☐ Hepatitis A ☐ Polio
☐ Hepatitis B ☐ Rubella
☐ Hib ☐ Tetanus
☐ Measles ☐ Varicella

Licensed health care provider (HCP) Signature (MD, DO, ND, PA, ARNP) Date

HCP Printed Name:

4b

Instructions for completing the Certificate of Immunization Status (CIS): printing it from the Immunization Registry or filling it in by hand.

#1 To print with info filled in: First, ask if your health care provider's office puts vaccination history into the CHILD Profile Immunization Registry (Washington's statewide database). If they do, ask them to print the CIS from CHILD Profile and your child's information will fill in automatically. **Be sure** to review all the information, **sign and date the CIS** in the upper right hand box, and return it to school or child care. If your provider's office does not use CHILD Profile, ask for a copy of your child's vaccine record so you can fill it in by hand using steps #2-7 (below):

#2 To fill in by hand: Print your child's name, birthdate, sex, and your own name in the top box.

#3 Write each vaccine your child received under the correct disease. Write the vaccine type under the "Vaccine" column and the date each dose was received in the "Month," "Day," and "Year" columns (as mm/dd/yyyy). For example, if DTaP was received Jan 12, March 20, June 1, '11, fill in as shown here ▶

EXAMPLE

Vaccine	Dose	Date		
		Month	Day	Year
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)				
DTaP	1	01	12	2011
DTaP	2	03	20	2011
DTaP	3	06	01	2011

#4 If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guide below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as **DTaP**, Hepatitis B as **Hep B**, and Polio as **IPV**.

#5 If your child has had chickenpox (varicella) disease and not the vaccine, **use only one** of these four options to record this on the CIS:

1) ☐ If your child's CIS is printed directly from the CHILD Profile Immunization Registry (by your health care provider or school system), and disease verification is found, box 1 is automatically marked. To be valid, this box must be marked by the Immunization Registry printout (not by hand).
2) ☐ If your health care provider (HCP) can verify that your child has had chickenpox, mark box 2. Then mark either 2A to attach a signed note from your HCP, or 2B if your HCP signs and dates in the space provided. Be sure your HCP's full name is also printed.
3) ☐ If school staff access the CHILD Profile Immunization Registry and see verification that your child has had chickenpox, they will mark box 3. Then, they must initial and date that they got parent or guardian approval to mark this box (i.e. make this change) to the CIS.
4) ☐ If your child started kindergarten in the 2008-2009 school year or later, you **CANNOT** use this box. If your child started kindergarten before the 08-09 school year, mark this box if you know he or she has had chickenpox. If you mark box 4, you must also write the approximate age or date your child had chickenpox. To find out which grades require chickenpox vaccine (or history), visit: http://www.doh.wa.gov/cfh/immunize/schools/vaccine.htm

#6 Documentation of Disease Immunity: If your child can show immunity by blood test (titer) and has not had the vaccine, have your health care provider (HCP) fill in this box. Ask your HCP to mark the disease(s), sign, date, print his or her name in the space provided, and **attach signed lab reports**.

#7 Be sure to **sign and date the CIS** in the upper right hand box, and return to school or child care.

#8 If a school or child care makes a change to your CIS, staff will print their name in the middle bottom box and date to show that you gave approval.

Vaccine Trade Names in alphabetical order (For updated lists, visit http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/us-vaccines-508.pdf)

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB	Hib	Engerix-B	Hep B	Ipol	IPV	Pentavalente	DTaP + Hep B + Hib	TriHIBit	DTaP + Hib
Adacel	Tdap	Fluarix	Flu (TIV)	Infanrix	DTaP	Pneumovax	PPSV or PPV23	Tripedia	DTaP
Afluria	Flu (TIV)	FluLaval	Flu (TIV)	Kinrix (Knrx)	DTaP + IPV	Prevnar	PCV or PCV7 or PCV13	Twinrix (Twnrx)	Hep A + Hep B
Boostrix	Tdap	FluMist	Flu (LAIV)	Menactra	MCV or MCV4	ProQuad (PrQd)	MMR + Varicella	Vaqta	Hep A
Cervarix	HPV2	Fluvirin	Flu (TIV)	Menomune	MPSV or MPSV4	Quadracel (Qdrcl)	DTaP + IPV	Varivax	Varicella
Comvax (Cmvx)	Hep B + Hib	Fluzone	Flu (TIV)	Pediarix (Pdrx)	DTaP + Hep B + IPV	Recombivax HB	Hep B		
Daptacel	DTaP	Gardasil	HPV4	PedvaxHIB	Hib	Rotarix	Rotavirus (RV1)		
Decavac	Td	Havrix	Hep A	Pentacel (Pntcl)	DTaP + Hib + IPV	RotaTeq	Rotavirus (RV5)		

Vaccine Abbreviations in alphabetical order (For updated lists, visit http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/us-vaccines-508.pdf)

Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus	Hep A (HAV) Hep B (HBV)	Hepatitis A Hepatitis B	MPSV or MPSV4	Meningococcal Polysaccharide Vaccine	Rota (RV1 or RV5)	Rotavirus
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hib	*Haemophilus influenzae* type b	MMR / MMRV	Measles, Mumps, Rubella / with Varicella	Td	Tetanus, Diphtheria
DTP	Diphtheria, Tetanus, Pertussis	HPV	Human Papillomavirus	OPV	Oral Poliovirus Vaccine	Tdap	Tetanus, Diphtheria, acellular Pertussis
Flu (TIV or LAIV)	Influenza	IPV	Inactivated Poliovirus Vaccine	PCV or PCV7 or PCV13	Pneumococcal Conjugate Vaccine	TIG	Tetanus immune globulin
HBIG	Hepatitis B Immune Globulin	MCV or MCV4	Meningococcal Conjugate Vaccine	PPSV or PPV23	Pneumococcal Polysaccharide Vaccine	VAR or VZV	Varicella

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388).

Meadowlane Christian School
5810 S. Meadowlane, Road
Spokane, WA 99224
509.327.4441

MEDICAL RELEASE FORM

(Authorization for Treatment of a Minor)

It is difficult to obtain medical services for injured children without first obtaining parent/guardian consent in writing. So proper emergency assistance may be provided, we ask you fill out the following, sign and return it to Meadowlane Christian School.

Child's Name: ______________________________ Birth Date: ____________
Last First Middle

Address: ______________________________ Home Phone: ____________

Mother/Guardian's Name: ______________________________ Cell Phone: ____________

Work Place and Location: ______________________________ Work Phone: ____________

Father/Guardian's Name: ______________________________ Cell Phone: ____________

Work Place and Location: ______________________________ Work Phone: ____________

Emergency Contacts Name and Phone:
(Please list the minimum of 2 and list any additional on the back)

Name: ______________________ Phone: __________ Cell Phone: __________

Relationship to Child: ______________________

Name: ______________________ Phone: __________ Cell Phone: __________

Relationship to Child: ______________________

Physician's Name: ______________________________ Phone: __________

Allergies (drugs or food): ______________________________

____

Current Medications: ______________________________

Last Tetanus Immunization: __________ Date

Other Information Necessary for Treatment: ______________________________

____

Insurance Company: ______________________ Policy #: ______________

If I am unable to be reached to provide consent for medical care, I, the undersigned parent or legal guardian of ______________________, a minor, authorize Meadowlane Christian School and their staff/faculty members in charge of my child to consent in any emergency situation to any medical of surgical procedure and to obtain all necessary medical care for my child and I hereby authorize any licensed physician and/or medical personnel to render necessary treatment to my child.

Signed: ______________________________ Date: ____________
Parent/Guardian

Witness: ______________________________ Date: ____________

6a

MEADOWLANE CHRISTIAN SCHOOL

PRESCHOOL PARENT SURVEY

Please provide the following information as you feel comfortable. The information will help the preschool staff work more efficiently with your child.

Child's Name____

Birthday__________________________ Sex: Female Male

Home Church____

Is your child baptized? Yes No Baptism date__________________

Names and ages of child's brothers and sisters:

____

____

____

Were there difficulties with the child's birth or delivery? Yes No
If yes, briefly describe.

Is this child adopted? Yes No

If yes, does the child know? Yes No

Have there been upsetting events in this child's life, such as moves, parental separations, divorce, death, etc.? Briefly describe.

Please share the child's usual routine:

Arises: ______________ Naps: ________________ Bedtime: _______________

What regular meals and snacks does this child eat?

Describe briefly child's interests, favorite books, favorite activities.

Continued on the back →

66

MEADOWLANE CHRISTIAN SCHOOL
PRESCHOOL PARENT SURVEY

Please comment on any problems this child may have with....

_____Bedtime

_____Eating

_____Bathroom use

_____General health or allergies (If allergies, please fill out the Allergy Form)

_____Reactions to separation from parent

Parents: What are your favorite hobbies or talents which you might share with the preschool?

Are you available to drive for field trips? Yes No
(Drivers are required to provide information on driving record and vehicle insurance)

Share your special concerns and/or hopes for your child this year in preschool.

Meadowlane Christian School

Read Parent Handbook

Welcome to Meadowlane Christian School! We hope this year will be an enjoyable experience for both you and your child.

A copy of our "Parent Handbook" is attached. We encourage you to take time to carefully read this important booklet. It will answer many questions you may have about Meadowlane Christian School's policies and procedures. If after reading the booklet, you find you have additional questions, be sure to ask the teacher.

After you have read the "Parent Handbook" please sign below and return this form with your other enrollment forms.

Thank You!

I have received and read the "Parent Handbook"

Child's Name: ______________________________

Parent's Signature: ___________________________

Date: ______________________

8a

Meadowlane Christian School
TUITION POLICY

Meadowlane Christian School requires that tuition and fees be paid in the following manner:

1. Payment of a one-time per school year registration fee to confirm enrollment.

2. Payment of one full month's tuition at Aug. open house or before September 1 (or due at the time of enrollment) which will be applied to May's tuition; therefore, no payment is due in May.

3. Each month's tuition, starting in September, is to be paid in full before the 10th of each month. No monthly invoices or statements will be issued. Please use the provided payment coupons to ensure that your account is accurately credited.

4. Any late pick-up fees are due at the time they occur. A late pick-up fee of $10.00 will be charged for each 10 minutes a child is left beginning at 11:40 a.m. and 3:10 p.m.

A late fee of $25 will be assessed after the 10th of the month and each month thereafter until the account is current. If the account is not current by the end of the month, your child will not be allowed to attend preschool.

A fee of $30 will be assessed for any checks or electronic payments returned for any reason.

The monthly tuition payment is equal to 1/9 of the yearly preschool tuition and **will not be reduced or refunded because of vacation time, sick time or snow days.**

Families with multiple children attending Meadowlane Christian School may apply for a sibling discount. Tuition for the oldest child is full tuition; additional children can receive a 10% tuition discount. Parents must request this discount in writing.

Your tuition payment can be made by check or cash to the secretary in the office or you may wish to make your payment electronically. Contact the school treasurer for information on electronic payment.

Please accept and keep a receipt for any cash payments. When making a payment by check or cash, always use the Coupon Book provided to ensure that your account will be credited properly.

A payment record will be kept available to you as needed. You may call the office at 327.4441 to verify that the office is open when you wish to come in. You may also mail your payment to:

Meadowlane Christian School
5810 S. Meadowlane Road,
Spokane, WA 99224

8b

Meadowlane Christian School

TUITION FEE AGREEMENT

This Agreement is made between the named parent(s)/guardian(s), herein after referred to as "Parent", and Meadowlane Christian School, herein after referred to as "School", for the purpose of establishing rights and liabilities of the parties with respect to the payment of fees.

NON-PAYMENT AND LATE PAYMENTS:
The parent understands that continued enrollment is conditional upon prompt payment of tuition on or before due dates. Since Meadowlane Christian School is operated primarily on the basis of tuition, it is important to make tuition payments promptly and on schedule.

The parent agrees to make their tuition payment on the 1st of each month. It is considered late if not paid in full by the 10th of the month and a $25 late fee will be assessed. If account is not current by the 30th of the month the child/children will be excluded from school. As soon as the account is current the child/children will be allowed to resume school. The school board will handle extenuating circumstances.

The parent understands that no letters, statements or phone calls will be expected from the school regarding past due accounts. It is the sole responsibility of the parent to see to it that the account is kept current.

The parent agrees to pay all costs of collection of delinquent accounts including but not limited to any court costs and reasonable attorney's fees.

The parent agrees to pay a fee of $30 on all returned/NSF checks or electronic payments for any reason.

It is mutually agreed that the acceptance by the school of any payment after its due date does not waive its right to require prompt payment of any and all other payments.

ABSENCE OR WITHDRAWAL OF STUDENT/S:
The parent understands that all students are enrolled for the entire year and a full year's tuition must be paid. The parent agrees that they are not relieved of their obligation to make tuition or other billable item payments herein agreed to. No deduction or allowance from any of said payments shall be made by reason of absence, or suspension of any student(s). HOWEVER – in the event that any student(s) is withdrawn before the end of the school year, a two week notice is required and tuition payment is due in the following manner:

a. Cost Per Day – Based on preschool days per school calendar.
b. In case of withdrawal the parent's responsibility for tuition will be equal to the number of school days enrolled (including the two week notice of withdrawal) times cost per day.
c. Student Records will be retained until Parent Receivables Account is paid in full.

OTHER SUSPENSIONS:
It is mutually agreed between the parties that nothing in this agreement shall be construed to limit the right of the principal to suspend any student for any just cause other than non-payment of basic tuition or other billable items.

Signature of School Board Member Date	Signature of Parent/Guardian Date
Printed name of signature above	Printed name of signature above

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Meadowlane Christian School
Volunteer Background Check
Confidential

Thank you for your interest in volunteering at MCS. We are asking all who wish to volunteer and help out with any activities, whether in the classroom or offsite, to fill out and submit the form below along with a photocopy of his/her current driver's license. The background check will be kept on file in the office.

Some of the information requested may seem like an intrusion of your privacy, but when it comes to the safety and welfare of your children, we'd rather err in the side of caution. We want to make sure that Meadowlane Christian School is a safe and fun Christ-centered environment.

Basic Information:

Name: ____ D.O.B. __________
Last First Middle

Address: ____
Street Address City State Zip

Phone Numbers: ____
Home Work Cell

Best time to reach me at home: ______________________________

May we call you at work? ☐ Yes ☐ No

Email: ______________________ Driver's License No.: ______________________

References:

Please provide three character references (other than family members) who can identify your strengths and weaknesses and describe your background.

1. ____
Name Address Home/Work Phone Relationship

2. ____
Name Address Home/Work Phone Relationship

3. ____
Name Address Home/Work Phone Relationship

Background Information:

Have you, at any time, been involved in or accused, rightly or wrongly, of sexual abuse, maltreatment, or neglect or been involved romantically with any minor after you became an adult? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No

Are you using illegal drugs or have you ever gone through treatment for alcohol or drug abuse? ☐ Yes ☐ No

Have you been a victim of any form of child abuse? (optional) ☐ Yes ☐ No

Is there anything in your past or current life that might be a problem if we found out about it later? ☐ Yes ☐ No

If the answer to any of the background information questions is "yes" it will be discussed during your confidential interview.

I, the undersigned, give my authorization to Meadowlane Christian School representatives to verify the information on this form. MCS may contact my references and appropriate government agencies as deemed necessary in order to verify my suitability as a volunteer.

The information contained on this form is correct to the best of my knowledge. I authorize any references listed on this form to give you any information (including opinions) that they may have regarding my character and fitness for service. I waive any right that I may have to inspect any information provided about me by any person or organization identified herein.

I further state that **I have carefully read and understand the foregoing release and know the contents thereof, and I sign this as my own act.** This is a legally binding agreement.

Signature: ______________________________ Date: __________