

*Graduating  
Christian  
Leaders  
since 1983*  
**MVCS**  
*Leadership Institute*

**mvcs.net**



## MOUNTAIN VIEW CHRISTIAN SCHOOLS

### DISCOVER YOUR PURPOSE

We teach the TRUTH about how God created the world and everything in the world - and that includes YOU!! Everything that we do at Mountain View Christian Schools is designed for each child to understand that they are uniquely created and LOVED by God.

### DEVELOP YOUR PASSION

Every day, we reinforce and sharpen each child's unique gift (Romans 12). We teach our students to recognize the passions God has placed in them (Psalm 37:4). We mentor our students on expressing those passions in a healthy manner (Galatians 5).

### MAKE A DIFFERENCE

Our students will graduate from Mountain View Christian Schools with an unshakable confidence in the calling that God has placed upon their lives (Matthew 28). They will be able to apply their God-given gifts to serve the needs of the world.

# Preschool - High School



301 S. Maryland Parkway - Las Vegas, NV

(702) 382-8610

## 2022-23 REGISTRATION PACKET • PRESCHOOL

Thank you for your interest in Mountain View Christian Schools. As we embark upon our 39<sup>th</sup> year of Christian education, we continue to be driven by our mission to graduate Christian Leaders, who by their commitment to academic excellence and spiritual vitality will transform the world for Jesus Christ.

MVCS prepares our Preschoolers for their first year of Kindergarten. The MVCS Preschool is a developmental program with a Biblically based curriculum rooted in the Truth of Scripture. Our Preschool program uses *Abeka* curriculum which offers our students an excellent learning experience that is catered to their age group. Students will be introduced to Art, Science, Math, Letter and Number Recognition, as well as Bible. At the very core of our Preschool is our loving, caring, talented, professional staff who are committed to serving the Lord.

Our Preschool offers unique programs for students ranging from the age of 4 months to six years old. All of our preschool teachers are CPR and First Aide Certified. The MVCS Preschool program follows Childcare Licensing and meets all Southern Nevada Health Department Standards.

In His Service,

Raymond LeBoeuf  
Principal  
MVCS

#### Items Included in Your Packet:

- Application for Admission
- Tuition and Fee Guidelines
- Enrollment Incentives
- Enrollment Form and Tuition Contract
- Financial Policy
- Information and Authorization Form
- Internet Usage Policy
- Cooperative Guidelines
- Family Statement
- NV State Immunization Requirements

## ACCEPTING URBAN LEAGUE

#### Items to be Returned with Your Packet:

- All forms and contracts are signed
- Current updated shot records\*
- **Original birth certificate\* - REQUIRED AT REGISTRATION**
- Preschool Medical Pre-Examination Form
- Copy of State ID for all custodial parents
- Copy of legal documentation for guardian/custody^

\* We will copy and return to you

^ If applicable



Las Vegas Urban League  
Child Care Subsidy Program  
Connecting and Empowering Kids with Resources

MVCS and its staff are accredited by the Northwest Association of Accredited Schools (NAAS) and The Association of Christian Teachers and Schools (ACTS). MVCS is exempt from the provisions of the Private Elementary and Secondary Authorization Act (NRS 394.211). MVCS does not discriminate on the basis of race, color, gender, national or ethnic origin.

# Mountain View Christian Schools

## 2022-23 APPLICATION FOR ADMISSION (Preschool)



### STUDENT INFORMATION

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Gender: M / F Date of Birth: \_\_\_\_\_

Grade entering in 2022-23: \_\_\_\_\_

### ADDITIONAL INFORMATION

Thank you for making the choice to attend Mountain View Christian Schools. How did your family hear about MVCS?

- |   |  |
|---|--|
| <input type="checkbox"/> MVCS Parent        | <input type="checkbox"/> Internet/Social Media |
| <input type="checkbox"/> MVCS Alumni        | <input type="checkbox"/> Advertisement         |
| <input type="checkbox"/> Neighbor/Friend    | <input type="checkbox"/> Local Church          |
| <input type="checkbox"/> Driving By         | <input type="checkbox"/> News Media            |
| <input type="checkbox"/> Other: _____       |  |
| <input type="checkbox"/> Referred By: _____ |  |

Student's ethnic origin (This information is not used to determine admissibility. MVCS does not discriminate on the basis of race, color, gender, national or ethnic origin).

- |  |  |
|--|--|
| <input type="checkbox"/> African-American        | <input type="checkbox"/> Native American     |
| <input type="checkbox"/> Asian, Pacific Islander | <input type="checkbox"/> White, non-Hispanic |
| <input type="checkbox"/> Hispanic                | <input type="checkbox"/> Other: _____        |

Parent Primary Language: \_\_\_\_\_

Who is financially responsible for this child? \_\_\_\_\_

Who does the child reside with? \_\_\_\_\_

How many siblings attend MVCS? \_\_\_\_\_

Who has legal custody of this child?\* \_\_\_\_\_

*\*Please complete custody information box to the right (if applicable)*

### PARENT / GUARDIAN INFORMATION

#### Mother / Guardian

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Social Security #: \_\_\_\_\_

e-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_

#### Father / Guardian

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Social Security #: \_\_\_\_\_

e-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_

### - Custody Information -

*(A copy of the legal paperwork provided by the court must be given to MVCS)*

Parents are:

- |                                   |  |   |                                    |
|-----------------------------------|--|---|------------------------------------|
| <input type="checkbox"/> Married  | <input type="checkbox"/> Mother Deceased | <input type="checkbox"/> Mother Remarried | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Father Deceased | <input type="checkbox"/> Father Remarried | <input type="checkbox"/> Other     |

What are the legal parameters for the non-custodial parent to see or pick up child?

If parents are divorced or separated to whom should school correspondence be sent?

What days of the week does the child spend with their Father?

What days of the week does the child spend with their Mother?

# Mountain View Christian Schools

## 2022-23 INFORMATION / AUTHORIZATION



### EMERGENCY FAMILY INFORMATION

Student's First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Gender: M / F Date of Birth: \_\_\_\_\_

Grade entering in 2022-23: \_\_\_\_\_

In the case of an emergency, MVCS will contact the following people **based upon the order in which they are listed.**

**Please list parent and/or guardians first,** then list additional individuals who are authorized to pick up your children.

#### **Mother / Guardian**

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

Ph: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

#### **Father / Guardian**

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

Ph: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

#### **Additional Individuals Authorized for child pick up**

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

Relationship to student: \_\_\_\_\_

Ph: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

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

Relationship to student: \_\_\_\_\_

Ph: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

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

Relationship to student: \_\_\_\_\_

Ph: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

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

Relationship to student: \_\_\_\_\_

Ph: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

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

Relationship to student: \_\_\_\_\_

Ph: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

### MEDICAL INFORMATION

Check if your child has a history of any of the following:

☐ Asthma

☐ Blood Disorder

☐ Diabetes

☐ Epilepsy

☐ Heart Problems

☐ Sickle Cell Anemia

☐ Seizures

☐ Allergies (please list): \_\_\_\_\_

☐ Food Allergies (please list): \_\_\_\_\_

☐ Medications taken (please list): \_\_\_\_\_

☐ Other (please list): \_\_\_\_\_

☐ IEP\*

☐ ADHD, ADD\*

☐ 504 Plan\*

*\*If you checked any of these boxes,  
please submit records upon enrollment*

In the event of an accident or illness before, during or after school including field trips and sporting events to the above mentioned child, I (parent or guardian) do hereby authorize Mountain View Christian Schools to secure any necessary medical treatment. In the further event that I cannot be contacted immediately for notification or shall fail or refuse to remove the child after notification of illness and request for removal of the child, I hereby authorize MVCS to take appropriate action for the removal of the child from the premises. I also hereby agree to be responsible for all costs and expenses connected with examination, diagnosis, removal, or treatment of the child.

Student's Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_

\_\_\_\_\_  
Mother/Guardian Signature (required)

\_\_\_\_\_  
Father/Guardian Signature (required)

### FACTS AUTHORIZATION

I understand that it is my responsibility to designate authorized users to my student(s) FACTS account.

\_\_\_\_\_  
Mother/Guardian Signature (required)

\_\_\_\_\_  
Father/Guardian Signature (required)

2022-23 PRESCHOOL TUITION, FEES AND DISCOUNTS



Weekly Tuition Rates*	5-Day Program	3-Day Program	Half-Day Program^
Nursery (4 - 16 months)	\$220		
Toddler (16 months - 2 years old)	\$205	\$185	
2-year old	\$180	\$160	
3-year old and up	\$165	\$145	\$145

\* All Preschool programs run from August to May (Summer Preschool Program runs from June to mid-August)

^ Half-Day program runs daily from 8a.m. to 12p.m.

**Registration Fee** \_\_\_\_\_

All programs \$75

**Lunch Fees** \_\_\_\_\_

Lunch \$5.25

**Graduation Fee** \_\_\_\_\_

Pre-Kindergarten \$25

**USDA Free and Reduced Lunch**  
(Upon approval of application)

**Extended Care** \_\_\_\_\_

Hourly Options:

- Morning Hours: 7a.m. to 8a.m.
- Afternoon Hours: 3:30p.m. to 5p.m.

Extended Care Rates:

- \$12 per day
- **After 5p.m.** - \$1 per minute charge, PER CHILD

Extended Care hours are billed monthly.

Extended Care charges are NOT drafted by FACTS. These charges must be paid manually through FAMILY PORTAL/FACTS.

**Discounts** \_\_\_\_\_

- Full-Time Pastor - 15% (must be custodial parent, provide copy of ordination license, and pay stub)
- Active Duty Military - 20% (must be custodial parent and present active duty military ID during enrollment)
- Alumni - 15% (must be custodial parent and a graduate of MVCS)
- Full-Time First Responders - 15% (Active Law Enforcement, Fire Fighter, EMT)  
(must be custodial parent, provide recent pay stub, and present current badge during enrollment)

Total discounts CANNOT exceed 20% and do NOT apply for Preschool Summer Program

# Mountain View Christian Schools

## 2022-23 PRESCHOOL TUITION CONTRACT



### Tuition Schedule \_\_\_\_\_

Please list all Preschool students enrolling in MVCS. Each student's age level is determined by their age as of September 30, 2022. Please use the chart below to calculate your weekly tuition amount.

Student Name	Age 2022-23	Program	Registration Fee	Tuition	Incentives	Student Total
<i>*Weekly tuition rates <b>DO NOT INCLUDE</b> extended care. Rates are subject to change based upon the ratio requirements determined by the city of Las Vegas.</i>						<b>Total Weekly Tuition</b>

### Payment Options \_\_\_\_\_

Please select one of the following options. MVCS accepts Discover, MasterCard, and Visa. or ACH.

☐ I will pay one (1) payment of \$\_\_\_\_\_ to pay my tuition in full.

Tuition payments are made online through your *FACTS* account.

☐ Bank Draft Weekly

☐ Bank Draft Bi-Weekly

☐ Bank Draft-Monthly

### MVCS Scholarship Fund \_\_\_\_\_

☐ I would like to assist students in attending MVCS by donating \$\_\_\_\_\_ per month or \$\_\_\_\_\_ as a one-time gift.

### Extended Care

**Hourly Options** (Morning hours: 7a.m. - 8a.m.; Afternoon hours 3:30p.m. - 5p.m.) - **\$12 per day^**

**^After 5p.m., there is a \$1 per minute charge, PER CHILD. Extended Care hours are billed monthly.**

### Financial Agreement \_\_\_\_\_

I/We affirm the financial responsibility to pay this tuition contract. By signing below I/we understand that I/we am entering into a legal and binding agreement with MVCS. I/we affirm the financial capability of maintaining the tuition and any miscellaneous charges incurred by the students listed above for the 2022-23 school year. I/We understand that tuition payments are due as selected above. I/We understand and agree with all the consequences of my account falling delinquent as outlined in the Financial Policies of MVCS. I/We understand that any changes to this contract may result in a \$25 reprocessing fee.

I/We understand that the signature(s) below affirm all of the information contained in this application is correct, complete, and honestly presented. I/We understand withholding or misrepresenting information on this application may jeopardize my child's admission to MVCS. I/We agree to pay all collection expenses to MVCS that may incur in collecting a delinquent balance, any returned check fee, attorney's fees, court costs, and filing fees (including charges or commissions that may be assessed by a collection agency retained to pursue a delinquent matter). Collection fees will be 40% for regular collections and 50% for legal collections or forwards, which may be as much as twice the original principle balance. I/We further agree to pay interest of 2% per month (24% per year) from the date an account becomes delinquent.

☐ I have read and understand the Financial Policies of MVCS (Page 6 of the application packet).

☐ I have elected to have a co-signer for this tuition contract. I acknowledge my financial responsibility to pay this tuition contract if the co-signer defaults.

Parent/Guardian signature (Mother): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature (Father): \_\_\_\_\_ Date: \_\_\_\_\_

#### - For Office Use Only -

Office Date Stamp:

Start Date:

Staff Initial:

Exam:

Reg Fee:

Shot Records:

Copies made:

Birth Certificate:

2022-23 FINANCIAL POLICIES - PRESCHOOL



**REGISTRATION FEES** — are non-refundable and non-transferable. The total amount of the registration fee of \$75 is due and obligated upon registration of the student. For students enrolling for the next school year, the fees are due every year and are non-negotiable.

**TUITION PAYMENT POLICY** — I understand the preschool tuition for my child is required to be set up through the school's *FACTS* system.

**DAYS OFF (VACATION)** — I understand that if my child is enrolled in the 5-day program, he/she will receive 10 days of vacation time and must be used one full week at a time. After that, I will have to pay the regular weekly rate, even if my child is not in attendance. I understand that if my child is on the 3-day or half-day program, he/she is allowed 5 days of vacation time. After that, I will have to pay the regular weekly rate, even if my child is not in attendance. I understand that I'm enrolling my child for the full year (August - May). If I wish to withdraw my child for the summer, it must be done by June 1<sup>st</sup>. I understand that my total vacation is prorated based upon the date of enrollment. Additional vacation time needed (or time needed due to an extended illness) that is at least three (3) consecutive days long are subject to a 60% weekly charge to hold the student's enrollment spot. ***Annual tuition fees do not include days when school is not in session (i.e. holidays, Christmas Break and Easter Break)***

**RETURNED ITEMS** — All returned items, including checks or ACH Payments, ***will be charged a \$30.00 returned item fee.*** The check will automatically be re-deposited unless we have received communication from you giving us other instructions. If two of your personal checks are returned for insufficient funds, you will be required to make all future payments with either, a cashier's check, cash, money order, or credit card.

**LATE PAYMENT** — All tuition payments outlined in your tuition contract are due based on due date. When the due date falls on a holiday, weekend or when the facility is closed, tuition is due on the following business day.

**DELINQUENT ACCOUNTS** — Any MVCS account that becomes thirty-five days (35) past due will result in the following consequences until the account is brought current. Students may be dismissed/suspended from school.

**TERMINATION OF CONTRACT** — MVCS reserves the right to terminate this contract at the discretion of the administration. Please refer to the Cooperative Guidelines page contained in this registration packet.

**EXTENDED CARE** — Students who are on campus before 8:00a.m. and after 3:30p.m., are required to be checked into the Extended Care Program. Please address your questions about this program to the school office. Campus hours are 7:00a.m. to 5:00p.m., and the cost for this service will be billed monthly on your account. You will be notified by e-mail when the charge has been applied. You may request a detailed monthly time sheet from the Business Office. Rates for extended care are outlined on the Tuition and Guidelines page of this registration packet. ***Charges are due with the next tuition billing cycle.*** Extended Care charges are NOT drafted by *FACTS*. These charges must be paid manually through FAMILY PORTAL/*FACTS*.

**URBAN LEAGUE** — All parents using EOB benefits from Urban League are to contact their Urban League case worker to inform them that MVCS is their facility of choice. ***You are required to update your case worker of any child or address changes.*** Also, you are required to apply for the renewal of your certificate 30 days prior to expiration and all co-pays must be paid on time.

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



## NV State Required Immunizations for Enrollment

NRS 394.192 Immunization of pupils: Certificate prerequisite to enrollment; conditional enrollment; effect of failure to immunize; report to Health Division; inclusion of certificate in pupil's record. Unless excused because of religious belief or medical condition, a child may not be enrolled in a private school within this State unless the child's parents or guardian submit to the governing body of the private school a certificate stating that the child has been immunized and has received proper boosters for that immunization or is complying with the schedules established by regulation pursuant to NRS 439.550 for the following diseases:

### 5 DTaP/DPT (Minimum age: 2 months) if series was started before age 7

- 1st and 2nd dose & 2nd and 3rd dose must be separated by 4 weeks
- 5th dose not needed if 4th dose given on or after 4th birthday
- 4th dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the 3rd dose. \*4th dose does not need to be repeated if it was administered at least 4 months after the 3rd dose (see 6-2015 Memo NV State IZ Clarification Letter posted in Immunization icon)
- See Tdap for catch up schedule if series started age 7 or older\*

### 2 Hepatitis A (Minimum age: 12 months)

- 2nd dose must be given at least 6 months after the 1st dose.  
(Required for students new to Nevada or District after July 1, 2002)

### 3 Hepatitis B (Minimum age: 2 months)

- 1st and 2nd dose must be separated by 4 weeks
- 2nd and 3rd dose must be separated by at least 8 weeks
- 3rd dose at least 16 weeks after the 1st dose. (Minimum age for final- 3rd or 4th dose: 24 weeks)  
(Required for students new to Nevada, or new to District after July 1, 2002)

### 2 MMR\*\* (Minimum age: 12 months)

- 1st and 2nd dose must be separated by at least 4 weeks
- 2nd not required until on or after the 4th birthday, but may be given sooner if separated by at least 4 weeks

### 1 MCV4 or MenACWY (MENINGOCOCCAL) (Minimum age: 11 years)

- Required for 7th grade enrollment after June 30, 2017 (and all students new to District between 8th and 12th grade).
- Must receive at least 1 dose of MCV4 on or after age 10 years. (Does not apply to students enrolled before July 1, 2009)

### 3 Polio/IPV/OPV (Minimum age: 2 months)

- 1st and 2nd dose must be separated by 4 weeks
- 3rd dose must be given on or after 4th birthday
- Final dose at least 6 months after the previous dose (on or after 4th birthday)

### 1 Tdap

- Required for 7th grade enrollment and all students grade 8th - 12th \*Catch up schedule – Students age 7 or older, who are not immunized with the childhood DTaP/DPT vaccine series, should receive Tdap vaccine as the initial dose in the catch up series. If additional doses are needed, use Td vaccine.
- A total of 4 doses DTaP/DTP/Td/Tdap combination is needed if first doses given less than 12 months of age. Dose 3 and 4 must be 6 months apart. 4th dose does not need to be repeated if it was administered at least 4 months after the 3rd dose
- A total of 3 doses DTaP/DTP/Td/Tdap combination is needed if first dose given at 12 months and older. Dose 2 and 3 must be 6 months apart

### 2 Varicella/Chicken Pox (Minimum age: 12 months) Required for students new to Nevada, or new to District after July 1, 2011

- 1st and 2nd dose should be separated by at least 3 months for 12 months through 12 years, however dose is valid if separated by 4 weeks
- 13 years and older 1st and 2nd dose must be separated by 4 weeks
- Physician verification of past disease required for exemption\*\*Live vaccines (MMR and Varicella) must be separated by 28 days if not given on the same day.

☐ I have provided MVCS with my student's updated Immunization Records

☐ I have provided MVCS with a Medical Exempt Form

☐ I have provided MVCS with a Religious Exempt Form

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Mountain View Christian Schools

## 2022-23 COOPERATIVE GUIDELINES



*This page will serve as an agreement of understanding between  
your family and our school.*

1. I/We understand that the Board of Mountain View Christian Schools is final authority over school-related situations.
2. I/We agree to abide by all MVCS published rules and regulations.
3. I/We agree to abide by all guidelines for parent/guardian conduct at MVCS Athletics contests that are published in the Student/Parent Athletics Packet.
4. I/We understand that the 2022-23 Parent/Student Handbook is posted on the internet in a printable format. Therefore the rules and provisions contained within are a binding agreement with Mountain View Christian Schools.
5. I/We will encourage my/our student to comply with all school regulations and standards including the completion of the Student Code of Conduct form (page 9 of this registration packet).
6. I/We give the faculty and administration discretion to employ discipline as is deemed wise and expedient for my student.
7. I/We will take an active role in my/our student's education. This will include following through with homework assignments, special work, slips that need to be signed, etc.
8. I/We will support the spiritual training given to my/our student.
9. I/We agree to accept the responsibility for any damage done by my/our student at the school.
10. I/We understand that the MVCS administration reserves the right to terminate the educational partnership between the school and family if an unresolved division persists between ourselves and the school faculty or administration.
11. I/We understand that the school reserves the right to dismiss any student who chooses not respect its spiritual standards or cooperate in the school's academic program.
12. I/We agree that based upon Matthew 18:15-20 and I Corinthians 6:1-8 that the Bible commands us to make every effort to live in peace and to resolve conflicts with each other in private. Therefore, by signing this Cooperative Guidelines you agree that any claim or dispute arising out of or related to this agreement shall be resolved by Biblically based mediation and, if necessary, binding arbitration in accordance with the Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation (peacemaker.net). The parties understand that these methods shall be the sole remedy for any controversy or claim arising out of this agreement and expressly waive their rights to file a lawsuit in any civil court against one another for such disputes, except to enforce an arbitration decision.
13. In light of Matthew 18:15-18 I/We understand and agree to the principle of refraining from the discussion of a disagreement with the teachers, staff, administration and/or policies of MVCS in front of students and/or other adults.
14. I/We understand that MVCS holds multiple accreditations and is exempt from the provisions of the Private Elementary and Secondary Education Authorization Act (NRS 394).
15. I/ We agree to notify MVCS immediately in writing of the existence of any custody dispute involving the student, including any custody dispute existing at the time of this contract.
16. I/We will notify the School Office of any changes in address, phone number, employment, or emergency phone number.
17. I/We will notify the School Office of any additional person(s) authorized to pick up my/our child(ren). I/We understand that it is required to have a note on file allowing my/our child(ren) to walk home from school, transport or be transported by another student or their family.
18. I/We agree to the use my child's picture and/or accomplishments in MVCS yearbook, publications, and advertisements.
19. I/We will request copies of the academic and behavioral records of my child from his/her current school.
20. I/We understand that the registration fee is non-refundable and non-transferrable and must accompany the application.
21. I/We understand that the MVCS and Saints Athletic Department logos are the property of MVCS and cannot be used or duplicated without expressed written consent of MVCS Administration.

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Mother/Guardian Signature

---

Date

---

Father/Guardian Signature

---

Date



**2022-23 PRESCHOOL (Infant - 5 year old)**  
**PRE-ADMISSION MEDICAL EXAMINATION FORM**

**\*THIS FORM MUST BE FILLED OUT BY CHILD'S PHYSICIAN\***

*This form is required to be completed and turned into the office within the first 10 school days after registration*

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Name of Doctor or Health Agency \_\_\_\_\_

Doctor's Address \_\_\_\_\_

Doctor's Telephone Number \_\_\_\_\_

Date of Pre-Admission Exam \_\_\_\_\_

Is there any reason why this child cannot be immunized? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does this child have any special problem or condition which a general child care program would be unable to support? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Result of examination \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date

2022-23

## PERMISSION TO RELEASE INFORMATION

I understand that the time my child, \_\_\_\_\_ is in the facility, that the Director may be asked for information regarding my child.

*Please select one:*

\_\_\_\_\_ I hereby give permission to release the information to official persons only, who identify themselves, such as schools, health care personnel, welfare or other government officials.

\_\_\_\_\_ I do not give permission to release the information about my child as set forth in the aforementioned statement. I realize that the Bureau of Services for Child Care has access to my child's record as the licensing agent.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## FIELD TRIP PERMIT

\_\_\_\_\_ I understand that during the year my child may take part in field trips and educational excursions, either by bus, private car, or on foot. I further understand that my child will be chaperoned by a responsible adult at all times away from the facility. I understand that my child will not take part in field trips without my permission/consent beforehand.

Should any accident occur while my child is away from the facility on the aforementioned trip, I shall not hold the child's caretaker, members of the facility, and its employees, nor any participating adult liable.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

I, \_\_\_\_\_ am aware that I have the right to request and view any complaints the facility has received for the month (my children) enrolled in and the previous 12 months.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**THIS FORM IS REQUIRED BY THE STATE LICENSING DEPARTMENT**

**\*Please complete this form and return it to your child's classroom teacher\***

**CHILD'S NAME:** \_\_\_\_\_

**TEACHER:** \_\_\_\_\_

\_\_\_\_\_ My child does not have any allergies

\_\_\_\_\_ My child is allergic to the following:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ My child has the following medical condition:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Other pertinent medical information regarding my child:

\_\_\_\_\_  
\_\_\_\_\_

**INFANTS:**

Feeding needs: \_\_\_\_\_

Personal care instructions:

\_\_\_\_\_  
\_\_\_\_\_

**PARENTAL ADVISORY:** In accordance with Nevada Health department regulations we are informing that we periodically enlist the services of pesticide companies and/ or pesticide products. We will notify preschool families when that is scheduled. Additionally, air fresheners are used in the classrooms in accordance with health department. If you have any questions or concerns, please call the school office at 702-382-8610 to schedule an appointment.