



HEIGHTS CHRISTIAN SCHOOLS

HCS-Intermediate/Junior High • HCS-Brea • HCS-Chino Hills • HCS-La Mirada

TUITION AND FEE SCHEDULE • 2019-2020

International Visitor

ACADEMIC PROGRAM

REGISTRATION FEE: \$2,999 Due at Registration; Non-refundable
Flat rate, for visit up to two months

- ◆ Visitors may attend at any time during the school year.
- ◆ **1st Semester:** early September to late January
- ◆ **2nd Semester:** late January to early June
- ◆ **Summer Break:** June, July, August
During summer break, our summer program is available at all three of our elementary schools. Our summer program is open to all children in the community who are *entering* grades K-7th.

FEE INFORMATION

- ◆ Application and Registration Fees are non-refundable and must be paid up-front and in-full.
- ◆ The Registration Fee is for up to a two-month visit. Visits can be extended for an additional fee.
- ◆ The fees include processing and office records, consumable supplies, textbook usage, activity fees, and special accommodations.
- ◆ Any additional fees incurred (such as for daycare or extracurricular activities) will be due on the 1st of the month. A late fee of \$25 will be applied to any account balance not paid by the 5th of the month.
- ◆ A service charge of \$40 will be assessed for each returned payment, such as NSF check or NSF e-check. After two occurrences of returned payments, *only* cash, credit or money orders will be accepted for future payments.

ADDITIONAL INFORMATION

- ◆ During registration, visitors must submit to our school a copy of their **Immunization Record** (translated and certified) and **Passport**.
- ◆ Visitors are *not* issued I-20s, and do *not* receive academic credit for learning done during their visit.

EXTENDED DAYCARE PROGRAM

BREA (TK-4)

	TIME	YEARLY	10 PAYMENTS	12 PAYMENTS
Morning	6:30AM-8:00AM	\$750.00	\$80.00	\$66.67
Afternoon	3:00PM-4:30PM	\$975.00	\$102.50	\$85.42
Late Afternoon	3:00PM-6:00PM	\$1270.00	\$132.00	\$110.00
Combined	6:30AM-6:00PM	\$1900.00	\$195.00	\$162.50

CHINO HILLS (K-6)

	TIME	YEARLY	10 PAYMENTS	12 PAYMENTS
Morning	6:00AM-8:30AM	\$885.00	\$93.50	\$77.92
Late Afternoon	3:00PM-6:30PM	\$1300.00	\$135.00	\$112.50
Combined	6:00AM-6:30PM	\$1970.00	\$202.00	\$168.33

LA MIRADA (TK-4)

	TIME	YEARLY	10 PAYMENTS	12 PAYMENTS
Morning	6:30AM-8:00AM	\$750.00	\$80.00	\$66.67
Afternoon	3:00PM-4:30PM	\$975.00	\$102.50	\$85.42
Late Afternoon	3:00PM-6:00PM	\$1270.00	\$132.00	\$110.00
Combined	6:30AM-6:00PM	\$1900.00	\$195.00	\$162.50

INTERMEDIATE (5-6)

	TIME	YEARLY	10 PAYMENTS	12 PAYMENTS
Morning	6:30AM-7:15AM	\$750.00	\$80.00	\$66.67
Afternoon	3:00PM-4:30PM	\$975.00	\$102.50	\$85.42
Late Afternoon	3:00PM-6:00PM	\$1270.00	\$132.00	\$110.00
Combined	6:30AM-6:00PM	\$1900.00	\$195.00	\$162.50

JUNIOR HIGH (7-8)

	TIME	YEARLY	10 PAYMENTS	12 PAYMENTS
Morning	6:30AM-7:15AM	\$430.00	\$48.00	\$40.00
Afternoon	3:00PM-4:30PM	\$715.00	\$76.50	\$63.75
Late Afternoon	3:00PM-6:00PM	\$1050.00	\$110.00	\$91.67
Combined	6:30AM-6:00PM	\$1470.00	\$152.00	\$126.67

HOLIDAY & EMERGENCY DAYCARE

HOLIDAY DAYCARE: **\$15.00** PER DAY
 (ELEMENTARY/INTERMEDIATE ONLY) Martin Luther King's Birthday, Veteran's Day, Teacher In-Service days, Teacher Conference days, half-days, Easter Break, Christmas Break (first week).

EMERGENCY DAYCARE:
 (ELEMENTARY/INTERMEDIATE) **\$5.00** PER HOUR
 (JUNIOR HIGH) **\$10.00** PER HOUR
 Available only during Extended Daycare hours.

EXTENDED DAYCARE INFORMATION

- ◆ Payments for daycare are due on the 1st of the month; late fees will apply.
- ◆ A charge of \$1 per minute per child is charged for students picked up after 6:00pm (6:30pm for Chino Hills).
- ◆ Participation in Extended Daycare is a privilege. Violation of any of the conditions of school enrollment may result in a student being refused the use of the Extended Daycare program.

HOLIDAY DAYCARE INFORMATION

- ◆ Elementary students enrolled in **Combined** Extended Daycare will receive Holiday Daycare at no extra charge, except for Easter Break and Christmas Break (first week), which are an additional fee.
- ◆ There is no Holiday Daycare available for the Junior High students.
- ◆ All campuses and school offices are closed on the following holidays: Presidents' Day, Good Friday, Memorial Day, Labor Day, Thanksgiving (Thursday and Friday), and Christmas break (second week). There is no Holiday Day Care available on these days.



WE ACCEPT VISA, MASTERCARD, AND DISCOVER.

We accept cash, personal check or money order in the District Office.

Non-Discrimination Policy: Heights Christian Schools admit students of any race, color, national or ethnic origin to all rights, privileges, programs and activities generally accorded to and/or available to students at school.



HEIGHTS CHRISTIAN SCHOOLS

INTERMEDIATE/JUNIOR HIGH

12900 Bluefield Avenue, La Mirada, CA 90638

(562) 947-3309 • HeightsChristianSchools.org

OFFICE USE ONLY

Date Received: _____ Amount: \$ _____

Ck# _____ Cash _____ Credit _____

INTERNATIONAL VISITATION PROGRAM 2019-2020

APPLICATION AND AGREEMENT

NOTE: Visitors are not issued I-20s and do not receive school credit

Visitor (Child) Information:

Full Name _____ Grade _____ Birthday _____

U.S.A Street Address _____ City _____ Zip Code _____

U.S.A Home Telephone _____ American Name (if any) _____

Parent/Legal Guardian Information:

1. _____
Father/ Guardian Full Name _____ Work Phone# _____

_____ Email _____ Cell Phone# _____

2. _____
Mother Full Name _____ Work Phone# _____

_____ Email _____ Cell Phone# _____

3. _____
Host Family Name _____ Work Phone# _____

_____ Email _____ Cell Phone# _____

English Speaking Contact:

Name: _____ Phone: _____ Email: _____

Date of Visit:

What dates will your child be visiting our school? (two-month limit per flat-rate fee)

Start Date _____ End Date _____

REGISTRATION FEE: \$2,999 *Flat-rate fee, for up to a two-month visit, due at registration*

EXTENDED DAY CARE *If the student will be using day care, please circle one option below:*

Morning 6:30am-7:15am	Afternoon 3:00pm-4:30pm	Late Afternoon 3:00am-6:00pm	Combined 6:30am-6:00pm
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FEES

- ◆ Registration Fee is non-refundable and must be paid up-front and in-full.
- ◆ Registration fee is a flat rate for up to a two-month stay. Visits can be extended for an additional fee.
- ◆ Fee includes office records and processing, consumable supplies, textbook usage, activities fees, and special accommodations.
- ◆ Any additional fees incurred (such as for day care or extracurricular activities) are due on the 1st of the month. A late fee of \$25 will be applied to any account balance not paid by the 5th of the month.

CAMPUS HOURS

- ◆ The campus playground opens at 8:00am. All students should report to the playground upon arrival. Students should not be dropped off any earlier than 8:00am unless enrolled in the morning Extended Daycare program.
- ◆ The campus and school office are closed on the following holidays: Presidents' Day, Memorial Day, Labor Day, Thanksgiving (Thursday and Friday), and Christmas break (typically Dec. 24 @ 1:00 PM to Jan. 1). There is no Holiday Daycare available on these days.

BEHAVIOR

- ◆ My child and I agree to accept the responsibility of obeying the rules and regulations of the school and to support the Christian principles by which it operates.
- ◆ I understand that violation of school standards by me or my child in some cases may constitute grounds for dismissal from our Visitation Program. Violations include but are not limited to disciplinary issues, reckless or dangerous behavior, non-cooperation with staff, verbal or physical abuse of staff or students, harassment of school staff by a parent, philosophical differences with the values of Heights Christian Schools.

ADDITIONAL INFORMATION

- ◆ A copy of the student **passport** and **immunization records** must be submitted before registration is complete.
- ◆ Visitors are not issued I-20s, and do not receive academic credit.

I, the undersigned, understand and agree to the above conditions:

Parent/Legal Guardian Signature

Date



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We accept cash, personal check, or money order in the District Office.

Non-Discrimination Policy: Heights Christian Schools admits students of any race, color, national or ethnic origin to all rights, privileges, programs and activities generally accorded to and/or available to students at school.



International Visitor Emergency Card • 2019-2020

Heights Christian Schools-Intermediate/Junior High
 12900 Bluefield Ave., La Mirada, CA 90638 • 562-947-3309

Authorization of Emergency Medical Treatment

Student's Name: Last		First	Middle	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:	Grade:
Student lives in the USA with (check all that apply): <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Host Family				American Name (if any):		
Full Name of Father/Guardian:		Full Name of Mother:		Full Name of Host:		
Host Address (street, city, zip)			Foreign Home Address City Postal Code		Providence/Territory Country	
USA Home Phone ()	USA Work Phone ()	ext.		Foreign Home Phone ()	Foreign Work Phone ()	
USA Cell Phone ()	USA Home Email		Foreign Cell Phone ()		Foreign Home Email	
USA Job Title	USA Work Email		Foreign Job Title		Foreign Work Email	
USA Employer			Foreign Employer			
USA Employer Address (street, city, zip)			Foreign Employer Address			
ENGLISH SPEAKING CONTACT PERSON						
NAME: _____		PHONE NUMBER: _____		EMAIL: _____		
Persons (18 years or older) authorized to pick up your child or to be contacted if unable to reach parents:						
1.Name	Address, City, State, Zip			Phone ()	Relationship	
2.Name	Address, City, State, Zip			Phone ()	Relationship	
3.Name	Address, City, State, Zip			Phone ()	Relationship	
4.Name	Address, City, State, Zip			Phone ()	Relationship	
5.Name of person outside California	Address, City, State, Zip			Phone ()	Relationship	
Name of your child's physician:				Phone ()		
In case of illness or accident, I hereby authorize school officials to call any local physician if none of the above persons can be reached.						

I (we) the undersigned parent(s) or legal guardian of _____ a minor, do hereby authorize and consent to any emergency x-ray examination, anesthetic, medical or surgical diagnosis and treatment and emergency hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the medicine practice act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. 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 to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

List any physical restrictions	
Allergies to drugs or foods	Allergic to bee stings? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any special medications or pertinent information	
Last Tetanus Toxide Booster	Financial Responsibility
Insurance Company	Policy Number
Date	Signature of Father/Guardian
Date	Signature of Mother

CONFIDENTIAL MEDICAL INFORMATION

Describe any significant **accidents** or **surgeries** that would limit the student's activities on campus:

Describe any known **disabilities** in vision, hearing or speech:

Describe any known **disabilities** emotionally, psychologically, or physically:

Prescription medications needed during school hours on an ON-GOING BASIS (including inhalers):

PRESCRIPTION MEDICATIONS

Medication Name	Amount/Frequency	Reason for Medication
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Non-prescription medications needed during school hours on an ON-GOING BASIS:

NON-PRESCRIPTION MEDICATIONS

Medication Name	Amount/Frequency	Reason for Medication
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE: All prescription and non-prescription medication must be in its **original** container with printed directions on the label, and the student name clearly written on the container.

California Education Code Section, 49423 allows designated school personnel to assist students who are required to take medication during the school day. This service is provided to enable the student to remain in school, to maintain, or improve his/her potential for education and learning. However, this is a service or accommodation that the school is not legally required to perform. This is to be recognized by all parties signing this form, and in so signing, they agree to hold the school or its personnel free from any or all suits that might arise out of these arrangements.

I, _____, the parent/guardian of _____, request that the staff at **Heights Christian Schools-Intermediate/Junior High** administer the medication(s) as described above to my child in accordance with my written instructions above. I will notify the school immediately if there are any changes in medication or physicians.

Parent/Guardian Name: _____ Signature: _____