



# 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.
- ◆ **1<sup>st</sup> Semester:** early September to late January
- ◆ **2<sup>nd</sup> 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-7<sup>th</sup>.

#### 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 1<sup>st</sup> of the month. A late fee of \$25 will be applied to any account balance not paid by the 5<sup>th</sup> 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 1<sup>st</sup> 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.

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**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

LA MIRADA CAMPUS  
12200 Oxford Drive, La Mirada, CA 90638  
(562) 902-1779 • 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-8:00am	Afternoon 3:00pm-4:30pm	Late Afternoon 3:00pm-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 1<sup>st</sup> of the month. A late fee of \$25 will be applied to any account balance not paid by the 5<sup>th</sup> 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, Good Friday, 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



**WE ACCEPT VISA, MASTERCARD, AND DISCOVER**

We accept cash, personal check, credit, debit or money order in the school 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-La Mirada • 12200 Oxford Drive, La Mirada, CA 90638  
562-902-1779

## 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						
Full Name of Father/Guardian:		Full Name of Mother:		American Name (if any):		
Full Name of Host:						
Host Address (street, city, zip)			Foreign Home Address			
			City		Providence/Territory	
			Postal Code		Country	
USA Home Phone ( )	USA Work Phone ( )	ext.		Foreign Home Phone ( )	Foreign Work Phone ( )	
						ext.
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			
<b>ENGLISH SPEAKING CONTACT PERSON</b>						
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

MORE ON REVERSE SIDE →

**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 **HCS-La Mirada** 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: \_\_\_\_\_