



2024-2025

Dear Parents/Guardians:

Thank you for your interest in Motion Pacific Christian Academy. We are committed to partnering with you in the education of your child, with a desire to see your child flourish as a learner. Deciding which school is one of the most important decisions a parent will make, and we are grateful for the opportunity to immerse your child in an environment of truth and learning based on God's Word

MPCA offers an EE -12 education, with a K-6 program in Puyallup, and an EE through 12<sup>th</sup> grade opportunity in Federal Way. Both campuses provide an environment where students thrive in a dynamic, engaging, and biblically-centered academic community. We desire that our students love and serve God as they understand the needs in our community and world. Our curriculum, activities, events, instruction, and discipleship lead students toward a sense of destiny and equips each to be a visionary leader.

We know that safety is important. Both campuses are secure and regular training along with safety and health updates are part of our operational priorities. In addition, students are taught to respect each other; bullying is not tolerated. Due to smaller classroom sizes, teachers are able to care for students as individuals, and partner with parents in the education process.

Our mission is to offer families a superior Bible-based education that equips students to be socially relevant leaders who are fully prepared for higher achievement. I look forward to the opportunity to provide you with a personal tour and discuss our MPCA education in greater detail.

If you have any enrollment questions, or are in need of more information, please do not hesitate to contact me at **(253) 943-2540** or via email at **ewilson@pacificchristianwa.com**. I look forward to showcasing our MPCA community and assisting you through the enrollment process.

Sincerely,

*Eileen Wilson*

Eileen Wilson  
Admission and Marketing

#### **NON - DISCRIMINATION STATEMENT**

Motion Pacific Christian Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded to students of the school and it does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admissions policies, scholarship, loan programs, athletic and other school administered programs. MPCA, as a religious educational entity utilizes religion in enrollment and as a basis for its code of student conduct.





**EARLY EDUCATION  
ENROLLMENT CHECKLIST**

*To begin the admissions process, please complete the following items:*

- \_\_\_\_\_ Student Information
- \_\_\_\_\_ Emergency Contact Information
- \_\_\_\_\_ Health & Medical Information
- \_\_\_\_\_ Parent Agreement with MPCA
- \_\_\_\_\_ COPPA (13 years old and under)
- \_\_\_\_\_ Electronic Information User Agreement
- \_\_\_\_\_ Statement of Understanding
- \_\_\_\_\_ Statement of Faith
- \_\_\_\_\_ Brushing Teeth Preference Form
- \_\_\_\_\_ Notice and Release
- \_\_\_\_\_ Signed Certificate of Immunization Status (CIS) – WA state required
- \_\_\_\_\_ **Certified Birth Certificate or valid Passport**  
*(Please provide original. MPCA will make a copy for you.)*
- \_\_\_\_\_ Enrollment Fees paid (received prior to academic testing; non-refundable & non-transferrable): \$300 per student (Early Education)

Please contact **Eileen Wilson** at **(253) 943-2540** or **ewilson@pacificchristianwa.com** for an appointment to submit all of the items listed. Once we have received your completed forms, the following meetings will be scheduled with you (Grades EE – 12):

- \_\_\_\_\_ Early Ed Assessment Meeting with Early Education Director
- \_\_\_\_\_ Set up FACTS Account
- \_\_\_\_\_ Finalize payment arrangements and verify all contact information with the Admissions Coordinator

**ACCEPTANCE IS BASED UPON COMPLETION OF ALL OF THE ABOVE, EVIDENCE OF A COMMITMENT TO PARTNER WITH MPCA IN ACCOMPLISHING THE MISSION, AND EVIDENCE OF ACADEMIC READINESS.**



FINANCE OFFICER
<input type="checkbox"/> Invoice
<input type="checkbox"/> EF Paid
<input type="checkbox"/> FACTS
<input type="checkbox"/> QB

**STUDENT INFORMATION**

Date \_\_\_\_\_ For School Year: 20\_\_\_\_\_/20\_\_\_\_ Referred By \_\_\_\_\_

Student First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Nickname \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Desired? \_\_\_\_\_

Address \_\_\_\_\_ Early Ed only:  ½ day  Full day  Ext day

City, State, Zip \_\_\_\_\_ Sex:  Male  Female

Student Cell # \_\_\_\_\_ Student Email \_\_\_\_\_

Sibling Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Entering \_\_\_\_\_

Sibling Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Entering \_\_\_\_\_

Parent Info:  Married  Divorced  Widowed  Separated  Single

Father/Guardian \_\_\_\_\_ Mother/Guardian \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Job Title \_\_\_\_\_ Job Title \_\_\_\_\_

Cell # \_\_\_\_\_ Cell # \_\_\_\_\_

Work # \_\_\_\_\_ Work # \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Church Attended: \_\_\_\_\_ City: \_\_\_\_\_

**Child(ren) reside(s) with:**  Both Parents  Mother  Father  Guardian

**If Applicable:**

Parent with Legal Custody Name & Address \_\_\_\_\_

Non-Custodial Parent Name & Address \_\_\_\_\_

**\*Please note: The school office must have on file a document of legal notification outlining any restrictions regarding who may take the student from the school premises and who may access school documents.**

Custody/Visiting Arrangements \_\_\_\_\_

**Restrictions:** Visiting rights denied to \_\_\_\_\_  
*(Copy of any applicable custody or other orders must be attached)*



## EMERGENCY CONTACT INFORMATION

REQUIRED BY WASHINGTON STATE

If my child, \_\_\_\_\_ Grade \_\_\_\_\_ needs medical attention for an emergency, and **MPCA cannot promptly reach me**, you have my permission to call any contact below with "Emergency Contact" checked. My child is allowed to be picked up by any contact below with "Pickup" checked:

**\* Please list one person from out of state in the case of a state emergency.**

1. Contact Name \_\_\_\_\_ Cell \_\_\_\_\_

City, State \_\_\_\_\_

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

Emergency Contact

Pickup Contact

2. Contact Name \_\_\_\_\_ Cell \_\_\_\_\_

City, State \_\_\_\_\_

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

Emergency Contact

Pickup Contact

3. Contact Name \_\_\_\_\_ Cell \_\_\_\_\_

City, State \_\_\_\_\_

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

Emergency Contact

Pickup Contact

4. Contact Name \_\_\_\_\_ Cell \_\_\_\_\_

City, State \_\_\_\_\_

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

Emergency Contact

Pickup Contact

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



**HEALTH & MEDICAL INFORMATION**  
*REQUIRED BY WASHINGTON STATE*

Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

**Allergies:**

Food: \_\_\_\_\_ Reaction: \_\_\_\_\_

Medication: \_\_\_\_\_ Reaction: \_\_\_\_\_

Method of treatment or comments: \_\_\_\_\_

Date of last physical: \_\_\_\_\_ List any physical challenges: \_\_\_\_\_

**Medication Policies:**

1. Prescription medication can only be administered if the parent or guardian completes the Medication Authorization Form giving MPCA clear directions. All prescribed medication must be in the original container with physician's directions attached. If prescribed medication does not include the directions, a physician's action plan must be on file with the school.
  2. Over-the-counter medications may only be administered if the parent or guardian completes the Medication Authorization Form giving MPCA clear directions. All medication must be in the original container. We will only administer within dosage limits listed on the label.
  3. Any medication left at the school that is past the expiration date and not picked up by the parent/guardian within 2 weeks will be disposed of appropriately.
- Current medications used by child: \_\_\_\_\_

**Transfer & Treatment Consent:**

I/we authorize authorities of Motion Pacific Christian Academy and/or its designated representative to give consent to a physician and/or hospital for emergency medical and/or surgical treatment when necessary to our son/daughter, for sustained injuries or sickness requiring emergency treatment during school hours; or, after school hours while partaking in school-sponsored activities, such as educational, social, and athletic events, provided such event or events have an authorized representative of the school present. It is understood that the school or its representative does not assume any financial responsibility for any expenses that might be incurred for said emergency treatment. It is further understood that the school authorities will notify parents/guardians as soon as possible following the emergency, but in no way is treatment to be delayed until we have been notified.

\_\_\_\_\_  
Father/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Guardian

\_\_\_\_\_  
Date

DISCLAIMER: By typing your name below, you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this form.



## PARENT AGREEMENT WITH MPCA

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

### GENERAL:

**Parent #1 Initial** \_\_\_\_\_ **Parent #2 Initial** \_\_\_\_\_ I (We) have read and agree to the MPCA Statement of Faith.

**Parent #1 Initial** \_\_\_\_\_ **Parent #2 Initial** \_\_\_\_\_ I (We) appreciate the standards of the school and agree to support all policies of the school as stated in the Parent/Student handbook. We understand policies may change at the discretion of MPCA as circumstances warrant, and that we will be notified prior to enforcement of any major expectation/policy change. The school may, in its sole discretion, alter, interpret, and implement its rules, policies and procedures, including those in the Parent/Student handbook, at any time.

**Parent #1 Initial** \_\_\_\_\_ **Parent #2 Initial** \_\_\_\_\_ I (We) believe that MPCA is an extension of our home. I (We) pledge to support and partner with the school in prayer and actions for the benefit of my (our) student(s). This includes relatives and guests we may bring on campus. We understand our child may be dismissed or dis-enrolled due to my/our lack of support or for the inappropriate behavior of our family, as determined in the sole discretion of MPCA.

**Parent #1 Initial** \_\_\_\_\_ **Parent #2 Initial** \_\_\_\_\_ I (We) understand that should my (our) address, marital status, and/or custody arrangements change, it is my (our) responsibility to notify the school and to have any necessary documents updated with the MPCA offices in a timely manner.

### DISCIPLINE:

**Parent #1 Initial** \_\_\_\_\_ **Parent #2 Initial** \_\_\_\_\_ I (We) agree for ourselves and for our child(ren) to comply with MPCA's academic and behavior policies, rules, regulations and standards as stated in the Parent/Student Handbook.

**Parent #1 Initial** \_\_\_\_\_ **Parent #2 Initial** \_\_\_\_\_ I (We) understand the school reserves the right to instruct, exhort, correct, suspend, or expel my (our) student if he/she fails to comply with established policies. I (We) understand that this Parental Agreement will be in effect for as long as my (our) student(s) is (are) enrolled and/or attends MPCA, regardless of his/her/their grade level; regular and summer sessions.

### TUITION & FEES:

**Parent #1 Initial** \_\_\_\_\_ **Parent #2 Initial** \_\_\_\_\_ I (We) understand that tuition fees cover ten months of school, and are paid from August through May. Tuition may be paid monthly or in larger sums. Monthly payments are made through F.A.C.T.S. tuition bank draft agreement. All tuition payments must be paid in full by May of each academic year that my (our) student(s) is (are) enrolled. F.A.C.T.S. will charge an annual enrollment fee as stated on the contract. Monthly tuition payments are considered delinquent after the due date. If the account is not paid within 10 days, the student may be withdrawn from classes and remain so until the delinquent tuition is paid. Non-sufficient funds at the time of draft will be assessed a fee by F.A.C.T.S. as noted on the current academic year fee schedule. The Parent/Student Handbook contains the complete policies.



**Parent #1 Initial** \_\_\_\_\_ **Parent #2 Initial** \_\_\_\_\_ I (We) understand that we are responsible for tuition payments and that MPCA will not refund tuition in the case of any force majeure event, including but not limited to, an Act of God, Government Action, Terrorism, and/or Epidemic/Pandemic.

**Parent #1 Initial** \_\_\_\_\_ **Parent #2 Initial** \_\_\_\_\_ I (We) understand that both FACTS & MPCA will charge a fee for checks returned for insufficient funds.

**Health Protocols**

**Parent #1 Initial** \_\_\_\_\_ **Parent #2 Initial** \_\_\_\_\_ I (We) understand that policies to protect the health of our students are in place as outlined in the Parent/ Student Handbook and will be regularly updated and communicated to parents & guardians.

**Parent #1 Initial** \_\_\_\_\_ **Parent #2 Initial** \_\_\_\_\_ I (We) agree to the Notice and Release as stated on the attached document.

**SOCIAL MEDIA**

**Parent #1 Initial** \_\_\_\_\_ **Parent #2 Initial** \_\_\_\_\_ I (We) give permission to Motion Pacific Christian Academy to publish photographs and/or video of my (our) child(ren) whether in print, in social media, on the web, or any other form of media that exists now or is developed in the future, for the purpose of promoting Motion Pacific Christian Academy.

**Parent #1 Initial** \_\_\_\_\_ **Parent #2 Initial** \_\_\_\_\_ I (We) give permission to Motion Pacific Christian Academy to use pictures of my (our) child(ren) in class newsletters, teacher website, and in-school photos.

**PERMISSION FOR USE OF SCHOOL TRANSPORTATION**

**Parent #1 Initial** \_\_\_\_\_ **Parent #2 Initial** \_\_\_\_\_ I (We), authorize transportation to and from and participation in school-sponsored field trips.

**WITHDRAWAL NOTICE:**

**Parent #1 Initial** \_\_\_\_\_ **Parent #2 Initial** \_\_\_\_\_ I (We) agree that should I (we) choose to withdraw my (our) student(s), I (we) understand that school records pertaining to my (our) student(s) will be released following an exit interview with the administration and when our account is paid in full. I (We) understand that if I (we) withdraw my (our) student(s) after the first of the month, I (we) will remain responsible for the complete month's tuition. If I (we) withdraw between August 1- September 30<sup>th</sup>, 10% of our current year tuition contract(s) will be due.

**PARTICIPATION IN FUNDRAISERS**

**Parent #1 Initial** \_\_\_\_\_ **Parent #2 Initial** \_\_\_\_\_ I agree to support the school fundraising efforts by participating in at least one fundraiser or at least a \$100 donation level.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

DISCLAIMER: By typing your name below, you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this form.



**STATEMENT OF UNDERSTANDING**

Admission to the programs of Motion Pacific Christian Academy is based on the expectation that all questions and information requested during the application process, including continued enrollment, are answered truthfully and completely. I understand that any misstatement or omission of information made on any application or during the admission process may result in revocation of an offer of admission and/or enrollment to, or dismissal of, my son/daughter/ward from MPCA.

By signing, the parent/guardian, and student affirm that they understand and agree that enrollment at Motion Pacific Christian Academy is subject to and expressly conditional on the students' and parents' compliance with the terms, conditions, rules, and policies stated in the MPCA Parent/Student Handbook, Statement of Faith, and in other written statements, current and/or amended for the length of enrollment at MPCA. The student and parent/guardian are expected to follow these rules, regulations, and policies. Failure to do so may result in corrective action, including dismissal from MPCA.

The signatures below will be kept on file with the Registrar as documentation of the official signatures for comparison purposes for the remainder of the student's enrollment at Motion Pacific Christian Academy.

\_\_\_\_\_  
Parent/Guardian Printed Name                      Parent/Guardian Signature                      Date

\_\_\_\_\_  
Parent/Guardian Printed Name                      Parent/Guardian Signature                      Date

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**The following information is optional for State Reports and Grant Applications.**

\* Annual Household Income:

- \$25,000 or below     \$25,000 - \$49,999     \$50,000 - \$74,999     \$75,000 - \$99,999     \$100,000 +

\* Family Size: \_\_\_\_\_

\* Please check all that apply:

- Black or African American     Asian     Native Hawaiian or other Pacific Islander     American Indian or Alaskan Native     Hispanic     White (not of Hispanic Origin)     Two or More Races (not of Hispanic Origin)     Other (not of Hispanic Origin)





## ELECTRONIC INFORMATION SYSTEMS USER AGREEMENT

THE SIGNATURE(S) ON THIS FORM ARE LEGALLY BINDING AND INDICATE THE PARTIES WHO SIGNED HAVE READ THE TERMS AND CONDITIONS CAREFULLY, UNDERSTAND THEIR SIGNIFICANCE, AND AGREE TO ABIDE BY THEM AT ALL TIMES.

Access to electronic information systems (including Internet) is available to the students and staff of Motion Pacific Christian Academy. We are very pleased to provide this access because diverse and unique resources are available to users, contributing to the educational excellence in our school. We believe that this access significantly enhances creativity, collaboration, communication, and sharing of resources. Students in grades 4-12 at MPCA are expected to learn Google Classroom for transmission of academic information and assignments.

The Internet is an electronic information resource, connecting thousands of computers all over the world and millions of individual subscribers. For example, students and staff using the Internet have access to:

- 1) Electronic communication with groups and individuals on such topics as culture, environment, the arts, government, etc.
- 2) Information and news from various sources such as NASA, university libraries, and the Library of Congress

With access to information from all over the world comes the availability of material that does not contribute educational value in the context of the school setting. On a global network, it is impossible to control all access students may find. MPCA has taken the following precautions to attempt to restrict inappropriate materials on MPCA owned devices.

- 1) Hardware and software will be used to screen out inappropriate materials on MPCA owned devices.
- 2) Staff and student training in acceptable use of electronic information is provided.

### **Motion Pacific Christian Academy Acceptable Use Policy**

Users must make efficient, ethical, and legal use of the information network, and information services. Any violation of this policy will result in appropriate disciplinary action and confiscation of personal devices used for said purposes on campus. Violations may also be subject to legal action, including any applicable criminal laws.

- Use of the information network and information services is a privilege, not a right.
- Attempts to log into any account or document other than your own, is strictly prohibited.
- Transmission of any material in violation of any U.S. or Washington State law or regulation, or any intellectual property or personal right of any person or entity is prohibited. This includes, but is not limited to, laws and regulations concerning copyrighted material, threatening or obscene material, and material protected by trade secret.
- MPCA will determine what appropriate and inappropriate uses are, and its decision is final.
- MPCA has the right to review any material stored on the network and to remove any material which is deemed contrary to policy.
- Use of the network for commercial activities, product advertisement, or political lobbying is prohibited.
- Security problems must be reported promptly to a supervisor.
- Vandalism is defined as any malicious attempt to harm or destroy any component of the information networks and information services and will not be tolerated.
- Commission of any violation may result in withdrawal or denial of access privileges to the information network and information services; in addition, school disciplinary action and/or appropriate legal action may be taken.

As condition of my privilege to use the MPCA Electronic Information System and to access public networks such as Internet, I understand and agree with the following:

- 1) I understand and will abide by this Internet and User Agreement. I further understand that any violation of the restrictions contained herein is unethical and may constitute a criminal offense or give rise to other liability. Should I commit any violation, I understand that my access privileges to the information network and information services may be denied or withdrawn; in addition, school disciplinary action and/or appropriate legal action may be taken.
- 2) Respect the work and intellectual property rights of others, and I will not intentionally copy, damage, or delete another user's work. I will properly cite my sources when I use someone's information, pictures, media, or other work in my own projects and assignments.





### Statements of Faith

1. We believe the Bible to be the inspired, only infallible, authoritative, inerrant, all sufficient Word of God (2 Timothy 3:15; 2 Peter 1:21).
2. We believe there is one God, eternally existent in three persons—Father, Son, and Holy Spirit (Genesis 1:1; Mathew 28:19; John 10:30).
3. We believe in the deity of Christ (John 2:11), His virgin birth (Isaiah 7:14; Matthew 1:23; Luke 1:35), His sinless life (Hebrews 4:15; Hebrews 7:26), His miracles (John 2:11), His vicarious and atoning death (1 Corinthians 15:3; Ephesians 1:7; Hebrews 2:9), His resurrection (John 11:25; 1 Corinthians 15:4), His ascension to the right hand of the Father (Mark 16:19), and His personal return in power and glory (Acts 1:11; Revelation 19:11).
4. We believe in the absolute necessity of regeneration by the Holy Spirit for salvation because of the exceeding sinfulness of human nature and that men are justified on the single ground of faith in the shed blood of Christ and that only by God's grace and through faith are we saved (John 3:16-21; John 5:24; Romans 3:23, 5:8-9; Ephesians 2:8-10; Titus 3:5).
5. We believe in the resurrection of both the saved and the lost; those that have accepted Christ unto the resurrection of eternal life and those who have not accepted Christ unto the resurrection of eternal judgment (John 5:28, 29).
6. We believe in the spiritual unity of believers in our Lord Jesus Christ (Romans 8:9; 1 Corinthians 12:12-13; Galatians 3:26-28).
7. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life (Romans 8:13-14; 1 Corinthians 3:16, 6:19-20; Ephesians 4:30, 5:18).
8. We believe that the key to living a victorious, biblical lifestyle is the renewing of the mind to God's way of thinking. This means that our behavior and attitude exhibit the principles given in scripture (Romans 12:1-2).
9. We believe in the baptism of the Holy Spirit and praying in other tongues (Acts 2:4; Acts 2:38).
10. We believe salvation is found only in Jesus Christ (John. 1:12; Acts 4:12; John 14:1).
11. We believe everyone who calls on the name of the Lord will be saved (Romans 10:12).
12. We believe through repentance and turning to God there is total forgiveness of sins (Acts 3:19; 1 John 1:9). MPCA Parent/Student Handbook 2022-23 7
13. We believe Jesus Christ came to earth as the Son of God. He lived a sinless life, was crucified on the cross for the sins of all humanity and was raised from the dead on the third day. He now rules and reigns in heaven and will one day return to the earth to rule as the King of Kings and the Lords of Lords. (John)
14. We believe we are saved by faith, believing God raised Jesus from the dead and confessing Him as Lord (Romans 10:9-10).
15. We believe in water baptism for the born again person and the regular receiving of the Lord's body and blood in the communion service. (Matt. 3:16; 28:19; Acts 8:36-39)
16. We believe that God immutable and with His purpose creates each person as male or female. These two distinct, complementary genders together reflect the image and nature of God (Genesis 1:26-27). Rejection of one's biological sex is rejection of the image of God within that person.
17. We believe that marriage is only defined as the uniting of one man and one woman in a single, exclusive union, as stated in Scripture. (Genesis 2:18-25). We believe that God intends sexual relationship and intimacy to occur only between a man and a woman who are married to each other. (1 Corinthians 6:18; 7:2-5; Hebrews 13:4)

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

Parent/Guardian Signature indicating support of the Statement of Faith:

\_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_ (Parent/Guardian may sign for students in EE-5<sup>th</sup> Grade)

DISCLAIMER: By typing your name below, you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this form.



**MOTION PACIFIC CHRISTIAN ACADEMY**  
**NOTICE AND RELEASE**

I/we understand that MPCA cannot protect my child/student and/or me from risks which may be encountered as a result of my child attending MPCA. I/we realize there are natural, mechanical, and environmental conditions and hazards which independently or in combination with any activities engaged in while participating in this program may result in the exposure to certain risks including exposure to biological agents, virus or similar bacteriological agents, and the risk of being quarantined, or illness that may result in medical care, hospitalization or death.

I/we hereby state that I, on behalf of my child/student and myself, am an adult, over the age of 18, and legally competent to sign this form. I/we understand these inherent risks and dangers involved with participation in the school providing its educational program and acknowledge the existence of risks which are not obvious or predictable, and hereby intend this release to extend to injury or loss which results from both obvious or predictable risks, as well as risks that are unpredictable and not obvious and to extend to myself and my child/student, as applicable.

In consideration of myself and my/our child/student participating in Motion Pacific Christian Academy's educational and school program, I/we, and any legal representatives, heirs and assigns, hereby release, waive, and discharge Motion Pacific Christian Academy, its officers, directors, employees, agents, and representatives from any and all liability for any and all loss or damage, and any claim or damages resulting therefrom, on account of any injury, illness or exposure to and/or contracting biological agents, virus or other medical issues or epidemics by me or my/our child/student's attendance at and participation in MPCA's educational program, including any medical expenses, injury, and/or death.

I/we agree to indemnify Motion Pacific Christian Academy, its officers, directors, employees, agents, and representatives from any loss, liability, damage, or cost that may be incurred due to my child/student's participation in the aforementioned program, whether caused by negligence of Motion Pacific Christian Academy, or otherwise. I fully understand, on my own behalf and on behalf of my child/student the risks associated with the aforementioned participation and assume any risk associated therewith.

This notice, release and indemnity agreement contains the entire agreement between and among the parties hereto, and the terms of this release are contractual and not a mere recital.

The parties to this agreement hereby agree that the interpretation and enforceability of this release shall be governed by the laws of the State of Washington.

I/we expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by applicable laws, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I/we understand that by signing this agreement I am giving up on behalf of my child/student and myself certain legal rights and remedies including the right for my child/student and/or myself to recover damages in the event of death, personal and/or bodily injury of any kind, property loss or damage, expenses of any nature whatsoever including attorney's fees, and other losses that my student(s) or that I may sustain in association with my child's participation in the Motion Pacific Christian Academy's educational program.

I/WE HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW AND UNDERSTAND THE CONTENTS THEREOF. I/WE SIGN THIS RELEASE VOLUNTARILY AS MY OWN FREE ACT WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE, INTENDING TO BE LEGALLY BOUND THEREBY.

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



## Early Education Brushing Teeth Preference Form

We provide an opportunity each day for our Full Day students to brush their teeth.

If you would like your student to brush his/her teeth after lunch, you must provide the following:

- **toothbrush** (labeled with student's name)
- **storage container** for toothbrush (labeled with student's name)
- **2 bottles of water** (replenished as needed)
- **a pack of small disposable cups** (replenished as needed)

Please indicate your preference:

\_\_\_\_\_ I would like my student to brush his/her teeth after lunch

\_\_\_\_\_ I prefer to opt out.

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

DISCLAIMER: By typing your name below, you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this form.





# Certificate of Immunization Status (CIS)

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signed COE on File?  Yes  No

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

Child's Last Name: \_\_\_\_\_

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

Middle Initial: \_\_\_\_\_

Birthdate (MM/DD/YYYY): \_\_\_\_\_

I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.

Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.

X

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

Date \_\_\_\_\_

X

Parent/Guardian Signature Required if Starting in Conditional Status \_\_\_\_\_

Date \_\_\_\_\_

Required for School	Required Child Care/Preschool	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
<b>Required Vaccines for School or Child Care Entry</b>							
•▲ DTaP (Diphtheria, Tetanus, Pertussis)							
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)							
•▲ DT or Td (Tetanus, Diphtheria)							
•▲ Hepatitis B							
• Hib ( <i>Haemophilus influenzae type b</i> )							
•▲ IPV (Polio) (any combination of IPV/OPV)							
•▲ OPV (Polio)							
•▲ MMR (Measles, Mumps, Rubella)							
• PCV/PPSV (Pneumococcal)							
•▲ Varicella (Chickenpox)							
<input type="checkbox"/> History of disease verified by IIS							
<b>Recommended Vaccines (Not Required for School or Child Care Entry)</b>							
COVID-19							
Flu (Influenza)							
Hepatitis A							
HPV (Human Papillomavirus)							
MCV/MPSV (Meningococcal Disease types A, C, W, Y)							
MenB (Meningococcal Disease type B)							
Rotavirus							

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

Health Care Provider or School Official Name: \_\_\_\_\_

If verified by school or child care staff the medical immunization records must be attached to this document.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Documentation of Disease Immunity (Health care provider use only)**

If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.

I certify that the child named on this CIS has:

A verified history of varicella (chickenpox) disease.

Laboratory evidence of immunity (titer) to disease(s) marked below.

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Hib	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps
<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella

Polio (all 3 serotypes must show immunity)

Printed Name \_\_\_\_\_

Licensed Health Care Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

