



# REFUGE SCHOOL OF ARTS AND INNOVATION

## Administrative Team

Mrs. Lorena Martinez, Principal  
Dr. Rob Covell, President

## Staff Teachers

Ms. Deborah Miranda, K-1st  
Mrs. Monique Poole, 2nd-3rd  
Ms. Natalie Hamic, 4th-6th

*Dear Parent/Guardian,*

*Thank you for choosing Refuge School of Arts and Innovation (RSAI) for your child's education needs and future success! RSAI is a safe, emotionally healthy learning environment where your student will learn and thrive. Please complete this application packet and return it to the school at your earliest convenience that we may begin your student's enrollment process. We look forward to serving you and your family this coming new school year!*

*Many blessings, The RSAI Administration and Staff*

## NEW STUDENT ENROLLMENT:

New students enrolling need to complete an assessment test and submit the following documents:

- 1) Fully completed application
- 2) Prior school transcripts
- 3) Copy of original birth certificate

*\*Please schedule testing dates with Mrs. Martinez.*

## 2024-2025 SCHOOL YEAR TUITION FEES: \$5,000

Registration Fee: \$50

CHILD	10 MONTHS	PAID IN FULL
1	\$500	\$5,000

*\* RSAI is a non-profit K-6 Christian educational organization. All tuition fees are tax-deductible.*

If you have any questions, we are happy to answer them.

Please give us a call at (909) 991-1304 or email us at [refugeco.opschool@gmail.com](mailto:refugeco.opschool@gmail.com)

We are here to assist you Monday - Friday from 8:00 am - 2:00 pm.



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9239 Utica Ave, Ste 100  
Rancho Cucamonga, CA 91730  
Phone: 909-991-1304  
Email: refugeco.opschool@gmail.com

## ADMISSIONS APPLICATION

Student Registration and Re-admittance is Required Annually

Date of Application \_\_\_\_\_ Grade Applying to \_\_\_\_\_

### PERSONAL INFORMATION

Student Name \_\_\_\_\_ Gender: \_\_\_\_\_ M \_\_\_\_\_ F

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Student's Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's Email \_\_\_\_\_

### FAMILY INFORMATION

Student resides with: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other/Guardian \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_ Employer \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_ Employer \_\_\_\_\_

Do parents live in the same home? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, is there a custody order? Yes \_\_\_\_\_  
No \_\_\_\_\_ If yes, please provide a copy of the agreement.

**COMMUNICATION**

In the event of an Emergency or if your child becomes ill, and needs to be picked up, who would you like for us to contact first? Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_

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

In the event of a parent needing to be contacted for non-emergency questions such as tuition payments, lunch, field trips, volunteering, or special events by the school office, who would you like us to contact? Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_

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

**\*Method of communication preferred (please circle one): Home Phone / Cell Phone / Email / Text**

**PRIOR SCHOOL INFORMATION**

School last attended: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

How long did your child attend? \_\_\_\_\_

If student has repeated a grade or skipped a grade, state grade and reason: \_\_\_\_\_

Has student had conflicts with peers or teachers? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Has student ever had any discipline problems at previous schools? \_\_\_\_\_ If yes, state reason: \_\_\_\_\_

Has student ever been suspended or expelled from school? \_\_\_\_\_ If yes, state reason: \_\_\_\_\_

Does the student have any medical, mental, emotional or special physical needs that may affect their progress or require accommodations? If yes, please indicate needs: \_\_\_\_\_

**\*\* NEW ENROLLEE'S: Please attach a copy of students' last report card.**

**SPIRITUAL LIFE**

Name of Church student attends: \_\_\_\_\_

City \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Attendance - Please check one: Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Special Occasions \_\_\_\_\_

What activities, classes, or church service does student regularly attend? \_\_\_\_\_

Would you like information on The Refuge Community Church services? Yes \_\_\_\_\_ No \_\_\_\_\_

**NEW FAMILIES**

How did you hear about our school? \_\_\_\_\_ Flyer \_\_\_\_\_ Internet \_\_\_\_\_ Signage \_\_\_\_\_ Personal

Recommendation: \_\_\_\_\_ By which family or individual? \_\_\_\_\_

**SIGNATURES**

\_\_\_\_\_  
Signature of Requesting Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Requesting Parent/Guardian

\_\_\_\_\_  
Date



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## MEDICAL RELEASE FORM

Child Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Known Allergies \_\_\_\_\_

Daily Medication \_\_\_\_\_

Dosage \_\_\_\_\_ Reason \_\_\_\_\_

Other pertinent information \_\_\_\_\_

Family Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### MEDICAL RELEASE:

I/We, the parents of the above-named child (minor), do hereby authorize the hospital most accessible during time of accident, illness, or other emergency, or our family physician to any x-ray examinations, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provision of the Medical Practice Act or the medical staff of said hospital, whether such diagnosis or treatment is rendered at the office or said physician or at said hospital. This action would not be taken unless the parents could not be reached.

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 to Refuge School of Arts and Innovation or its acting agent (s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California. This authorization shall remain effective for the duration of attendance at Refuge School of Arts and Innovation unless sooner revoked in writing to the school.

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## RSAI 2024-2025 School Year Emergency Contacts & Authorization Pick Up List

Mother's Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

**THESE ARE ADDITIONAL PERSONS AUTHORIZED TO PICK UP MY CHILD FROM SCHOOL  
OR IN CASE OF ILLNESS OR EMERGENCY: (ID Required to pick up)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_



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## ENROLLMENT CONTRACT

2024-2025 School Year

### **WE HAVE READ AND AGREE TO THE FOLLOWING:**

1. We have read and understand the 2024-2025 Tuition and Fee Schedule and the Financial Information sheet.
2. Of utmost importance is the maintenance of a cooperative, nurturing, spiritual, and educational environment. As such, the school reserves the unconditional right to dismiss any student who does not respect its spiritual standards, cooperate in the educational process, and/or adhere to school requirements as set forth by the school through its teachers, administrator and school board.
3. We agree to abide by the school policies and procedures as stated in the Parent Student Handbook and adhere to additional policies adopted as deemed necessary by the school board.
4. We agree not to participate in destructive criticism of the school staff, and if a problem arises, to go directly to the teacher or administrator in a Christian manner as indicated in Matthew 18:15.
5. We agree to uphold and support academic standards of the school by providing a place at home for your child to study, complete assignments and encouragement to read on a daily basis.
6. We will pay all fees and charges as established by the school board when due and all cost incurred by the school for collection of fees should such action become necessary.
7. The school may include our family's name, address and telephone number in the student roster.
8. The school may include my child's photo for use by school and church website. Parent may opt out by signing an opt out form.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_



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## Refuge School of Arts & Innovation Financial Agreement 2024-2025

Parent Name (print) \_\_\_\_\_ Primary E-mail \_\_\_\_\_

*(The person listed above is accepting financial responsibility for all charges related to their child/children attending Refuge School of Arts & Innovation during the 2024-2025 school year.)*

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

<u>Name of Student (s)</u>	<u>Date of Birth</u>	<u>Grade Level</u>	<u>Annual Tuition</u>	<u>Application Fee</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Application Fee (Due with this form) \$ \_\_\_\_\_

Total Annual Tuition (all students attending) \$ \_\_\_\_\_

Late payment fee of \$30.00 due 7 days after due date.

- Select Payment Plan (circle)**
- (1) Total Annual Payment (Due August 1, 2023) **(\$5,000 one time)**
  - (2) 10 months (Due Aug. 1, 2023, to May 1, 2024) **(\$500 month)**
  - (3) 12 Month (Due Aug. 1, 2023, to Aug. 1, 2024) **(\$417 month)**

1. We understand that a \$50.00 application fee is due with this form. No application refund will be given once a child is accepted.
2. We understand that the charges for annual tuition may be paid in ten or twelve installments through automatic withdrawal from our bank account paid directly to Refuge School of Arts & Innovation. Should the child(ren) be withdrawn prior to August 1, any prepaid tuition will be refunded, excluding the application fee. We accept responsibility for the full annual tuition except as noted in #3 below. The monthly payment is due regardless of the number of days attended or the number of school days in a month as monthly installments are for payment of annual tuition.



3. We understand that the school reserves the right to dismiss any student who does not cooperate with the educational process. If the student is transferred or withdrawn from school by the parent or guardian for any reason, the account will be reconciled, and a final billing or refund (as appropriate) will be forwarded to the financially responsible party. The application fee is non-refundable. A two-week notice in writing is required before financial withdrawal of a child from Refuge School of Arts & Innovation.
4. We understand that continued enrollment of our student(s) at Refuge School of Arts & Innovation requires acceptable academic performance and proper conduct as determined by the school staff and administration. Re-enrollment is conditional on acceptable citizenship and academic progress. We agree to cooperate with the school staff and administration in all matters relating to enrollment of our student(s) at Refuge School of Arts & Innovation.
5. We agree to participate in school fundraisers and meet the fundraising requirement of raising \$250 per year or take the \$250 buy out option.
6. We agree to have our student at school before doors close at 8:00 am and to pick them up by 2:00 pm. We understand there will be a Late Pick-up Fee of \$1.00 per minute.
7. We agree to a \$45 per check return check fee.

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## **REFUGE SCHOOL OF ARTS AND INNOVATION COVID-19 RELEASE OF LIABILITY FORM FOR THE 2024-2025 SCHOOL YEAR, AUGUST 2024 - MAY 2025**

Refuge School of Arts and Innovation has put preventive measures in place due to the spread of COVID-19. However, entering the facility could increase your risk of contracting the COVID-19 Virus. By entering the property and grounds of Refuge School of Arts and Innovation, you voluntarily assume all risks and agree that you will not hold Refuge School of Arts and Innovation and or Refuge Community Church, or any of their respective affiliates, stakeholders, employees, school board members, or administration, liable for any reoccurring illness (to include death), or injury.

My signature attests to the understanding of the Refuge School of Arts and Innovation COVID-19 RELEASE OF LIABILITY FORM for the 2024-2025 school year. I have read the above statements and agree to not hold Refuge School of Arts and Innovation nor Refuge Community Church liable for any illness (to include death) or injury due to the COVID-19 Virus, COVID-19 Pandemic or other known or unknown pandemics, natural disaster, or state emergency.

My child's name \_\_\_\_\_

Parent Name (Print) \_\_\_\_\_

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

Parent Name (Print) \_\_\_\_\_

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



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## CHAPERONE INFORMATION & FIELD TRIP PERMISSION SLIP

Dear Parents,

You are encouraged to attend field trips with you child and be a chaperone when able to. All chaperones must be licensed and insured in order to be a driver on field trips. Also, in order to be considered as a chaperone, you must commit to driving a minimum of two students.

This permission slip will serve as the **ONLY FIELD TRIP PERMISSION SLIP** that you will need to sign for the 2024-2025 school year. This form will be kept on file for the entire school year. Details for each field trip will be sent home as the field trips are scheduled:

*"I give permission for my child to go with their classmates and teacher on all field trips offered during the school year. I understand that most of the field trips are taken by automobile and I give permission for my child to ride with another parent or teacher if I do not attend."*

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

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Contact Number (s): \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**PLEASE SIGN AND RETURN WITH YOUR CHILD'S REGISTRATION PACKET.**  
**WE NEED A PERMISSION SLIP FOR EACH CHILD.**