



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.*

2025-2026 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

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 2025-2026 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

2025-2026 School Year

WE HAVE READ AND AGREE TO THE FOLLOWING:

1. We have read and understand the 2025-2026 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 2025-2026

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 2025-2026 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, 2025) **(\$5,000 one time)**
 - (2) 10 months (Due Aug. 1, 2025, to May 1, 2026) **(\$500 month)**
 - (3) 12 Month (Due Aug. 1, 2025, to Aug. 1, 2026) **(\$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 2025-2026 SCHOOL YEAR, AUGUST 2025 - MAY 2026

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 2025-2026 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 2025-2026 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.