

Student Registration 2024-2025

1. Student's Name _____ Male ___ Female ___
(Last) (First) (Middle)

Grade to Enter for fall 2024: _____ Birth Date: _____ Social Security Number* _____
**For 1098-T statement*

2. Student's Name _____
(Last) (First) (Middle)

Grade to Enter for fall 2024: _____ Birth Date: _____ Social Security Number* _____
**For 1098-T statement*

3. Student's Name _____
(Last) (First) (Middle)

Grade to Enter for fall 2024: _____ Birth Date: _____ Social Security Number* _____
**For 1098-T statement*

4. Student's Name _____
(Last) (First) (Middle)

Grade to Enter for fall 2024: _____ Birth Date: _____ Social Security Number* _____
**For 1098-T statement*

Current Street Address _____

City / Town _____ State _____ Zip Code _____

Child(dren) lives with Both Father Mother Guardian

Home Church Name & Address _____

Mother's Name: _____	Father's Name: _____
SS# _____	SS# _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____
Email: _____	Email: _____

Chose one option:

- _____ 10 Month Payment Plan August through May
- _____ 11 Month Payment Plan July through May
- _____ 12 Month Payment Plan July through June --- *Not an option after July 31st*

PreK3 & PreK4 only please chose Full Day Half Day

Remarks : _____

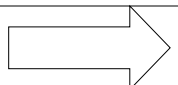
Agreement 2024 - 2025

Do you agree to accept the financial commitment for enrolling your child(ren) at MCA? YES NO

Please read and initial each statement below

_____ I understand that registration fees are non-refundable

_____ I understand that MCA is a Christian school and intentionally integrates the Bible and Christian values. I agree that I will not dispute the Christian teachings that are biblically-based.



___ I acknowledge that I am the custodial parent/legal guardian of the named child/children to be enrolled at Midwestern Christian Academy. I realize my financial obligation to pay all school tuition and fees in a timely manner.

___ I understand that continued enrollment or re-enrollment at MCA is dependent, in part, upon my support and cooperation with the school policies, programs, and personnel.

___ I understand that if payment is not received by the 5th of the month, I/we will incur a late fee of \$35 per student.

___ I understand that if my tuition payment is not paid by the 20th of the month, my child/children will be suspended from school until my account is brought to current.

___ I understand that if my tuition payment is past due more than one time I will be required to pay with a credit card. There is a 3.25% processing fee per transaction.

___ I understand that Midwestern Christian Academy will not release report card and transcripts unless my account is current.

___ I understand that Midwestern Christian Academy will issue a 1099C for any cancellation of debt

Field Trip Permission 2024–2025

As a parent/guardian I am giving permission for my child (children) to attend school sponsored field trips. I understand that I will get a 10 day notice via email in advance. Fees will be billed to my account prior to the trip .

Family Emergency Information 2024–2025

Please list two or more emergency contacts that are authorized to pick up your child at dismissal or in the event that you cannot be reached. Only individuals listed on this form will be allowed to pick up your child.

****Individuals can be added or removed anytime throughout the school year, in writing.***

Name _____ Name _____

Cell Phone _____ Cell Phone _____

Relationship to Child _____ Relationship to Child _____

Name _____ Name _____

Cell Phone _____ Cell Phone _____

Relationship to Child _____ Relationship to Child _____

Consent for Medical Treatment 2024–2025

We understand that in case of an accident or serious illness, the school will contact me. However, we will not hold any of the school personnel responsible if efforts to contact me/us are unsuccessful. I understand that if administration deems the situation is serious enough, the office will call emergency personnel as well.

Physician's Name _____ Office Phone _____

Fathers' signature _____ Date _____

Mothers' signature _____ Date _____

Guardians signature _____ Date _____

Office Use Only: Date Registration Paid: _____

Received by: _____