



\_\_\_ 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 5<sup>th</sup> 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 20<sup>th</sup> 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 2025–2026**

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 2025–2026**

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 2025–2026**

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: \_\_\_\_\_