

MACON CHRISTIAN ACADEMY

UNDER THE AUTHORITY OF MACON MISSIONARY BAPTIST CHURCH

2013-14 REGISTRATION FORM:

STUDENT INFORMATION

Student Name: _____
(last) (first) (middle)

Male _____ Female _____ Date of Birth ____ / ____ / ____

Social Security Number _____

Home Address: _____

Date of Enrollment _____ Grade Level _____ School Year _____

FAMILY

Father's Name _____

Mother's Name _____

Home Address _____

Home Address _____

(if different from student)

(if different from student)

E-mail _____

E-mail _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Employer's Address _____

Employer's Address _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

Who has custody? _____

Legal Guardian? _____

STEP PARENT'S INFORMATION (If applicable) Name _____

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

PICK UP/TRANSPORTATION PLAN

By signing below, I/we authorized the following person(s) to pick up and provide transportation for my child

EMERGENCY INFORMATION

By signing below, I/we authorize the person(s) listed to act for me and my child in case of emergency.

Name (Emergency Contacts)	Phone Numbers/Cell
1. _____	_____
2. _____	_____
3. _____	_____

Name of Physician _____ **Phone** _____

Does your child have any allergies to food, medicines, etc. or any health problems that MCA needs to be aware of.
___yes ___no if yes, please list or explain. _____

MEDICAL RELEASE: By signing below, in case of emergency, I/we authorize the officials at Macon Christian Academy to act on my behalf if I or my emergency contacts cannot be reached.

A \$20.00 application/registration fee is required at the time of application/registration which will be applied to the tuition costs. MCA does not discriminate on the basis of race, color, religion, or national and ethnic origin for the purpose of the student’s admission and educational purposes. It is understood, if enrollment dictates, that your child may be placed in a split or blended class situation if it becomes necessary. It is also understood that MCA has the right to accept or reject a student as it deems advisable. I/we certify that the statements and answers given on this form are true and accurate. Misleading or false information may result in denial of admission, or termination of the student at MCA

Parent’s Policy and Procedure Notice I have been given a copy of the policies and procedures of MCA. I have received a copy of the licensing requirements and am aware that there is a copy of licensing requirements at the front door entrance. I have read, understand and agree to abide by the policies.

I also understand that MCA must conduct several fund-raising efforts and I/we will support these efforts.

Person responsible for fees _____

By signing below, I agree with, and understand all items above. Child’s Name _____

Applicable Signatures Only

Father’s signature _____ Date _____

Mother’ signature _____ Date _____

Guardian’s signature _____ Date _____

Step parent’s signature _____ Date _____

