

MACON CHRISTIAN ACADEMY

UNDER THE AUTHORITY OF MACON MISSIONARY BAPTIST CHURCH

REGISTRATION FORM: SCHOOL YEAR _____

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

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

Home Address: _____
_____ County of Residence _____

Date of Enrollment _____ Grade Level _____ School Year _____

Father's Name _____ Mother's Name _____

Home Address _____ Home Address _____
(if different from student) (if different from student)

E-mail _____	E-mail _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Employer _____	Employer _____
Employer's Phone _____	Employer's 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:

Name and City of School if Transferring _____

EMERGENCY INFORMATION

By signing below, I/we authorize the person(s) listed below 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.

Transportation: PreK4-grade 12. By signing below I give permission to MCA to transport my child to and from school buildings, trips, etc. by transportation approved by MCA.

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.

AGREEMENT BETWEEN MACON CHRISTIAN ACADEMY AND PARENT (CONTRACT)

Parents are asked to set up automatic payments. \$25.00 Re-set up fee if payment is declined.

This agreement is entered into on the date below between Macon Christian Academy and the parents and child/children below. I understand that this is a **school year** tuition, **NOT** a weekly fee. Payment is due if student is absent or present, or MCA is open or closed. I understand that the installments due are to be kept up to date **by setting up automatic payments weekly, bi-weekly, monthly, etc. so as to not be delinquent.** Failure to keep these installments current, **will** result in the dismissal of the child/children. I/We further agree that any expense that Macon Christian Academy may incur on collecting the tuition or any fees will be the parent's responsibility to pay. By signing below I/we agree to all these terms. This agreement may be **broken** by MCA for things such as, but not limited to, disciplinary reasons, non-payment; or may be broken by the parent, provided payment(s) are up to date.

I/We have read and understand all of the policies and procedures of Macon Christian Academy.

By signing below I/we agree to all the above terms.

Child/Children's Name

_____	_____
_____	_____
_____	_____

parent's/guardians's signature date

parent's/ guardians signature date

MCA administrator date