

ENROLLMENT FORM (GR. K-12) MAJESTY CHRISTIAN ACADEMY

OFFICE USE ONLY		
CO <input type="checkbox"/>	Coop. <input type="checkbox"/>	Paid <input type="checkbox"/>
Processed <input type="checkbox"/>	Homeroom: <input type="checkbox"/>	SC <input type="checkbox"/>

*Date ___/___/___

*For School Year ___ - ___

* Re-enrollment New Enrollment

*Student Name (Last, First, Middle)			Called By		*Grade to Enter	
*Mailing Address (Street, City, State, ZIP)				*Email Address		
*Home Phone	*Sex	*Birth Date	*Race <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other (Specify) _____		*U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Father's Name		*Father's Cell Phone		*Mother's Name		*Mother's Cell Phone
*Father's Employer		*Father's Work Phone		*Mother's Employer		*Mother's Work Phone
*Father's Emergency Phone/E-mail				*Mother's Emergency Phone/E-mail		

Please list an emergency phone number and e-mail to advise you of changes due to extreme weather or other emergencies that may arise.

Child's Primary Residence: Both Parents Mother Father Other _____

*Responsible Adult to Contact If Primary Contact Cannot Be Reached		*Home Phone	*Work/Cell Phone
Name of Person(s) Authorized to Take Child (other than parents)	Relationship	Phone	
Name of Person(s) Authorized to Take Child (other than parents)	Relationship	Phone	
*Physician's Name		*Physician's Phone	

Health Problems (if any) _____

*School Attended Last Year _____ City/State _____ Phone _____

*Has this student previously attended Majesty Christian Academy? Yes No If yes, circle grades: **K 1 2 3 4 5 6 7 8 9 10 11 12**

Give names of members of student's **immediate** family who have attended Majesty Christian Academy and their relationship to student.

Reason for selecting MCA: I Attended MCA Referred by Friend/Family ACE Curriculum Abeka Curriculum Other _____

How did you hear about us? Website Facebook Word of Mouth Mailer Other _____

Church You Now Attend _____ City/State _____

VERIFY THAT ALL REQUIRED (*) FIELDS ARE COMPLETE, READ STATEMENT OF COOPERATION BELOW, AND THEN SIGN.

*STATEMENT OF COOPERATION

In making application for my child, I desire to have him complete the school year *_____-_____. It is also my understanding that the policy of the school is to make no refunds or transfers on registration fees or the first tuition payment. I also give permission for my child to take part in all activities of Majesty Christian Academy. I further agree to indemnify and hold Majesty Christian Academy harmless for any and all liability that may result from my child's attending or participating in all activities of Majesty Christian Academy.

*Parent's Signature _____ *Date _____