

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"/> U.S. Citizen		<input type="checkbox"/> White <input type="checkbox"/> Other (Specify) _____ <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 _____



Majesty Christian Academy Enrollment Form

Updated Personal Information		Release Form
Print Student's Last Name, First Name:		PROMOTIONAL MATERIAL Majesty Christian Academy reserves the right to use any photography or video taken while your child is at school, for promotional purposes.
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	School hours: 8:00 am - 3:00 pm Early drop-off: 7:30 am Late Pick-Up: 3:30 - 5:30* *\$5 per 30-minutes for late pick-up (billed at the beginning of the half-hour)	HEALTH AND SAFETY For the protection of all, students with lice/nits are unable to be retained on the premises.
Current Age:		CONSENT TO EXAMINE I consent to examination and treatment of my child(ren) through personnel employed by Majesty Christian Academy.
Date of Birth: ____/____/____		CONSENT TO RELEASE OF LIABILITY I understand that there are certain inherent risks in any activity, including school involvement. In consideration of my child(ren)'s participation in these activities, I, for myself, spouse, and heirs, agree to release Majesty Christian Academy from any and all claims, demands, or actions on account of damage to personal property or injury which may result from participation in the regular school activities. This release includes claims based on the negligence of Majesty Christian Academy and their staff, but expressly does not include claims based on their intentional misconduct or gross negligence. I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.
Email address:		
Home Phone:		
Cell Phone:	Updated Medical Information	
Parent/Legal Guardian with whom you live:	Date of Last Tetanus Booster:	
Emergency Contact Name:	Prescribed Medication Taken Regularly: (Must be in original prescription container labeled with student's name, medication name, dosage, and time to be taken)	CONSENT TO RELEASE OF INFORMATION I agree that any health information provided to Majesty Christian Academy personnel, whether provided directly by me, my child(ren), or from other sources, may be released as deemed necessary by Majesty for the purpose of taking appropriate precautions to prevent harm to my child(ren) or others arising from any physical or mental condition my child(ren) may have. I understand that the information that may be disclosed may include, but not be limited to, diagnoses, medications, medical conditions, mental health conditions, communicable disease status (including HIV status), treatments, and laboratory findings; but any release of such information will be limited to those details Majesty deems necessary to take appropriate safety precautions. I also understand that Majesty reserves the right to review any information given and to determine student capability and eligibility based on that information.
Emergency Contact Number:		
Student's Grade (Fall 2023):	Specific Allergies and type of reactions:	
<input type="checkbox"/> K5 <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th	Medical Conditions and Activity Restrictions:	
	Name of Insurance Holder:	IN CASE OF MEDICAL EMERGENCY I understand that every effort will be made to contact parents or guardians of students in the event of an emergency. In the event that I cannot be reached, I hereby give permission to the physicians selected by Majesty to hospitalize; secure proper treatments; and order injection, anesthesia, or surgery for my child(ren) as named. I assume all financial responsibility for such treatment.
	Name of Insurance Company:	FINANCIAL I understand that all fees are non-refundable.
		Print Name:
		Parent or Guardian's Signature: X _____