

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 _____

