Midland Christian Academy

10456 Old Carolina Rd, Midland, VA 22728 (540) 439-2606 (540) 439-7082 mcahome@mcahome.org

APPLICATION FOR ENROLLMENT FOR NEW STUDENT

School Year 2019 - 2020

Date _____

Please check one: (For all classes age requirements are as of September 30th)

____ 3-Day Preschool (must be 3 yrs.)
___ ½ DAY (9:00 – NOON)
___ FULL DAY (9:00-3:30)

____ 5-Day Preschool (3 yrs.)
___ ½ DAY (9:00- NOON)
___ FULL DAY (9:00-3:30)

____ 3-Day Pre-Kindergarten (4 yrs.)
___ ½ DAY (9:00-NOON)
___ FULL DAY (9:00-3:30)

____ 5-Day Pre-Kindergarten (4 – 5 yrs.)
___ ½ DAY (9:00-NOON)
___ FULL DAY (9:00-3:30)

_____ Kindergarten (5 yrs.)

_____ Elementary Grade _____

Student's Full Name _____
last first middle nick name

_____ Male _____ Female Date of Birth _____ Age _____

Address: _____
street city state zip

Parent/Guardian #1 _____ Home phone _____
Address _____ Work phone _____
Occupation_____ Cell phone _____
Business_____Title_____
E-mail address: _____
I would like to automatically be added to the MCA Google group _____ yes _____no

Parent/Guardian #2 _____ Home phone _____
Address _____ Work phone _____
Occupation_____ Cell phone _____
Business_____ Title _____
E-mail address: _____
I would like to automatically be added to the MCA Google group. _____ yes _____no

Names/ages of other children in family _____

Maternal Grandparents _____ phone_____
Mailing address _____

Paternal Grandparents _____ phone_____
Mailing address _____

Additional Family Member _____ Relationship _____
Mailing address _____

Please complete front and back of application.

Advertising Release

I hereby authorize the use of my child's image for Midland Christian Academy's promotional purposes. I understand that such images may include any film media of my child engaged in school related activities on or off the school property.

Parent/Guardian Signature_____ Date _____

Other than parents, **CHILD WILL ONLY BE RELEASED TO PERSONS INDICATED BELOW.** (Must include at least TWO local persons to call for illness, accident, late pick-up, or other emergency reasons) Please list in order of preference for contact.

Name: _____ Phone number: _____
Name: _____ Phone number: _____
Name: _____ Phone number: _____

School(s) last attended: _____ _____
phone number

_____ _____
phone number

_____ _____
phone number

Church membership or religious preference: _____

Special physical conditions/allergies we should be aware of: _____
_____
_____

Medications currently taking: _____

For Kindergarten, Elementary and Middle School students-
If my child may or will require any medications (prescription or non-prescription) to be provided at school, I will be required to obtain medication administration information from the MCA office and submit a Virginia Department of Social Services/Virginia Department of Health "Written Medication Consent Form". _____ (Initial)

Medical Information:
Name of child's physician/clinic: _____ Phone Number: _____
Address: _____

Name of Medical Insurance: _____

Consent to medical care/treatment of minor child

I, _____, hereby give permission that my child _____ may be given emergency treatment, to include first aid and CPR by qualified staff member of Midland Christian Academy. I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by my child's regular physician, or when that physician cannot be reached, by a licensed physician or hospital when deemed necessary or advisable by the physician to safeguard my child's health if I cannot be contacted. In such case, I waive my right of informed consent to such treatment. I also give permission for my child to be transported by ambulance to an emergency care center/hospital for treatment. I agree to accept all responsibility for the cost of any medical services.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____