



# Midland Christian Academy

10456 Old Carolina Rd, Midland, VA 22728 [mcaoffice86@gmail.com](mailto:mcaoffice86@gmail.com) (540) 530-6530

## APPLICATION FOR ENROLLMENT FOR NEW STUDENT

**School Year 2024 - 2025**

Date \_\_\_\_\_

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

\_\_\_ 3-Day Preschool (must be 3 yrs.) T, W, TH  
\_\_\_ 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)

\_\_\_ 5-Day Preschool (3 yrs.)  
\_\_\_ ½ DAY (9:00 – NOON)  
\_\_\_ FULL DAY (9:00 – 3:30)

\_\_\_ Kindergarten (5 yrs.)

\_\_\_ 3-Day Pre-Kindergarten (4 yrs.) T, W, TH  
\_\_\_ ½ DAY (9:00 – NOON)  
\_\_\_ FULL DAY (9:00 – 3:30)

\_\_\_ Elementary Grade \_\_\_\_\_

\_\_\_ Before School Care (7:00 am – 8:50 am) M \_\_\_ T \_\_\_ W \_\_\_ TH \_\_\_ F \_\_\_

\_\_\_ After School Care (3:30 pm – 6:00 pm) M \_\_\_ T \_\_\_ W \_\_\_ TH \_\_\_ F \_\_\_

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: \_\_\_\_\_  
Social Security #: \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_ Home phone \_\_\_\_\_  
Address \_\_\_\_\_ Work phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Cell phone \_\_\_\_\_  
Business \_\_\_\_\_ Title \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Social Security #: \_\_\_\_\_

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 and Student Handbook

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. Also, I/we have read the 2024-25 Student Handbook found on the school's website and agree to follow its policies.

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: \_\_\_\_\_

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 \_\_\_\_\_