



MT. CALVARY CHRISTIAN ACADEMY

Enrollment Application

532 East Main Street Hookerton, NC 28538

252-747-8111

FOR OFFICE USE ONLY

_____ App. Rec.
 _____ Reg. Paid
 _____ Interview
 _____ Accepted
 _____ Tran. Req.
 _____ Tran. Rec.

Enrollment Year _____

Grade _____

STUDENT INFORMATION

Student Name _____ Date of Birth _____ SSN _____

Street _____ Gender _____

City _____ State _____ Zip Code _____ Phone _____

Father _____ Living in home? Yes ___ No ___

Mother _____ Living in home? Yes ___ No ___

Guardian _____ Relationship _____

Email Address _____ Phone # for school closing notifications _____

EMERGENCY INFORMATION

Emergency Contact (other than parent) _____ Phone _____

Father's Work _____ Work Phone _____ Cell Phone _____

Mother's Work _____ Work Phone _____ Cell Phone _____

CHURCH AFFLIATION

Are student's parents actively attending and supporting Mt. Calvary Free Will Baptist Church? Yes ___ No ___

If no, church you are now attending _____ Members? Yes ___ No ___

Are you a Christian? Father _____ Mother _____ On what do you base your assessment? _____

Who recommended you to MCCA? _____

Why do you wish to send your child/children to MCCA? _____

Will your child be staying in aftercare (3:15-5:30)? Yes ___ Until ___ No ___ Occasionally ___

Child's Doctor _____ Address _____ Phone _____

Circle medications that may be given to your child: Tylenol Pepto Bismol

List any regular medications taken by your child _____

List other health related issues, if applicable:

1. Allergic to bee stings _____ 4. Seizures _____

2. Diabetes _____ 5. Other _____

3. Respiratory problems _____ 6. Other _____

In an emergency, and the parent or guardian is unavailable, I hereby give permission to our family physician or attending emergency room physician to secure proper treatment for my child/children.

Signature of Parent _____ Date _____

ACADEMIC INFORMATION

If your child is transferring, list name and address of last school attended _____

Has applicant ever failed a grade? _____ If so, grade repeated _____

Has applicant ever been suspended or expelled from school? _____ If so, why? _____

Has applicant ever been arrested or appeared before a court of law? _____ If so, explain _____

List in order all of the schools attended, including nursery and/or kindergarten. Please include complete addresses with zip codes.

<u>Dates</u>	<u>Grades</u>	<u>Name of School</u>	<u>Address</u>

BILLING INFORMATION

Circle the person responsible for the school account: Father Mother Other _____

If other, complete this section:

Name _____

Street _____ Phone _____

City _____ State _____ Zip Code _____

A registration fee must be paid with each student application submitted. This fee is non-refundable unless the student is not accepted. This is an annual fee.

There is a Student Resource Fee for each grade that covers the cost of all expendable books and the use of all hardback books. This fee also covers keyboarding, computer, science lab and music fees as well as a yearbook. This fee is due by October 1st of each year.

There is a yearly tuition fee which may be paid in three different ways. 1) You may pay in full before the 1st day of school and receive a 5% discount. 2) You may pay by the semester (August 15th and January 15th) and receive a 2% discount. 3) You may pay 10 monthly payments by bank draft on the 5th or 20th of each month (September –June).

Please circle the payment plan of your choice: Yearly Semester Monthly Bank Draft (\$45 annual fee applies)

There will be a \$25.00 charge for all returned checks. If three checks are returned for insufficient funds within one school year, future transactions will have to be made by cash, money order, or certified check.

Should a student withdraw or be dismissed during the school year, he will be charged the full month’s fee for the month he withdrew or was dismissed. Should a student enter school during any part of the month, the payments will be prorated so that the fair amount of tuition is paid.

No transcripts will be forwarded to another school nor will report cards be given out to any student whose account is delinquent. No student will be allowed to participate in graduation whose account is not paid. In making application for my child, it is my desire to have him/her attend the 20__-20__ school year. I also give my permission for my child to take part in all activities, including sports, and school sponsored trips away from the school premises, and absolve the school from liability to me or my child because of any injury to my child at school or during any school activity. In case of serious illness, I request the school to contact me.

I have read the above statement of co-operation and do promise to abide by it as long as my child/children attend Mt. Calvary Christian Academy. I understand and agree to the financial obligations mentioned above.

Father’s Signature _____ Mother’s Signature _____