

FBC MAULDIN CHRISTIAN ACADEMY
150 S. Main Street, Mauldin, SC 29662 Phone: (864) 288-1917

Registration Form for Daycare

2019 – 2020 School Year

REGISTRATION CANNOT BE ACCEPTED IF YOU HAVE A PAST DUE BALANCE

****FRONT & BACK MUST BE COMPLETED FOR YOUR CHILD TO BE REGISTERED/PRINT LEGIBLY****

Today's Date: _____ Boy _____ Girl _____

Child's Name: _____ Date of Birth: _____

Parent(s) Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone: (h) _____ (w) _____ (c) _____

Family's connection with MCA (please check one):

____ Current MCA Family - please list any siblings at MCA _____

____ Mauldin 1st Baptist Church member ____ None

Placement (please check one):

Daycare:

7:30am-6:00pm/ Monday-Friday Tuition/week Start Date: August 5, 2019

- | | |
|--------------|------------|
| ___ Infants | \$159/week |
| ___ Creepers | \$158/week |
| ___ Toddlers | \$153/week |
| ___ Twos | \$143/week |
| ___ Threes | \$141/week |
| ___ Fours | \$140/week |

Fee Agreement

- A **registration fee of \$195** is due at the time of registration and paid only if a space is available. No exceptions. **THIS FEE IS NON-REFUNDABLE AND NON-TRANSFERABLE.**
- First auto draft payment will be due August 9, 2019.
- Registration is for the 2019-2020 school year only.
- Notify the office as soon as possible, in the event your child will not be able to attend. Your paid registration will be forfeited.
- **MCA reserves the right to increase fees. Should an increase be necessary, MCA will notify parents as soon as possible.**

I have read and agree with the terms of this fee agreement.

Signature: _____ Date: _____

Please return to the MCA office.

____ Space available ____ Space available, registration fee paid ____ Added to Waiting List



Daycare Students Only

ACH (Auto Draft) Agreement

****REGISTRATION CANNOT BE ACCEPTED IF YOU HAVE A PAST DUE BALANCE****

****FRONT AND BACK MUST BE COMPLETED BY ALL FAMILIES TO REGISTER YOUR CHILD****

Name of Child/Children:	Program Enrolled In (<i>Ex. Daycare 4's</i>)
1) _____	_____
2) _____	_____
3) _____	_____

Name of Parent/Guardian: _____
 Address: _____
 Phone: _____ Email: _____

Choose one of the following options and fill in amount expected to be drafted:

_____ Weekly- Friday \$ _____
 _____ Monthly- 1st Friday \$ _____

Multi Child Discount

**Totals subject to verification*

I (we) hereby authorize Mauldin Christian Academy, to initiate debit entries to my (our) account indicated below. I understand there will be a \$30 fee for insufficient funds. **Any changes must be made 7 business days before the scheduled draft.**

Account Holder Name: _____
 Routing number: _____
 Account number: _____

Checking Account Savings Account

Signature _____

****Form due upon registration***

Office Use Only:	2019-20 MCA
Enroll Date: _____	NSF: _____
ACH Date: _____	VAC: _____