

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

Registration Form for Daycare

2020 – 2021 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 _____

Contact Information:

Mom's Phone: (h) _____ (w) _____ (c) _____

Email Address: _____

Dad's 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 ____ No Current Connections

Placement (please check one):

Daycare - 7:30am-6:00pm/ Monday-Friday

Class is determined by child's age on September 1st of the school year

| | | |
|--------------|---------------------|----------------|
| ___ Infants | 6 weeks-6 months | \$164/per week |
| ___ Creepers | 6 months -11 months | \$163/per week |
| ___ Toddlers | 12-23 months | \$158/per week |
| ___ Twos | 2 years | \$147/per week |
| ___ Threes | 3 years | \$145/per week |
| ___ Fours | 4 years | \$144/per 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.**
- Registration is for the 2020-2021 school year only.
- In the event your child will not be able to attend, notify the office as soon as possible. The 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

Name of Parent/Guardian: _____

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: | Class/Grade |
|-------------------------|-------------|
| 1) _____ | _____ |
| 2) _____ | _____ |
| 3) _____ | _____ |

My family will have a Multi Child Discount

Choose **one** of the following options and fill in amount expected to be drafted. Families can have **only one draft cycle**.

| | <u>Tuition</u> |
|--|----------------|
| _____ Weekly- Friday <i>(full year's tuition divided by 42 weeks)</i> | \$ _____ |
| _____ Monthly- 1 st Friday | \$ _____ |

Important note: Some months have five billing weeks. If you pay on a monthly basis, an additional week will be added to your account during those months.

**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 prior to the scheduled draft.***

Payment Options:

_____ I am using the same account that is currently on file.

_____ Please use the checking/savings account below.

Account Holder Name: _____

Routing number: _____

Account number: _____ Checking Account Savings Account

_____ Please use the debit/credit card below (Visa/MasterCard).

Account Holder Name: _____

Card Number _____

Expiration Date _____ Security Code (three digits on back of card) _____

Signature _____

Date _____

Return form with fees.