



Students Name: _____

Below is a list of items that we must have on file for each student. All items must be on file before we can allow your student to start in our program.

- Enrollment Form
- Pick Up Authorization Form
- Media Release/ Field Trip Form
- Parent Page
- Current Immunization Certificate (rising K5 and new families only, unless notified by office)
- Birth Certificate (new families only)

* * * *

Date of Enrollment: _____

Grade: _____



School Year 2020 - 2021

ELEMENTARY REGISTRATION K5-5TH GRADE

REGISTRATION CANNOT BE ACCEPTED IF YOU HAVE A PAST DUE BALANCE

ALL FAMILIES MUST COMPLETE DRAFTING INFORMATION.

Registration is complete and space will be held if the registration fee is paid and the Auto Draft form is complete.

All NEW students entering 1st through 5th grades will be evaluated. The testing fee is \$25.

School Tuition - Fee Agreement

- **An annual registration fee of \$195 for K5 through 5th Grade** 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.**
- **Yearly tuition is paid in equal payments over a 10 month period; therefore, fees are not reduced for holidays**
- Yearly tuition paid in full receives a 10% discount and is due August 1st.
- Registration is for the 2020-2021 school year only.

Elementary Afterschool Care - Fee Agreement (Optional Program)

- **An annual registration fee of \$65** 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.
- **The weekly rate will be due all weeks, beginning the first week of school through the last week of school - except for the ONE week the Academy is closed at Christmas.**
- In the event that your child does not participate in this program after enrolling, notify the office as soon as possible.
- When the elementary department is closed, but daycare is open, afterschool students may attend MCA for an additional \$10/day fee. Hours 7:30am – 6pm, including lunch.
- After school pick-up from area public schools, is subject to change unless at least 3 students are registered.
- **MCA reserves the right to increase fees as necessary. MCA will notify parents well in advance.**
- **Afterschool care is ONLY available to students who attend MCA Elementary School or Greenville County students with a sibling in the MCA Full-time Daycare Program**

Notice of Withdrawal from Program

Parents/Guardians must give a written notice at least ONE MONTH prior to the child's last day at MCA. If less than one month's notice is given, parents/guardians may be charged tuition for one month past notice of withdrawal.

MAULDIN CHRISTIAN ACADEMY
150 S. Main Street, Mauldin, SC 29662 Phone: (864) 288-1917
Registration Form for Kindergarten through 5th Grade
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) _____

Email Address: _____

Family's Connection to MCA (please check one):

- Current MCA Family - please list any siblings at MCA _____
 Mauldin 1st Baptist Church member
 No Current Connections

New students registering for 1st through 5th grades only:

Prior School Attended: _____

Elementary School Placement (please check one): Registration Fee - \$195
(Child must be of appropriate age for grade by September 1st/No Exceptions)

Kindergarten - \$355/month 1st Grade - \$405/month
 2nd Grade 3rd Grade 4th Grade 5th Grade **(2nd-5th - \$445/month)**

- Elementary students attend classes Monday through Friday, 8:30 AM – 2:30 PM
- Start date - to be decided

Afterschool Care (Optional): Registration Fee - \$65

My Child Attends: MCA _____ Bethel _____ (Bus Pick Up) Grade: _____

- Weekly tuition is \$70
- After school pick-up from area public schools, is subject to change unless at least 3 students are registered.
- 2:30-6:00 PM, Monday through Friday
- Start date - to be decided

I have read and agree with the terms of the fee(s) agreement.

Signature: _____ Date: _____

Name of Parent/Guardian: _____

Elementary 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: | Grade in Academy (Ex. 1st) |
| 1) _____ | _____ |
| 2) _____ | _____ |
| 3) _____ | _____ |

My child(ren) will participate in Afterschool Care this year

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

**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.



Mauldin Christian Academy
 150 S. Main St., Mauldin, SC 29662 Phone: (864) 288-1917
 Enrollment Form for K5 – 5th Grade – 2020-2021

Boy ____ Girl ____

Child's Name: _____

Date of Birth: _____

Name Used: _____

Student lives with: _____

*Attach any court documents if applicable.

Contact Information:

| | | |
|---------------------------------------|-------------|-----------|
| Mom's/Guardian's Phone: Cell: _____ | Work: _____ | Hm: _____ |
| Address: _____ | | |
| Email: _____ | | |
| Occupation/Place of Employment: _____ | | |

| | | |
|---------------------------------------|-------------|-----------|
| Dad's/Guardian's Phone: Cell: _____ | Work: _____ | Hm: _____ |
| Address: _____ | | |
| Email: _____ | | |
| Occupation/Place of Employment: _____ | | |

Members of your child's household:

| Name | Relationship | Age |
|------|--------------|-----|
| | | |
| | | |
| | | |
| | | |

Is your child adopted? Y N

Does he/she know? Y N

Religious Affiliation: _____

What church do you regularly attend? _____



Medical Information:

First person to contact in any situation:

Name: _____

Phone: _____

Family Physician: _____

Phone: _____

Address: _____

Health Insurance Information (include policy #): _____

Hospital Preference: _____

Local family or friends the school may contact in case parents cannot be reached – in case of an emergency:

(Please notify these people their names are on file with us.)

#1 Name: _____ Cell #: _____ Work #: _____

Driver's License #: _____ Relationship: _____

#2 Name: _____ Cell #: _____ Work #: _____

Driver's License #: _____ Relationship: _____

In case of a medical need involving my child, I request the MCA staff to contact me or my spouse at the numbers provided. In the event that we cannot be reached, I authorize MCA staff to obtain emergency medical care for my child.

Parent/Guardian Sign.: _____ **Date:** _____

Food Allergies & medication: _____

Environmental Allergies & medication: _____

Medicine/Drug Allergies: _____



Medical Information cont'd:

| Medicines your child takes | Amounts | Frequency |
|----------------------------|---------|-----------|
| | | |
| | | |
| | | |

Educational Background

To the best of your knowledge, does your child have any language problems or learning disabilities?

If yes, please explain: _____

_____ * Please submit any official documentation.

Does your child have any emotional or physical handicaps? If yes, please explain: _____

_____ * Please submit any official documentation.

Has your child had testing in the following areas: Psych. Evaluation, ADD/ADHD, Educational testing through the County/District/Private Institution, Vision, Hearing?

If yes, please list the date, type of testing, and testing site for each. _____

_____ * Please submit any official documentation.

Has your child ever been recommended for grade retention?

If yes, which grade and why? _____

Has your child ever been suspended from, expelled from, or asked not to return to a school for any reason? If so, explain.

Has your child had discipline problems at any other institution? If so, explain. _____



Parent's Page – 2020-2021

I understand that MCA will teach that the Bible is the inspired Word of God, that it is without error, and that it is our guide for all areas of human living.

I understand my child will be taught that salvation comes only through receiving Jesus Christ as one's Savior and that my child's education extends beyond the academic to the spiritual as well.

Upon enrolling my child in Mauldin Christian Academy, I understand:

- children will be encouraged to perform to the best of their ability academically and in all other endeavors.
- MCA plans to communicate with parents/guardians regarding academic progress through progress reports, report cards, and conferences.
- classroom teachers will use Class Dojo to communicate with parents regarding behavior and for daily communication needs.
- the need for home and school to work together in encouraging children to follow Biblical teachings and high academic standards.
- and I support the school's place in carrying out discipline, using appropriate measures, including redirection, consequences appropriate to the infraction, and positive rewards for good behavior.
- that my child may be issued demerits or dismissed from the academy if he/she becomes a disruptive influence in the education process or spiritual life of the school and other students.
- that if my child has been tested and/or diagnosed with any medical or psychological conditions I must submit this documentation to MCA in order to better serve my child in the classroom.
- that if my child is a new student in grades 1 – 5, he/she will be evaluated (for a \$25 fee). After a conference with the parents/guardians, the child will be placed in the grade which best meets his/her individual needs.
- that I am responsible to read the Parent Handbook and agree to follow **all** policies and guidelines listed.
- that 2 book fee draft payments will be automatically drafted on September 6, 2020, and October 4, 2020.

Signature of Mother/Legal Guardian

Date

Signature of Father/Legal Guardian

Date



Media Release/Field Trip Form

I am the parent and/or guardian of (please print) _____.

I hereby authorize and give full consent to Mauldin Christian Academy to publish school related photographs in which my child appears while enrolled as a student in any and all programs of Mauldin Christian Academy. I agree that Mauldin Christian Academy may use these photographs for Academy media. The use of my child's pictures is not dependent upon my child's future enrollment in the school.

_____ I approve and consent to the use of photographs subject to the terms mentioned above. I have the legal right to issue such consent.

_____ I DO NOT approve or consent to the use of photographs subject to the terms mentioned above. I have the legal right to deny such consent.

Parent's name (print) _____ Date _____

Parent's signature _____

I give my consent for my child, _____, to be transported by Mauldin Christian Academy staff in Mauldin Christian Academy vehicles or staff personal vehicles; or vehicles owned and driven by parents of children within the program to all field trips. I will be notified of all field trips in advance. I understand that if I do not want my child to participate, I will need to make other arrangements for their care.

Parent/Guardian Signature: _____ Date _____



CHILD'S NAME: _____

DATE: _____

The following people are authorized to pick up my child from FBC Mauldin Christian Academy:

(Please include parents and/or guardians.)

Name: _____

Driver's License #: _____

Relationship: _____

Name: _____

Driver's License #: _____

Relationship: _____

Name: _____

Driver's License #: _____

Relationship: _____

Name: _____

Driver's License #: _____

Relationship: _____

Name: _____

Driver's License #: _____

Relationship: _____

Name: _____

Driver's License #: _____

Relationship: _____

Parent/Guardian Signature: _____

Date: _____