Aftercare needed Yes or No (please circle)



But those who wait on the Lord shall renew their strength; They shall mount up with wings like eagles.... Isaiah 40:31

2018-19

KINDERGARTEN

Enrollment Application

For office use: Date Received

# **Requirements for Admission**

Submit the following items to the Academy Office for Admission:
□ Completed Student Information Card
□ Completed Application
□ An up to date immunization record
☐ A copy of your child's birth certificate- (a copy of custody documentation is
needed if child is not living with both biological parents).
☐ Signed Commitment Form- Student and parents must agree with the school's
philosophy and abide by the established policies of the Academy. No student wil
be admitted to MHCA who does not agree to cooperate with the overall purpose
and program.
□ Signed Permission/Release Form
□ Signed Financial Agreement
□ Registration Fee
☐ Book & Supply Fees and 1st month's tuition paid through FACTS by August
2018 due date
□ Change of clothes, labeled, in Ziploc
☐ Read the Early Education Handbook. Sign and return the MHCA
Commitment to Excellence Form
Students are admitted without regard to sex, race, color or national origin.
For Office Use Only
☐ Handbook IssuedDate
☐ Parent & Student Commitment to Excellence Form signed & returned

## **STUDENT ENROLLMENT APPLICATION**

Child's Legal Name	Last	F	irst	Middle
Preferred Name		Grade to ent	er	for school year 2017-18
Mailing Address				
	Street	City	State	Zip
Home Phone	Sex	Date of Birth	Citizenship if othe	er than US
Student Lives With	□ Both Parents □ Fat	her □ Mother □ Legal	Guardian □ Other	
	FATHER	<del>_</del>	MOTHER	
Name				
Employer				
Position				
Bus. Phone				
Cell Phone				
Parent's Marital Sta	tus married	widowed div	orced separated	remarried
If the student does r	not live with his biologic	cal parents, please supply	information of guardians	hip below.
	Stepfather or Gua	ardian	Stepmother or Gua	rdian
Title/Name			,	
Employer				
Position				
Bus. Phone				
1	Pe	erson responsible for the s	school account	
Name			, , , , , , , , , , , , , , , , , , ,	
Address				
City, State				
Phone				
Relation to child				
The person is respo	nsible for tu	ition only	_ tuition as well as all othe	er charges
We agree that we a severally.	re financially responsib	le for the payment of abo	ve named student's accol	unt <b>either jointly and</b>
Father Signature		 Mo	ther Signature	

School last attended			
Reasons for leaving previous school			
Have you ever been a student at MHCA?	What grade	e(s)?	
Our family attends church at			
Do both parents attend this church?	Yes	No	
Church activities we enjoy			
Is your child actively involved in a Sunday scho	ool or youth group?	Yes	No
Please explain why you want your child to atter	nd MHCA		
What was your source of reference to MHCA?	(Friends, students, ch	urch, realtors, etc	c.)

☐ My child will be staying in the Aftercare Program-(There is a separate Aftercare packet you will need to fill out also)

## Parental Commitment to Mountain Home Christian Academy

In signing this application, we acknowledge our commitment to:

- 1. Support the policies and Christian Philosophy of Education of MHCA
- 2. Accept teacher and administrative authority
- 3. Follow God's line of authority when differences of opinion exist. We will go first to the person with whom we have the problem. If not resolved, we will go with the individual to his/her supervisor. (Matthew 18:15-17)
- 4. Attend parent meetings and lend our support to the programs at MHCA as able
- 5. Volunteer time, talent, and resources as able
- 6. Pay tuition via FACTS Management
- Withdrawals- If we voluntarily withdraw or are requested to withdraw from the school, we are
  responsible to pay our account in full, realizing that registration and book fees are nonrefundable. I understand that a full month's tuition will be charged if withdrawal is before the
  last day of the month. Final grades, credits, and /or diplomas will be held until accounts
  are paid in full.
- We understand our student will be under a 9-week probation period.

Signatures of commitment		
Father or legal guardian	 Date	
Mother or legal guardian	Date	

Note: If student lives with both parents/guardians, both parents/guardians must sign.

## Permission/Release Form

### Please check the following information as it applies

	I give permission to Mountain Home Christian Academy to use photos of my child(ren) for Academy announcement or promotional materials including but not limited to: Newsletters, brochures, yearbooks, Academy website, newspaper.
	The following information may be included in your child's Classroom Directory
	Parent's Name
	Address
	Phone Numbers (home)(cell)
	Email Address
	Student's name/grade
	MHCA Activity Release Form
	Your child's class may participate in field trips throughout the school year. By signing this form, you are acknowledging the guidelines set forth by MHCA while your child is not on school property due to field trips.
	I give Mountain Home Christian Academy permission for my child to take part in all school activities, including bus trips, sports activities, and school sponsored trips away from the school premises.
	Computer Access and Use
	I understand that computer access and use is designed for educational purposes. While MHCA has taken precautions to eliminate controversial material, I recognize it may be impossible for MHCA to restrict access to all controversial and inappropriate material. I accept full responsibility for supervision if and when my child's use is not in a school setting. I have discussed the terms of this authorization with my child. I hereby request that my child be allowed access to MHCA's network including Internet.
	I do hereby agree to hold Mountain Home Christian Academy and its agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.
	I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the <b>State of Arkansas</b> and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.
	My signature on this form shall constitute an informed and knowing waiver as required by law. I acknowledge that I have carefully read this agreement, waiver, and release and fully understand its contents. I am aware that this release of liability is a contract between myself and MHCA.
Parent/gr	nardian Signature:Date:

#### **FINANCIAL AGREEMENT**

	Student Name	Grade
		<u> </u>
		<del>-</del> <del></del>
	gistration Fee	<del></del>
used to resourchild (resourchild) caren for the contractions of th	to determine the number of teachers necessary a rces. After the registration fees are paid, if the appear. (It is a paid), for any reason, we understand that this fee its/guardians be required by their employer to train the registration fee only if the applicable school	oplication is withdrawn by the parents/guardians of the
lt is th educa stude:		
1.	tuition and fees. A \$50.00 fee will be charged phttps://online.factsmgt.com/signin/4498T	inagement via the FACTS website for payment of ALL
2.	•	payment date will be considered delinquent and shall be urned checks, credit card payments and bank drafts will
3		ve report cards, transcripts, or diplomas until all financial tent schedule is in effect. Deviations from an effective
Э.		

- 5. Students whose parents/guardians have an outstanding balance that is not paid by the end of the month will not be allowed to return to school until it is paid or payment arrangements have been approved through the administration. Online communication access (such as Gradelink or other provider) will be de-activated until the Business Office approves re-activation.
- 6. If you have a financial emergency and are temporarily unable to pay, please call the Business Office immediately.
- 7. We agree that we are financially responsible for the payment of this account either **jointly and severally.**
- 8. Changes to this agreement must be submitted in writing to the Business Office and approved by Administration.

A copy of the Financial Policies is printed in the Student Handbook/Policy Manual.

Primary Responsibility

Date

Secondary Responsibility

Date

#### **FACTS**

Enrolling in a FACTS tuition payment plan allows you to select a payment option that best suits your financial needs.

The plans listed below are offered by MHCA.

#### Monthly Payments:

Spread your tuition balance over monthly installments.

Payment Methods Offered: Credit Card, Automatic Bank Draft

#### Semi-Annual Payments:

Spread your tuition balance over two installments.

Payment Methods Offered: Credit Card, Automatic Bank Draft

#### Payment in Full:

Pay your tuition balance in full.

Payment Methods Offered: Credit Card, Automatic Bank Draft

Please note, payments made through a credit card are assessed an additional charge for processing.

For more details about the options above, create an online account.