

Student's Name : \_\_\_\_\_

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

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 will be admitted to MHCA who does not agree to cooperate with the overall purpose and program.
- Signed Permission/Release Form
- Signed Financial Agreement
- Book & Registration Fees (1<sup>st</sup> months tuition & book fees due August 1, 2017)
- Change of clothes, labeled, in Ziploc

Students are admitted without regard to sex, race, color or national origin.

For Office Use Only

Handbook Issued \_\_\_\_\_ Date

Parent & Student Pledge & Affirmation Signed & Returned

# STUDENT ENROLLMENT APPLICATION

Child's Legal Name \_\_\_\_\_  
Last
First
Middle

Preferred Name \_\_\_\_\_ Grade to enter \_\_\_\_\_ for school year 2017-18

Mailing Address \_\_\_\_\_  
Street
City
State
Zip

Home Phone \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Citizenship if other than U.S. \_\_\_\_\_

Student Lives With  Both Parents  Father  Mother  Legal Guardian  Other \_\_\_\_\_

FATHER

MOTHER

	FATHER	MOTHER
Name		
Employer		
Position		
Bus. Phone		
Cell Phone		

Parent's Marital Status \_\_\_\_\_ married \_\_\_\_\_ widowed \_\_\_\_\_ divorced \_\_\_\_\_ separated \_\_\_\_\_ remarried

If the student does not live with his biological parents, please supply information of guardianship below.

Stepfather or Guardian

Stepmother or Guardian

	Stepfather or Guardian	Stepmother or Guardian
Title/Name		
Employer		
Position		
Bus. Phone		

Person responsible for the school account

Name		
Address		
City, State		
Phone		
Relation to child		

The person is responsible for \_\_\_\_\_ tuition only \_\_\_\_\_ tuition as well as all other charges

We agree that we are financially responsible for the payment of above named student's account **either jointly and severally.**

\_\_\_\_\_  
 Father Signature

\_\_\_\_\_  
 Mother Signature

School last attended

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Reasons for leaving previous school

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Have you ever been a student at MHCA? \_\_\_\_\_ What grade(s)? \_\_\_\_\_

Our family attends church at \_\_\_\_\_

Do both parents attend this church? \_\_\_\_\_ Yes \_\_\_\_\_ No

Church activities we enjoy

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Is your child actively involved in a Sunday school or youth group? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, where? \_\_\_\_\_

Please explain why you want your child to attend MHCA

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What was your source of reference to MHCA? (Friends, students, church, realtors, etc.)

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- My child will be staying in the After Care 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 treasure as able
  6. Pay tuition when due
- 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 non-refundable. 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 the Parent 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 **State of Arkansas** 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/guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_