

PAPERS
TO BE
SIGNED
AND
RETURNED

**MVCA NURSERY/PRESCHOOL
ENROLLMENT APPLICATION**

Enrollment Date _____ School Year _____ Hours of Care _____

Student's Full Name _____ Birthday _____

Physical Address _____ City, State, Zip _____

Mailing Address _____ City, State, Zip _____

Student's Social Security # _____ Home Phone # _____

Father's Full Name _____ Home Phone # _____

Father's Driver's License # _____ Father's Social Security # _____

Father's Mailing Address _____ City, State, Zip _____

Father's Physical Address _____ City, State, Zip _____

Father's Employer _____ Address _____

Father's Work # _____ Father's Cell # _____

Mother's Full Name _____ Home Phone # _____

Mother's Driver's License # _____ Mother's Social Security # _____

Mother's Mailing Address _____ City, State, Zip _____

Mother's Physical Address _____ City, State, Zip _____

Mother's Employer _____ Address _____

Mother's Work # _____ Mother's Cell # _____

Parent's Email Address _____

Are Parents living together or divorced? _____

If separated, who has custody of the child? _____

Name of church attended _____

Whom to notify if parents can not be reached _____

Persons & phone #'s authorized to pick up child (please use back of sheet if needed)

Student's Physician _____ Phone # _____

Please list any allergies your child has _____

The above listed information is, to the best of my knowledge, true and correct. I hereby make application to enroll my child at Mountain View Christian Academy. I understand that the registration and activity fees are non-refundable.

Signature of Parent/Guardian _____ Date _____

**MVCA NURSERY/PRESCHOOL
MEDICAL INFORMATION**

IT IS MANDATORY that pupils who show symptoms of communicable diseases be excluded from class until readmission is acceptable to the Church's Educational leaders. Your cooperation will be greatly appreciated. Thank you!

Student's Full Name _____ Date _____

Birthday _____ Social Security # _____

Medical History (Please check if your child has or has had any of the following and the dates he/she was affected)

HIV(+)	Diphtheria	Polio
Dental defects	Scarlet Fever	Convulsions
AIDS	Rheumatic Fever	Heart Disease
Asthma	Chicken Pox	Diabetes
Hay Fever	Pneumonia	Discharging Ears
Syphilis	Gonorrhea	Allergies
4 or more colds each year	Fainting Spells	Hearing Difficulty
Frequent Sore Throat	Abdominal Pains	Tires Easily
Poor Vision	Frequent Urination	Shortness of Breath
Frequent Leg Pains	Persistent Cough	Ringworm
Dizziness	Hernia (rupture)	Frequent Sties
Speech Difficulty	Nose Bleeds	Growing Pains
Crippling Conditions		

Personal Record (Please answer the following)

Is he/she shy? _____ Overactive? _____ Bite fingernails? _____
Does he/she suck their thumb? _____ Have excessive fears? _____
Have temper tantrums? _____ Like school? _____ Eat breakfast? _____
Play well with others? _____ When is his/her bedtime? _____ Rising time? _____

AGREEMENT

In case of dire medical emergency when I can not be reached, I hereby give the Director(s) of Mountain View Christian Academy permission to obtain emergency medical care for my child, with any doctor or hospital of their choice. In case of a lesser emergency, I would prefer my child's physician. I accept the policy regulations of this school and release it and its director(s) from any liability for injuries or illness resulting from conditions or circumstances beyond their control.

Signature of Parent / Guardian

Date

**MVCA NURSERY/PRESCHOOL
RELEASE AND CONSENT FORM**

I, the undersigned, for and in consideration of my child being permitted to attend Mountain View Christian Academy:

- Certify that I have read and will abide by the policies stated in the Preschool Handbook.
- Do hereby grant permission to use any photography/videography of my child.
- Understand that my child's classroom is equipped with cameras so that the Administrator may monitor the classroom at any time.
- In case of serious emergency or illness, when the parent cannot be reached immediately, hereby authorize the provider to obtain emergency medical care.
- Understand that the policy of MVCA is to make no refunds on registration and activity fees.
- Understand the financial responsibilities that are mine upon my child's enrollment and agree to comply with all policies regarding tuition in advance, earned vacation discounts, illness or late fees on all delinquent payments.
- Give my permission for my child to take part in all school activities, including sports and school sponsored trips away from the school premises and absolve the school from liability to me or my child at school or during any school activity.
- Understand that conferences will be held upon request by a teacher or parent. I will bring to the director(s)' attention any special problems or needs my child may have; as well as any problems regarding my child.

Signature of Parent / Guardian

Date

**MVCA NURSERY/PRESCHOOL
PAYMENT CONTRACT**

The registration fee of \$60.00 for Nursery through K3 and \$80.00 for K4 must be paid at registration in order to hold your child's spot. The \$60.00 activity/snack fee is also due at registration. **The registration fee and activity fee are recurring amounts. They are due once a year in August. NO EXCEPTIONS WILL BE MADE!**

The first month's tuition is due on or before the first day of attendance. Tuition will be charged to your account at the beginning of each week. You have the option to pay your account weekly, bi-weekly or monthly. There will be a \$10.00 late fee per child added to any account that has not had a payment made by the 10th day of the month. **No child will be allowed to attend if the balance is held over 30 days.**

A student will not be allowed to re-register at MVCA if there is an unpaid balance left on the account from the previous school year. The account MUST BE current before registration. **NO EXCEPTIONS WILL BE MADE!**

If a student is withdrawn after the 1st day of the month, the entire month's tuition is still due and payable. This includes any late fees, or other unresolved fees or charges that may accumulate on the account.

There will be a \$30.00 service charge for all NSF returned checks.

It is imperative that tuition be paid in a timely manner as this is the primary source of funding for teacher salaries.

Please indicate which payment plan you will follow.

_____ Monthly (Due on the 1st)

_____ Bi-Weekly (Due on the 1st & 15th)

_____ Weekly (Due every Monday)

My child will be enrolled at MVCA as:

_____ A full-time student (4-5 days per week)

_____ A part-time student (1-3 days per week)

I have read, understand and agree to abide by this tuition payment contract. I have indicated the above payment plan that I will follow.

Signature of Parent / Guardian

Date

AFFIDAVIT FOR PARENT / GUARDIAN

STATE OF ALABAMA
COUNTY OF JACKSON

Before me, a Notary Public in and for said State and County, appeared

_____ known to me, after being duly sworn or
(Parent's Name)

affirmed to state as follows:

The Affiant is the parent or legal guardian of the minor child

_____ ; the Affiant has been notified by a
(Child's Name)

representative of Mountain View Christian Academy, that said Church/School has
filed notice with and is exempt under law from regulation by the Department of
Human Resources.

Affiant (Parent's Name)

Sworn to and subscribed before me
This _____ day of 20_____.

NOTARY PUBLIC
My Commission expires:_____

ACKNOWLEDGEMENT

I _____, having enrolled my child,
(Parent's Name)

_____ in Mountain View Christian
(Child's Name)

Academy, do hereby acknowledge by my signature that I have received and read the Nursery / Preschool Handbook and the policies stated therein.

Parent Signature

Date