

Class/Days: \_\_\_\_\_

# MISSION BEND CHRISTIAN ACADEMY REGISTRATION CARD

Today's Date: \_\_\_\_\_

Enrollment: New or Returning *(Please Circle One)*

Child's Legal Name: \_\_\_\_\_

*(Last)*

*(First)*

*(Middle Initial)*

Name Child Goes By: \_\_\_\_\_ Birth date: \_\_\_\_\_ (mm/dd/year)

Age on 9/1/09: \_\_\_\_\_ Years \_\_\_\_\_ Months Male or Female *(Please Circle One)*

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City and Zip Code \_\_\_\_\_ Email \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Beeper or Mobile *(Please Circle One)*

Father's Name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Beeper or Mobile *(Please Circle One)*

Child Resides With: Both Parents Mother Father Guardian *(Please Circle One)*

Ethnicity: Caucasian African-American African Asian Hispanic Other: \_\_\_\_\_

Student Directory: \_\_\_\_\_ Yes \_\_\_\_\_ No *(Directory is published each Fall and only issued to school families).*

MBUMC Church Member: \_\_\_\_\_ Yes \_\_\_\_\_ No *(For statistical purposes only.)*

Type of Referral: \_\_\_\_\_ Current Family \_\_\_\_\_ Outside Banner \_\_\_\_\_ Other

**Please choose class and days for your child. Indicate a 1st and 2nd choice. Registration fees are non-refundable.**

## CHILDREN'S DAY OUT

## PRESCHOOL

## GRADE SCHOOL

### Age as of 9/1/09

Hours: 9:00 a.m. - 2:00 p.m.

**Toddlers** (13-23 Months)

M/W/F  T/TH  M-F

**Twos** (24-36 Months)

M/W/F  T/TH  M-F

### Age as of 9/1/09

Hours: 9:00 a.m. - 2:00 p.m.

**Threes**

M/W/F  T/TH  M-F

**Fours - Pre-K**

M/W/F  T/TH  M-F

Hours: 8:15a.m.-3:30 p.m.

**Kindergarten**

*(Must be 5 by 9/1/09)*

**First Grade**

*(Must be 6 by 9/1/09)*

**Second Grade**

**Third Grade**

**Fourth Grade**

**Fifth Grade**

**Sixth Grade**

**Seventh Grade**

## EXTENDED DAY (Must be 13 months by 9/1/09)

(7:00 am - 6:00 pm) Yes  No

Date child will begin attending Extended Day: \_\_\_\_\_

I hereby give permission for my child to be photographed and to participate in audiotapes and/or videotapes taken at MBCA for educational, advertising, website, and/or home use.  Yes  No

Signed \_\_\_\_\_ Date \_\_\_\_\_

## Office Use Only:

Registration Fee: Amt Due \_\_\_\_\_ Amt Pd \_\_\_\_\_ Ck # \_\_\_\_\_ Date Pd \_\_\_\_\_ Bal \_\_\_\_\_

Supply Fee: Amt Due \_\_\_\_\_ Amt Pd \_\_\_\_\_ Ck # \_\_\_\_\_ Date Pd \_\_\_\_\_ Bal \_\_\_\_\_

Resource Fee: Amt Due \_\_\_\_\_ Amt Pd \_\_\_\_\_ Ck # \_\_\_\_\_ Date Pd \_\_\_\_\_ Bal \_\_\_\_\_

Related Discounts: Employee  Sibling  Other  \_\_\_\_\_

*Mission Bend Christian Academy enrolls on a non-discriminatory basis.*

# MISSION BEND CHRISTIAN ACADEMY EMERGENCY RELEASE INFORMATION

Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_  
(Please print)

Father's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_  
(Please print)

Physician Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Known Drug Allergies: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

Chronic Illness/Disability: \_\_\_\_\_

Is your child taking long-term medication? \_\_\_ Yes \_\_\_ No Treatment For: \_\_\_\_\_

If Yes, what medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

I UNDERSTAND THAT IN CASE OF INJURY TO MY CHILD, the Head of School, Director or a school representative will use his/her discretion in following any or all of the procedures listed below:

1. Emergency First Aid
2. Phone Parent/Guardian for Instructions.
3. Phone Child's Physician for Instructions.
4. Call "911" for ambulance and/or transport to West Houston Medical Center.

I also understand that I will assume financial responsibility for all medical expenses and any ambulance services.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
(Name) (Relationship) (Phone)  
\_\_\_\_\_  
(Name) (Relationship) (Phone)

This child may be released ONLY to the following persons, age 16 or older, including non-custodial parent, if applicable.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_