

MISSION BEND CHRISTIAN ACADEMY REGISTRATION CARD

Today's Date: _____

Enrollment: New Returning

Child's Legal Name: _____
(Last) (First) (Middle Initial)

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

Age on 9/1/10: _____ Years _____ Months Male or Female *(Please Circle One)*

Home Address: _____ City and Zip: _____

Home Phone: _____ Child Resides With: Both Parents Mother Father Guardian

Mother's Name: _____ Place of Employment: _____

Work Phone: _____ Alternate Phone: _____ Email *(Required)* _____

Father's Name: _____ Place of Employment: _____

Work Phone: _____ Alternate Phone: _____ Email *(Required)* _____

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. Registration fees are non-refundable.

<u>CDO/PRESCHOOL</u> <small>(Age as of 9/1/10)</small>	<u>DAY AND TIMES ATTENDING</u>	<u>GRADE SCHOOL (8:15 - 3:45)</u>
Toddlers (13 - 23 mos.) <input type="checkbox"/>	3 Days - (T-W-TH) 8:15 - 12:15 <input type="checkbox"/>	Kinder. <input type="checkbox"/>
	5 Days - (M-F) 8:15 - 12:15 <input type="checkbox"/>	1 st Grade <input type="checkbox"/>
Twos (24 - 36 mos.) <input type="checkbox"/>	<i>Lunch Bunch:</i> 3 Days (T-W-TH) (8:15am - 2:15pm) <input type="checkbox"/>	2 nd Grade <input type="checkbox"/>
	5 Days (M-F) (8:15am - 2:15pm) <input type="checkbox"/>	3 rd Grade <input type="checkbox"/>
Threes <input type="checkbox"/>	<i>Extended Day:</i> 5 Days (M-F) (6:30am - 6:30 pm) <input type="checkbox"/>	4 th Grade <input type="checkbox"/>
	5 Days (M-F) (6:30am - 12:15 pm) <input type="checkbox"/>	5 th Grade <input type="checkbox"/>
Fours - Pre-K <input type="checkbox"/>	5 Days (M-F) (8:15am - 6:30pm) <input type="checkbox"/>	6 th Grade <input type="checkbox"/>
	5 Days (M-F) (8:15 am - 3:45pm) <input type="checkbox"/>	<i>Elem. Ext. Day</i> 6:30 - 6:30 <input type="checkbox"/>
		6:30 - 3:45 <input type="checkbox"/>
		8:15 - 6:30 <input type="checkbox"/>

Date child will begin attending: _____

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 _____

Registration Fee: CDO/Preschool (\$75.00) Returning Elementary (\$150.00) New Elementary (\$200.00)

<u>Office Use Only:</u>	<u>Class Assignment:</u>				<u>Days:</u>
Registration Fee:	Amt. Due _____	Amt. Paid _____	Ck # _____	Date Paid _____	Balance Due _____
Supply/Resource Fee:	Amt. Due _____	Amt. Paid _____	Ck # _____	Date Paid _____	Balance Due _____
1st Month Tuition:	Amt. Due _____	Amt. Paid _____	Ck # _____	Date Paid _____	Balance Due _____
Related Discounts:	Employee <input type="checkbox"/> Sibling <input type="checkbox"/> Other <input type="checkbox"/>				

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: _____

Registration-fall/card

Class assignment _____

(FOR OFFICE USE ONLY)