



MCA is not able to accept children with learning disabilities, special needs, or IEPs. MCA is not equipped to deal with or provide for special needs of any type. Placement testing is required of every student for 1st Grade and above and all previous school academic and medical records will be requested prior to enrollment.

Should behavioral, learning, or physical problems surface during the school year, a student's status will be re-assessed. The principal, again, after consulting with parents and all involved staff members will decide whether the school can offer the special programs needed to continue the proper development of the student, or whether other arrangements should be made.

MCA does not accept children who have disciplinary action pending at their current school, who have been referred to alternative school/ or an alternate campus. MCA school policy requires all children who apply to MCA to have been in good standing at their previous school for one year.

We're sorry; there are no exceptions to these rules.

Application for Admission

RE-ENROLLING STUDENT APPLICATION

Application & Enrollment Process Checklist:	Initial when complete
1. School Tour & Parent Handbook Provided Online Date: _____ Day: _____ Time: _____	
2. Application Submitted by Family (one per applying student) Date Received: _____	
3. Application or Registration Fees Collected (Payment method: _____ Amount: _____)	
4. Application Properly Completed and All Signature Pages Signed	
5. Placement testing Scheduled: (1st-11th grades only) Date _____ Day _____ Time _____	
6. Testing Complete: Enrollment _____ Approved _____ Disapproved _____	
7. Documents Listed Below Received:	
Most Recent Grade Report or Transcript (K5-12th)	
Behavior Records	
Immunization Records	
Birth Certificate	
Court Orders, Decrees, Legal Guardian Documents	
Medical Power of Attorney (Military Dependent Students)	
Social Security Card or Proof of Citizenship	
Physical Exam-Fitness Exam	
P.T.V.O. Enrollment Form	
8. All Medical Records and Immunization requirements verified by Nurse.	
9. Interview with Administrator, DOE or Guidance Counselor (Required for All grades) Date: _____ Day: _____ Time: _____	
10. Interview with Administrator or DOE : Enrollment _____ Approved _____ Disapproved _____	
11. Tuition and Fees Collected, FACTS form completed. (Cashier)	
12. Enrollment Packet Back to Registrar- Student Files Established/Updated	

Registrar Comments

Administrator or DOE Comments:

Financial Responsibility Statement~ By enrolling in classes at MCA parents agree to pay all expenses they incur as a result of their relationship with MCA, regardless if they are billed through their FACTS tuition bill account or via some other means. These costs may include, but are not limited to, tuition, fees, lunch, late fees, library fines, other fees and collection-related costs. Accordingly, parents must accept full responsibility for adhering to all of MCA's billing policies, including payment due dates. No prorating is given. Enrollment or attendance in any calendar month requires tuition payment. MCA will not enter into or accept payments from any institution other than the parents. To participate in tuition reimbursement programs the parents must receive payments directly. MCA will not accept payments from outside institutions or programs.

I understand (Parent Signature) **X** _____

Authorization for Release of Students: I hereby authorize the Academy to release my child, named above, to the following individuals ONLY: RENWEB system allows only 6

Parent-Guardian #1	Last, First, MI	Phone	Last Digits of SSN
Parent-Guardian #2	Last, First, MI	Phone	Last Digits of SSN
Person #3	Last, First, MI	Phone	Last Digits of SSN
Person #4	Last, First, MI	Phone	Last Digits of SSN
Person #5	Last, First, MI	Phone	Last Digits of SSN
Person #6	Last, First, MI	Phone	Last Digits of SSN

I understand it is my responsibility to notify the school or center "in writing" if the above information changes and the school and center are not responsible nor liable for any inability to contact these listed authorized adults.

Medical Care Authorization. I hereby authorize Memorial Christian Academy to:

1. Care for my child during the time he or she is in the Facility and Secure emergency medical care for my child if I am unable to be reached

Name of Physician: _____ Phone: _____

Name of Hospital
or Clinic: _____ Phone: _____

Medical/Allergy Admission Information

Student

Name: _____ SSN _____ DOB _____

Please answer, provide and/or complete. This information will be on file in the school clinic and be available for teachers and support personnel. Changes should be reported to the office as soon as possible.

1. Current Physical Examination Record (original copy)

2. EPSDT: A copy of the medical screening form of the Early and Periodic Screening Diagnosis and Treatment Program (EPSDT) if no referral for further diagnosis and treatment is indicated.

Health History. Please check problems associated with your child. A doctor's note may be requested/required.

<input type="checkbox"/> No health problems	<input type="checkbox"/> Visual Handicap (specify)	<input type="checkbox"/> Heart Condition (specify)
<input type="checkbox"/> Glasses/Contacts	<input type="checkbox"/> Wears hearing aide	<input type="checkbox"/> Sickle Cell Anemia
<input type="checkbox"/> Asthma	<input type="checkbox"/> Physical Restrictions	<input type="checkbox"/> Sickle Cell Trait
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Eczema	<input type="checkbox"/> Migraines (Doctor's validation required)
<input type="checkbox"/> Allergies-Seasonal	<input type="checkbox"/> Seizures	<input type="checkbox"/> Arthritis
<input type="checkbox"/> Allergies-Food, Drug	<input type="checkbox"/> Allergies-Insects	<input type="checkbox"/> Severe Head Injury
<input type="checkbox"/> Scoliosis	<input type="checkbox"/> Takes Medication during School	<input type="checkbox"/> Kidney/Bladder Problem (specify)
<input type="checkbox"/> Color Blindness	<input type="checkbox"/> Other Health Problem (specify)	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Positive T.B. Test	<input type="checkbox"/> Counseling-Mental, Emotional	

Specified Comments. Attach additional page/sheet Labeled with "Health History" and place student name (F, M, Last) and Date of Birth at top of each page. Include doctor's statements and other related information that be helpful.

Physical Restrictions. Attach additional page/sheet Labeled with "Physical Restrictions" and place student name (F,M,Last) and Date of Birth at top of each page. Include doctor's statements and other related information that may be helpful.

Allergies. Attach additional page/sheet Labeled with "Allergies" and place student name (F,M,Last) and Date of Birth at top of each page. Include doctor's statements and other related information that may be helpful. Please itemize allergies as follows: Seasonal, Insect/Animals, Medication, and **Food. *see not below regarding Food Allergies**

Does your child require a prescribed sting kit/epinephrine? Yes ___ No ___. *If yes, parent-guardian must provide to school with physician's permit and parent authorization to administer the medication.*

Medications: Refer to handbook for any medications that will be provided to the school.

List the names and reasons for taking medications during school hours:

Name of Medication: _____ Reason: _____

Name of Medication: _____ Reason: _____

The Academy will use the following over-the-counter medications in the clinic for minor first aid if the student does not go home or leave to see a physician. *Please note the school will not offer treatment or supplies to students for minor first aid needs incurred when uninvolved in school activities/attendance. If such provision is needed and administered during the student's school attendance, the school is authorized to recover from the family, the expense incurred for supplies provided.*

Calamine
Bacitracin Ointment

Zephiran for wound cleaning
Petroleum Jelly for chapped lips

Normal Saline/isotonic solution for eye wash
Orajel

By signing below, I give approval for the school to use these medications to treat my student while in attendance.

NOTE* If your Child had any food allergies it is parent responsibility to check the school lunch menu. No substitutions will be made. Any day on which the school lunch menu contains any item your child is allergic to you MUST pack a home lunch.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____



Allergy Alert Sheet



MCA Allergy Form

If your child has allergies of any kind, please complete this form so we can generate a list for all teachers at MCA. If you become aware of new allergies, please be sure to update this form right away. If medication is needed (such as an EpiPen or Benedryl), we need a medication order form submitted to the nurse as well.

Child's Name _____

Child's Grade _____

Type of Allergy _____

Symptoms/Reactions

Emergency medical instructions/actions to take:

To prevent incidents:

Please note that if the school cafeteria is serving ANY item in which your child is allergic, we require that the child have a home packed lunch on that day.

Parent Signature _____ **Today's Date** _____

Memorial Christian Academy
Student Release of Liability Form
For Participation in Academy

I, the undersigned parent or legal guardian, in consideration for my child's participation in "Memorial Christian Academy" (hereinafter referred to as the "Academy") sponsored activities pertaining to his or her enrollment in the Academy, hereby consent for my child,

(Child's Full Name Printed Here) _____

who is currently _____ years of age, to participate in the activities connected with all Academy sponsored events, including but not limited to the following: Athletics (age related and elective), field trips, recess, playground access and utilization, physical education, age related science and chemistry experiments performed as part of school's education program, computer and computer lab utilization, fundraising events, art, music, individual and class photograph taken of my student, inclusion of my student's photograph in Academy sponsored or authorized publications, transportation to and from Academy sponsored events, awards and recognition ceremonies, chapel services, baptism by immersion, Bible classes, fire drill procedures, severe weather drill procedures, and classroom management programs.

I certify that my child is able to participate in any and all Academy sponsored events with exceptions being documented below. List all activities in which your child may NOT participate:

In the event my student has any medical condition which may be relevant to a physician in the event of an emergency, I have completed and submitted this information to the Academy administration. I have also provided the Same with routine and emergency telephone numbers where I may be contacted. I understand it is my responsibility to update these numbers in the event they change. If I cannot be reached via these telephone numbers within a reasonable period of time, I hereby authorize the Academy and Memorial Baptist Church (sponsoring Church, hereinafter referred to as the "Church) or the adult sponsors of the activity to make emergency decisions for my child. I agree to indemnify and hold harmless any person affiliated with the Academy or Church who makes decisions concerning the health and welfare of my child in an emergency situation. An emergency is defined as a condition or situation wherein my child's safety, health, welfare and/or life face perceived eminent danger or threat. I understand and agree that if I choose, that I may select to deny my child's participation in any particular Academy activity. I further understand that my denial of my child's participation in certain activities directly corresponding to the Academy's academic program may adversely affect my child's grade reports. I also understand and agree to personally provide alternate care for my child when I select to deny their participation in group or classroom activities, acknowledging that in such circumstances, that the Academy has no responsibility to provide individual supervision nor any refund of tuition concerning my child as a result of a personal participation declination.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACADEMY SPONSORED ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do, for myself and my child, heirs and assigns, hereby irrevocably and unconditionally release, acquit and forever discharge the Academy, the Church, and its agents, employees, and volunteers from any and all liability, actions, causes of actions, claims, expenses, obligations and damages of any nature whatsoever, which I now have or which may arise in the future, in connection with my child's participation in the Academy's sponsored activities or any other associated activities including but not limited to, any injury to my child or property, even injury resulting in death.

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 Texas and that if any portion hereof is held to be 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.

I further state that I HAVE CAREFULLY READ AND UNDERSTAND THE FOREGOING RELEASE AND KNOW THE CONTENTS HEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. I understand that this a legally binding agreement. I understand that by not signing and submitting this Release to the Academy will prevent my child from being enrolled and attending the Academy.

Parent or Legal Guardian Signature

Date

Parent or Legal Guardian Signature

Date

One Release per Student Required

Signature Page– One Per Student

*Applications may not be processed without signatures.
One completed application is required per student.*

Parent-Guardian

Any persons other than the legal parent-guardian must provide substantial proof of their legal authority to request enrollment of a student or provide written request for student information to be released to them. Such requests must be verified, signed and submitted by the legal parent-guardian in order to be acknowledged by the Academy. In some cases, court orders or decrees will be required to be filed in our records, depending on the nature of the request or circumstances. All such documents to be notarized and presented at requestor's expense. As soon as possible, a school official will contact you to conduct a phone interview and/or schedule an interview. The interview may include student assessment or diagnostic testing for purposes of grade level placement. No exceptions shall be made for circumstances contrary to school policy. The responsibility for understanding any and all the philosophies, policies, and procedures rests with the parent or legal guardians. Submission of this application acknowledges your desire to enroll your child for the entire school year. Submission of this application further acknowledges your understanding that if your student is admitted, all required fees and tuition must be paid by due dates indicated in the current year admission, enrollment, and reenrollment application in order for the school to slot your student. You also acknowledge that disregarding school policy, regardless of reasons or circumstances, warrant administrative withdrawal of your student(s) and probable forfeiture of all right of refunds that may have been authorized by policy.

Notice of Non-Discriminatory Policy To Students

Memorial Christian Academy and Child Development Center admits any student of any race, color, national or ethnic origin, or handicapped status to all rights, privileges, programs, and activities normally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin, or handicapped status in administration of its educational policies, admission policies, scholarship programs, athletic or other school administered programs.

I/We, the parent(s) or legal guardian(s) of

_____ **(student's name)**

have completely read and fully understand the Statement of Faith, Policy, Terms and Conditions of the Tuition & Fees Agreement, the Miscellaneous Fees Agreement, and the Illness/Injury and Medication Policy & Agreement, and all other sections of the Parent Handbook and Application & Enrollment packet. As indicated by my/our signatures below, I/we agree to honor and comply with the policies and plans set forth therein. I/We will not attempt to undermine the principles of the school's Statement of Faith or Policy by any means while my/our children are enrolled. I/We further understand that from time to time, the school may amend, or be required to amend, its policies and procedures, and that I/We will be notified of such. I have read, been informed, and understand the schedule of fees and tuition pertaining to enrollment of my child and accept the terms and conditions of the financial obligations required for my child's/children's enrollment. I hereby certify and affirm that the foregoing information entered is true and correct to the best of my knowledge. I also certify and affirm that my child, whose name appears herein this application and enrollment packet, is now a U.S. citizen or legal immigrant, of who I am also the parent and/or legal guardian, and is afforded all rights under the Constitution of the United States of America.

Parent-Legal Guardians: (Both Signatures Required if Married)

Printed Name _____ **Signature:** _____ **Date** _____

Printed Name _____ **Signature:** _____ **Date** _____

Please submit the application along with the non-refundable fees for enrollment consideration. Application does not secure a class slot nor guarantee admission. Applications are processed and interviews scheduled based on order received, with re-enrolling students having priority. Upon admission approval and payment of all program fees, students become officially enrolled in the Academy programs selected. Program Fees or Tuition should not be paid prior to approved admission.