



McArthur Christian Academy

Application—Infants through Pre-K 4

NOTE: A \$45.00 registration fee and an immunization record must accompany this application. ALL REGISTRATION FEES ARE NON-REFUNDABLE. MCA reserves the right to refuse admittance to the academy for any reason.

Personal Information: * Required

*Name of Child _____ Preferred Name _____
*Child's Social Security Number _____ Date of Birth _____
*Age _____ *Address _____ City _____
* Zip _____ * Home Phone Number _____

*Mother's Name _____ SS# _____
*Employer _____ Occupation _____
*Employer's Address _____
*Work Phone Number _____ Cell Phone Number _____

*Father's Name _____ SS# _____
*Employer _____ Occupation _____
*Employer's Address _____
*Work Phone Number _____ Cell Phone Number _____

*Guardian (Other) Name _____ SS# _____ *

Relationship to Child _____
*Employer's Address _____ Occupation _____
*Work Phone Number _____ Cell Phone Number _____

*Marital Status: ___ Married ___ Divorced ___ Separated ___ Widowed
*Is Child Adopted? ___ Legal Custody Belongs to: _____

*Approximate pick up time _____

EMERGENCY CONTACT INFORMATION:

Person to call if parent cannot be reached.

*Name _____ Address _____
*City _____ Zip _____ Relationship _____
*Home Phone Number _____

*Work Phone Number _____

*Cell Phone Number _____

Persons other than parents authorized to pick up child

*Name _____ Address _____

*City _____ Zip _____ Relationship _____

*Home Phone Number _____

*Work Phone Number _____

*Cell Phone Number _____

*Name _____ Address _____

*City _____ Zip _____ Relationship _____

*Home Phone Number _____

*Work Phone Number _____

*Cell Phone Number _____

Medical Information

*Child's Doctor _____ Address _____

*Phone Number _____

Special Needs or Instructions _____

Consent For Medical Care

*We do give consent to MCA or a duly representative for _____

to receive such medical or surgical aid as may be deemed necessary and expedient by a duly licensed physician or surgeon in case of an emergency when the parents cannot be reached. Consent is also given for the Administrator or the duly appointed representative to transport said child for emergency medical treatment, if parent cannot be reached.

I further understand that I am fully responsible for all incurred expense for the treatment of my child and do not hold MCA responsible for any expense whatsoever. I understand MCA is a secondary insurance carrier for my child which means that the parent's insurance is primary and all claims must be filed with the parent's insurance company.

BOTH PARENTS MUST SIGN.

Signature _____ Date _____

Signature _____ Date _____

***Disease History**

Please check if your child has had any of the following:

_____ Measles Date _____

_____ Mumps Date _____

_____ German Measles Date _____

_____ Chicken Pox Date _____

_____ Seizures Date _____

_____ Diabetes Date _____

_____ Heart Defects Date _____

_____ Ear Infections _____ Frequent _____ Normal
 _____ Throat Infections _____ Frequent _____ Normal
 _____ Other Chronic Illnesses _____
 _____ Ocular Dysfunctions _____
 _____ T.B. Date Tested _____
 _____ HIV Infected Date Tested _____ Negative ___ Positive ___
 _____ Speech Delayed _____
 _____ Hearing Impaired _____
 _____ Food Allergies (Please List) _____
 _____ Medicine Allergies (Please List) _____
 _____ Physical or Emotional Problems _____
 Previous Day Care Attended _____
 Your Church Affiliation _____

CONTRACTUAL AGREEMENT

I hereby make application to enroll my child in MCA. I understand that I am responsible for my child and understand the rules and policies. I do fully agree to abide by them. I agree to pay the tuition fee in advance on a weekly basis. I agree to give a **two-week prior written notice of my intent to remove my child from the Academy.** I further understand that if I do not give this notice, I am responsible for the two weeks of child care at the present rate. FAILURE TO COMPLY WITH THIS POLICY WILL RESULT IN YOUR ACCOUNT BEING TURNED OVER TO COLLECTION AND/OR LEGAL ACTION WITH ALL COSTS BEING BORN BY YOU. I further understand that I am responsible for the weekly tuition and I am paying for my child's position and not the time they spend at the Academy. All Holidays in any given week will count as if we were open that day.

*Parent's Signature _____ Date _____

Tuition Payments

All Tuition payments are due on Mondays of each week. If payment is not received by Friday, your child will not be allowed to attend the following Monday. If weekly fees, plus late fees of 8.00 per day per child is not received by the following Friday your child will be dropped from our rolls. If you wish to re-enroll your child, if space is available, a new registration fee will apply.

I have read the above policy and agree herewith to comply.

*Parents Signature _____ Date _____

AUTHORIZATION FOR DISCIPLINE

The aim of the discipline policy here at MCA is to build character and help children gain self-esteem and learn self-discipline. We know that children need help in attaining these goals. By setting limits, we help children feel secure. Teachers are responsible for the day-to-day discipline of their children. We use positive reinforcement, modeling, and time-out as means of discipline. The following steps of discipline will be used.

- Step 1: The teacher redirects the child to another activity and/or gives a verbal warning to the child.
- Step 2: The child is removed from the group and asked to sit in time-out (1 minute x's the age of the child). This is repeated until the child has had three time-outs.
- Step 3: The child is removed from the classroom to the director's office for positive suggestions.
- Step 4: Should the child continue to present a problem, the parent will then be called and a verbal warning is to be given to the child over the phone from the parent.
- Step 5: If misbehavior continues, then another phone call is made to the parent and the parent must come pick up the child for the remainder of that day and the child cannot return the next day either. After staying out that day, the child

may return to the Academy. If it is determined by the director that the child cannot conform to the rules of the Academy, MCA reserves the right to recommend another daycare and refuse admittance to the child permanently. Should you be called and asked to pick up your child, we fully expect you to cooperate. Children should be picked up within one hour of being called.

I have read the above policy and will abide by the stipulations therein. Should I be called to pick up my child, I will promptly come to the Academy and pick them up for the remainder of the day in which I was called and all of the next day. I realize that my child may return to the Academy after staying out one full day.

*Parent's Signature _____ Date _____

NOTE: We do not use physical punishment as outlined in the Licensing Manual, Section 500.2