

# Midway Christian Academy

1930 Midway Road  
Douglasville, GA 30135  
770/942-8243

## Class Registration Form 2010-2011

Reg. # \_\_\_\_\_

Date: \_\_\_/\_\_\_/10

Ck # \_\_\_\_\_

Amt.\$ \_\_\_\_\_

Rcpt: \_\_\_/\_\_\_/\_\_\_

Child's First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Preferred name to be called by MCA Teacher and Staff: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ E-mail address: \_\_\_\_\_

Mother's Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Mother's Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Father's Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Father's Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age as of Sept 1, 2010: \_\_\_\_\_ Sex: M / F T-shirt size: Child's Sm 6-8 \_\_\_\_\_  
Md 10-12 \_\_\_\_\_

Class Applying for:	Mother's Morning Out	2 Year Old Class	3 Year Old Class	4 Year Old Class
	___ W (1 day)	___ M-W-F (3days)	___ Mon-Fri (5 days)	___ Mon-Fri (5 days)
		___ T-Th (2 days)	___ T-W-Th (3 days)	

Mother's Name: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Child's parents are: \_\_\_ Married \_\_\_ Separated/Divorced

If parents are separated/divorced, who has custody of the child? \_\_\_ Joint custody \_\_\_ Mother \_\_\_ Father  
\_\_\_ Grandparents \_\_\_ Other (A copy of the custody court order must be on file at the preschool)

Other children/adults living in the home: \_\_\_\_\_

Has your child had any previous experience in preschool or structured environment? \_\_\_ Yes \_\_\_ No

Is there anything special we should know about your child (favorite activities, fears, health issues)? \_\_\_\_\_

What do you desire to gain from enrolling your child at MCA? \_\_\_\_\_

Have you had any other children enrolled at MCA? \_\_\_ Yes \_\_\_ No Names/Years: \_\_\_\_\_

How did you hear about MCA? \_\_\_\_\_ Name of person who referred you: \_\_\_\_\_

**I understand that the registration fee is required at the time of registration. This payment is non-refundable.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_.