

# Midland Christian Academy



## Re-enrollment REGISTRATION (Current MCA Students Only)

2021-2022

Date: \_\_\_\_\_

Child's Full Name (including middle initial): \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Please circle one: (For all classes age requirements are as of September 30<sup>th</sup>)

### For PS and PK, please circle half or full day

___ 3 day PS (3 yrs. old)	Half day	Full day	___ Kindergarten (5 yrs. old)
___ 5 day PS (3 yrs. old)	Half day	Full day	
___ 3 day PK (4 yrs. old)	Half day	Full day	___ Elementary School Grade _____
___ 5 day PK (4 yrs. old)	Half day	Full day	

Please initial that there have been no changes to the following:

\_\_\_\_\_ Parent name(s)      \_\_\_\_\_ Parent address      \_\_\_\_\_ Parent Phone Number(s)  
\_\_\_\_\_ Parent e-mail address(es)

**If there have been any changes, please do not initial and list on the back of this page.**

Please list at least 2 local persons to call for emergency pick-up (other than parents):

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Please list any special physical conditions/allergies or medications:

\_\_\_\_\_  
\_\_\_\_\_

By signing below, we acknowledge the Advertising Release and Consent to Medical Care/Treatment of Minor Child authorizations on file with MCA are still in effect. Also, we have read the 2021-22 Student Handbook found on the school's website and agree to follow its policies.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date