



*Exceptional Education... Distinctively Christian*

# Kindergarten Application

**For School Year:** \_\_\_\_\_

## GENERAL INFORMATION

➤ *Please type or print in ink.*

**Student Name** \_\_\_\_\_  
last first middle

Birthplace \_\_\_\_\_ Birth date \_\_\_\_\_ Sex:  M  F

**Ethnicity**  Non-Hispanic  Hispanic

**Race**  African American  Asian  Native American  Pacific Islands  White

Student's public school district \_\_\_\_\_

Last school attended \_\_\_\_\_ School phone \_\_\_\_\_ Grades attended \_\_\_\_\_

School's address \_\_\_\_\_

### Physical/911 Address (where student resides)

\_\_\_\_\_ Street City State Zip

Home phone number \_\_\_\_\_ Family email address \_\_\_\_\_

## PARENT INFORMATION

**FATHER'S Name:** Mr./Dr./Rev. \_\_\_\_\_  
last first middle

Occupation \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

**MOTHER'S Name:** Mrs./Ms./Miss/Dr. \_\_\_\_\_  
last first middle

Occupation \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Marital status of parents:  married  divorced  separated  remarried

Student resides with:  father  mother  both  other: \_\_\_\_\_

Legal custody of child belongs to:  father  mother  both  other: \_\_\_\_\_

Non-custodial and/or non-resident parent is involved and may have access to school records/report cards:  Yes  No

Non-custodial and/or non-resident parent address (if they should be receiving information from the school)

\_\_\_\_\_ street City State Zip

Home phone number \_\_\_\_\_ Email address \_\_\_\_\_

Special conditions of custody arrangement (use another page if necessary; please attach copy of court order): \_\_\_\_\_

\_\_\_\_\_

Have any of these students or any of his/her family members applied for admission at MCA or attended in the past?  yes  no

If yes, when? \_\_\_\_\_

List All Others that Live in the Home

Name	Age	Relationship to Student	School Attending	Grade
1. _____				
2. _____				
3. _____				
4. _____				

What church does your family presently attend? \_\_\_\_\_

How often?  frequently  often  occasionally  seldom  not attending

MCA affirms traditional biblical doctrine and moral values such as the exclusiveness of Christ as the only way to God, the preservation of unborn human life, and the restriction of sexual activity to within marriage only. How comfortable are both parents with this traditional understanding of life?

Father/guardian \_\_\_\_\_

Mother/guardian \_\_\_\_\_

Each parent; please describe your faith and your relationship with God.

Father: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mother: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about MCA? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list your reasons for selecting this school: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Parent Certification**

*My signature below signifies my agreement with the school's Statement of Faith. All information contained in these application materials is accurate to the best of my knowledge.*

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

\_\_\_\_\_  
date

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

\_\_\_\_\_  
date



## KINDERGARTEN ADDENDUM

Student Name \_\_\_\_\_  
last first middle

### EDUCATIONAL INFORMATION

Has your child attended nursery school or preschool?  yes  no *If so, please complete the following:*

School Name \_\_\_\_\_ Type:  public  private  Christian

School Address \_\_\_\_\_  
street city state zip

School Phone \_\_\_\_\_ Date attended \_\_\_\_\_

### DEVELOPMENTAL INFORMATION

Has your child ever been evaluated for and/or received support of any kind?  Yes  No

IEP  504 Plan  Speech Services  OT  PT  AIS

Does your child still receive these services?  Yes  No

IEP  504 Plan  Speech Services  OT  PT  AIS

Please explain:

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\*PLEASE PROVIDE ANY EVALUATION REPORTS OR OTHER DOCUMENTATION REGARDING THESE SERVICES.\*

Please indicate if your child is:  left-handed  right-handed  both

Has there been anything unusual about your child's speech or language development?  Yes  No

If so, please explain:

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### SOCIAL/EMOTIONAL DESCRIPTION

How does your child relate to the following (W=Well, F=Fair, P=Poor):

\_\_\_\_\_ parents \_\_\_\_\_ brothers and sisters  
\_\_\_\_\_ other adults \_\_\_\_\_ other children

What does your child most like to do at home? \_\_\_\_\_

Does your child have jobs at home? \_\_\_\_\_

What kind of correction do you find most effective? \_\_\_\_\_

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How does your child usually respond to correction? \_\_\_\_\_

What encourages your child? \_\_\_\_\_

What time does your child go to bed at night? \_\_\_\_\_

How would you describe his/her personality? \_\_\_\_\_

How would you evaluate your child's general behavior? \_\_\_\_\_

**HEALTH INFORMATION**

Does your child have any allergies?  yes  no If so, please indicate type of allergy and medication used:

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Does your child take any regular medication (including Ritalin), and if so, what kind(s)?  yes  no

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Please comment about anything we should know regarding your child's medical history in order to determine his/her developmental needs at this point:

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# PASTORAL Confidential Reference

(To be completed by your Pastor, Pastoral Staff  
Member, or Youth Director.)

**Please mail or fax this form to Director of Admissions @ Mekeel Christian Academy**

36-38 Sacandaga Rd • Scotia, NY • 12302 • 518-370-4272 • 518-370-4778 (fax)

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

**Dear Pastor/Youth Director:**

The above named student is applying for admission to Mekeel Christian Academy and has given your name as a reference and will not be interviewed until we receive your evaluation. The parents/guardians have signed a waiver at the bottom relinquishing their right to read this reference.

In the case of younger applicants, we realize a pastor or pastoral staff member may not be truly familiar with a child's spiritual or social development. In these cases we are primarily seeking to determine the family's attendance and involvement at a local church. Feel free to omit any questions that are not applicable for a younger child. Thank you for providing any information you might have that would be of assistance to the school.

1. How long have you known the student and in what capacity? \_\_\_\_\_
2. How well do you know this student and his/her family? \_\_\_\_\_
3. How often does the student attend your church?  frequently  often  occasionally  seldom  never
4. Has the student expressed personal faith in Christ?  yes  no  unknown
5. Does the student demonstrate good moral character?  yes  no  unknown
6. Has the student been involved in disruptive conduct in your church or youth group?  yes  no  unknown
7. Does this student attend any of your church programs (e.g., Sunday school, youth group, religious ed., children's programs, etc.) on a regular basis?  yes  no  unknown
8. In what ministries of your church has the student been involved (*older students only*)? \_\_\_\_\_  
\_\_\_\_\_
9. What do you consider to be the student's positive qualities? \_\_\_\_\_  
\_\_\_\_\_
10. What areas need attention or growth? \_\_\_\_\_  
\_\_\_\_\_
11. Do you believe he/she will be a positive addition to MCA? \_\_\_\_\_

Please sign and either mail in the enclosed envelope or fax to the MCA Development Office (FAX 518-370-4778). Please feel free to include any additional information; you may indicate below your signature that you would prefer a call. Thank you for your assistance!

\_\_\_\_\_  
Printed Name Signature Title

Please call me at: \_\_\_\_\_

\_\_\_\_\_  
Church

**PARENT WAIVER**

*I/We hereby authorize Mekeel Christian Academy to contact schools, churches, and other sources to obtain information to support our application(s) and I/we will not seek access to confidential recommendation and evaluation materials before or after the admission decision is made. I/We release every person and institution from any and all liability resulting from or pertaining to the furnishing of records, documents, and other information provided to Mekeel Christian Academy for that purpose.*

\_\_\_\_\_  
Father/Guardian Signature Date Mother/Guardian Signature Date