



# PRE-SCHOOL APPLICATION

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

*Exceptional Education... Distinctively Christian*

➤ **Please type or print in ink.**

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

Sex:  M  F DOB: \_\_\_\_\_ Age of Student as of OCT 31: Years \_\_\_\_\_ Months \_\_\_\_\_

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

### Physical Address (where student resides)

Street City State Zip

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

- Program**
- 3 yr old **M,W,F** (8:00am-11:30am)
  - 3 yr old **M,T,W,TH,F** (8:00am-11:30am)
  - 3 yr old **M,W,F** (8:00am-3:00pm)
  - 3 yr old **M,T,W,TH,F** (8:00am-3:00pm)
  - 4 yr old **M,W,F** (8:00am-11:30am)
  - 4 yr old **M,T,W,TH,F** (8:00am-11:30am)
  - 4 yr old **M,W,F** (8:00am-8:00-3:00pm)
  - 4 yr old **M,T,W,TH,F** (8:00am-3:00pm)

### BEFORE/AFTER CARE

- Before Care (7:00am-8:00am)
- After Care (3:00pm-6:00pm)

### PARENT INFORMATION

**FATHER'S Name:** Mr./Dr. \_\_\_\_\_  
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 \_\_\_\_\_

Special conditions of custody arrangement (*use another page; please attach copy of court order.*)

## **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? \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

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

\_\_\_\_\_

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

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

How often?  frequently  often  occasionally  seldom  not attending

Each parent; please describe your faith and/or 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