



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