



PRESCHOOL APPLICATION

For School Year: 2023 - 2024

Exceptional Education...Distinctively Christian

Student Name _____
last first middle

Sex: M F DOB: _____

Current Age: Years _____ Months _____

Student's public school district: _____

Physical Address (where student resides)

Street City State Zip

Home phone number _____

Family email address _____

PROGRAM

Morning Only (8:00-11:30)

Full Day (8:00-3:00)

3-yea r-o l d M,W,F

3-yea r-o l d M,T,W,TH,F

4-yea r-o l d M,W,F

4-yea r-o l d M,T,W,TH,F

AFTERCARE

I am interested in more information regarding the aftercare program.

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 is your child's favorite thing to do at home? _____

What kind of correction do you find most effective? How does your child usually respond? _____

What encourages your child? _____

How would you describe his/her personality? _____

How would you evaluate your child's general behavior? _____

Is your child fully potty-trained? Yes / No At what age were they potty-trained? _____

Please note any concerns. _____

Are there any concerns you have, regarding your child entering preschool, which you would like to discuss with the teacher?

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: _____

To finalize the details of enrollment read below:

- A \$25 (nonrefundable) Application fee per student is required with each application.
- A \$200 deposit for each student is required to hold your student's place. The deposit is refundable up until 8/1.
- All families must pay preschool fees through the FACTS Management Co. or pay in full before school begins.
- Fees must be paid by the first day of attendance and then by the 1st of the month for all subsequent payments.

PARENT CERTIFICATION

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

Parent/Guardian Signature

date