



METROLINA
CHRISTIAN ACADEMY

Early Education Center

APPLICATION

6 weeks through PreK



STEPS TO ADMISSION

We recommend that interested parents schedule a tour.

The steps to enroll a new child are as follows:

Complete and return the application with the following:

- A. Application fee
- B. Children's Medical Report
- C. Copy of Social Security Card
- D. Updated Immunization Record



Office Use Only

Date Application Received _____ Reg. Amount Date _____ By _____

Date of Enrollment _____ Age when Enrolled _____

Student Information

Student's Legal Name _____

Preferred Name _____^(Last) Sex _____ Age _____^(First) Date of Birth: Month _____^(Middle) Day _____ Year _____

Address _____
(Street Address & P.O. Box No.) (City) (State) (Zip)

Place of Birth _____ Social Security No. _____

Has student ever attended Metrolina Christian Academy EEC? Yes No If yes, when? _____

Medical Information

Physician _____ Phone _____ Hospital Preference _____

Dentist _____ Phone _____

Insurance Company _____ Policy Number _____

My child is subject to (check (✓) and give details):

___ An allergy to medicine, food, plant, animal or insect toxin: _____

___ A condition that requires special care, procedures, services, medication or diet: _____

___ A physical, mental or developmental disability that would prevent my child from participating in the center's regular program and/or activities: _____

_____ If your child has a temperature of 101.0 or more, or any symptom of a contagious disease or infection, you must make (initial) other child care arrangements. In most cases, your child must remain at home at least twenty-four (24) hours after having left the center because of an illness and be temperature free for twenty-four (24) hours. Re-admittance is at the discretion of the Director.

_____ **Metrolina Christian Academy EEC** will only administer pre-measured prescription medications such as medicine (initial) for breathing apparatus or medicine for life threatening allergy. **Metrolina Christian Academy EEC** will not administer any medication without a "Permission to Administer Medication" form available from the Director.

Emergency Treatment and Transportation

I hereby give permission to **Metrolina Christian Academy EEC**, licensed by the Division of Child Development, to secure emergency medical, dental, and/or surgical treatment and to arrange/provide emergency transportation for the child. Non-emergency medical treatment or elective surgery is not included in this authorization. I agree that the center Director, Assistant Director, or Administrator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

(Father/Guardian Signature & Application Date)

(Mother/Guardian Signature & Application Date)

Father / Guardian Information

Name _____
Address _____
Marital Status _____ (Street Address & P.O. Box No.) _____ (City) _____ (State) _____ (Zip) _____
Date of Birth _____
Relationship to Student _____ E-mail Address _____
Cell Phone _____ Pager _____ Home Phone _____
Employer _____ Occupation _____ Work Phone _____
Name and city of church you attend _____
Name of your Pastor _____

Mother / Guardian Information

Name _____
Address _____
Marital Status _____ (Street Address & P.O. Box No.) _____ (City) _____ (State) _____ (Zip) _____
Date of Birth _____
Relationship to Student _____ E-mail Address _____
Cell Phone _____ Pager _____ Home Phone _____
Employer _____ Occupation _____ Work Phone _____
Name and city of church you attend _____ Name of your Pastor _____

Release Authorization

If parents are separated or divorced, with whom does the student reside? _____

List any legal authority or parental restrictions _____

Authorized Release (Child will only be released to the persons listed below.)

Name _____ / _____ Home Phone _____ Work Phone _____

Name _____ / _____ Relationship _____ Home Phone _____ Work Phone _____

Name _____ / _____ Relationship _____ Home Phone _____ Work Phone _____
Relationship _____

Emergency contacts (if parents or guardians are unavailable)

Name _____ / _____ Home Phone _____ Work Phone _____

Name _____ / _____ Relationship _____ Home Phone _____ Work Phone _____

Name _____ / _____ Relationship _____ Home Phone _____ Work Phone _____

Relationship _____



PLEASE READ CAREFULLY. By signing this application, I/we understand and agree that :

1. Should my child not respond favorably to the EEC for any reason, I will not try to change the EEC to fit my needs, but agree to quietly withdraw.
2. My child may take part in all EEC activities, including games, sports, field trips, and activities outside of a fenced area.
3. The EEC will not administer over-the-counter medications or prescription drugs to infants through four year olds without a parent's signature on the daily medicine chart (available from teacher). In the event of a medical emergency, I give permission for my child to receive first aid from a EEC employee and/or treatment as required by a physician.
4. I have read and agree to comply with the most recent age-appropriate Rates and Fees/Financial policy. I also agree to comply with any withdrawal and/or payment penalties contained therein. I understand my or my child's failure to comply with EEC policies will result in my child's dismissal without prior notice to me.
5. I understand final acceptance of my child is determined by Administration. The EEC has full discretion in the classroom placement and promotion of my child.
6. Promotional advertisements are used by Metrolina Christian Academy EEC. I understand and agree that my child may be used for such advertisements and that Metrolina Christian Academy and EEC are released from all liabilities.
7. Metrolina Christian Academy EEC will always strive to develop a positive self-image. We recognize that children need clearly defined limits set in a non-threatening yet firm manner. We will encourage children to be self-directed and exhibit self-control. We will build individual esteem and avoid any shaming practices. We accomplish order and thus discipline through close supervision, gentle guidance, and redirection. When all else fails, we will utilize a brief time out. This practice is rarely employed and never overused. We do not condone or employ corporal punishment as a means of discipline.
8. I have read and understand the **North Carolina Child Care Laws for Child Care Centers.**

(Father/Guardian Signature & Application Date)

(Mother/Guardian Signature & Application Date)

Metrolina Christian Academy EEC admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. The EEC does not discriminate in the administration of its educational policies, scholarships, athletic, and other school programs.

FINANCIAL AGREEMENT

The following policies are set forth by the School Board of Metrolina Christian Academy. If other arrangements need to be made, they must be submitted in writing and sent to the Financial Administrator of MCA. The School Board will respond within 30 days. You will then be notified by the Financial Administrator of their response.

- * EEC students will not be allowed to attend class if fees are more than 2 weeks past due.
- * Registration, Admission and Tuition Fees are **non-refundable** and due at time of enrollment and re-enrollment.
- * Due to general expenses and staff commitments, no reduction can be made in tuition due to absenteeism, closings due to inclement weather, scheduled days closed for holidays, teacher workdays, etc.
- * A fee of \$25.00 will be charged to your account for returned checks. After two (2) checks have been returned, payment must be made in cash, money order or cashiers check.
- * A fee of \$75.00 will be charged to your account for annual supplies if not paid by January 31 each year.
- * For EEC Students: A fee of \$10.00 will be charged to accounts not paid by 6 p.m. on Monday.

All financial information is mailed to the address of the student's residence. It is the enrolling parent/guardian's responsibility to provide this information to the appropriate staff of Metrolina Christian Academy and EEC.

BY SIGNING THIS FORM, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND AGREE WITH ITS PROVISIONS AND ACCEPT RESPONSIBILITY FOR MY CHILD'S FINANCIAL ACCOUNT. I ALSO UNDERSTAND THAT ALL FEES THAT HAVE BEEN PAID ARE NON-REFUNDABLE.

For EEC Accounts:

I hereby agree to pay tuition on Monday by 6 p.m. for the week the child is attending.

PARENT'S/GUARDIAN'S SIGNATURE: _____ **Date** _____
(Required)