

METROLINA CHRISTIAN ACADEMY

School of Fine Arts

ENROLLMENT APPLICATION



FOR OFFICE USE ONLY

Date Application Received _____ Registration Amount Date _____ Received By _____

STUDENT INFORMATION

Student's Legal Name (Last, First Middle) _____ Preferred Name _____ Gender Male Female Date of Birth _____

Address _____ City _____ State _____ Zip _____

Student's Email Address _____ Student's Home and/or Mobile Number _____

Name of School You Attend _____ Current Grade Level _____

Name of Church You Attend _____ Name of City Church Is Located _____ Pastor's Name _____

PARENT INFORMATION

Father's Name _____ Mother's Name _____

Father's Email Address _____ Mother's Email Address _____

Father's Mobile Number _____ Father's Work Number _____ Mother's Mobile Number _____ Mother's Work Number _____

SCHOOL/EXPERIENCE

Area(s) of interest: Praise Dance Piano Guitar Band Voice Drama Other: _____

Have you been or are you currently involved in some type of fine art class/group? Yes No

If yes, describe your involvement. Play(ed) an instrument: _____ Choir Dance Other: _____

How long was/has your involvement been? (Please include years of instruction.) _____

PREFERENCES

Instrument: Piano Guitar Brass Instrument: _____ Woodwinds Instrument: _____

Strings Instrument: _____ Percussion Instrument: _____

Other: Drama Other: _____

Day of Week: Monday Tuesday Wednesday Thursday Friday

Lesson: 30 minutes 45 minutes Time of Day: During School Before School After School

PAYMENT OPTIONS

Placement will be granted on a "first-come, first-served" basis. A waiting list will be established once all the available slots have been filled.

Payment is due the first of each month. Please choose your payment option below.

Pay in full now.

Pay half now and final balance by 30 days after first lesson.

Monthly payments — By check Bill my MCA Account: _____

Signature is required for billing of MCA account.

An annual registration fee of \$25 is required. Registration fee is due when application is submitted for processing.

Make checks payable to Metrolina Christian Academy.

Please mail this completed form and payment to:

Metrolina Christian Academy

PO Box 1460

Indian Trail, NC 28079

Attention: School of Fine Arts

PAYMENT AGREEMENT

As the parent/guardian for the enrolling student, I (we) accept the responsibility for the attendance of each lesson. I (we) have read all the policies and agree to adhere to them.

Father's Printed Name

Father's Signature

Date

Mother's Printed Name

Mother's Signature

Date

Student's Printed Name

Student's Signature

Date