



METROLINA
CHRISTIAN ACADEMY
ESTABLISHED 1992

MCA Online Program

Course Registration Form

STUDENT/PARENT INFORMATION

Student Name (First Last) _____

Date of Registration ____/____/____

MCA Student

Homeschool Student

Current Grade: _____

Parent Name _____

Address (Street Address/PO Box #, City, State Zip) _____

(____) _____

Home Phone

(____) _____

Work Phone

Student Email Address _____

Parent Email Address _____

COURSE INFORMATION

Course Name	Amount
1) _____	\$ _____
2) _____	\$ _____
3) _____	\$ _____
4) _____	\$ _____
5) _____	\$ _____
6) _____	\$ _____

Registration Fee \$ _____

Total Due \$ _____

Note: Dual Credit courses may require the completion of an additional registration form through the college from which they are offered. The additional application will be provided after receipt of payment and the MCA Online Education registration form.

PAYMENT INFORMATION

Credit Card

Personal Check (Make checks payable to MCA)

Credit Card Information

Visa

Master Card

Card #: _____

Expiration Date: ____/____/____

Note: A 3% credit card handling fee will be added for credit/debit card payments

Signature _____

Date _____

Mail completed registration form along with payment to MCA at the mailing address listed below.