

MRBC Primary Academy

2016 – 2017 School Year

Facility Name: MRBC Primary Academy		Administrator: Cyndi King	
Child's Full Name:		Child's Date of Birth:	
Child's Preferred Name:		Enrolling into: Kindergarten, 1st, or 2nd	
Child's Address:			
Child's Home Number:		Brothers/Sisters: Ages:	
Date of Admission:	Date of Withdrawal:	Email Address:	
Child's Age as of 9-1-2016:		Best way to contact you for:	
		Cell Phone	Home Phone
		Email	Text Message

Parent's or Guardian's Name(s):		Address (if different than child):	
Phone Numbers While child is in school:			
Mother: Cell:	Father: Cell:	Guardian: Cell:	
Parent's Relationship to each other (Married, Divorced , Separated, Singles):			

I hereby authorize Kindergarten Academy to allow my child to leave the facility ONLY with the following persons: (Attach copy of driver's licenses.)			
Name:	Relationship:	Phone:	DL#:
Name:	Relationship:	Phone:	DL#:
Name:	Relationship:	Phone:	DL#:

Authorization for Emergency Medical Attention:

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility, director/person in charge to take my child to (attach copy of insurance card):		
Name of Physician:	Address:	Phone :
Name of Hospital:	Address:	Phone:
I give consent for this facility to secure any and all necessary emergency medical care for my child. I do hereby release Matthew Road Baptist Church, and any staff member of the P.A.W., from any and all injury claims that might occur while they are in attendance.		
_____ Signature of Parent/Legal Guardian		_____ Date:

Child's Name(from front):	Date of Birth:
List any special problems that your child may have:	
Allergies:	
Existing Illness:	
Previous Serious Illness:	
Injuries During the Past 12 months:	
Any Medicine Prescribed for long-term Continuous Use:	
Any other information which Staff should be aware of:	
Immunization Record:	
<input type="checkbox"/> I have provided the childcare operation with a copy of my child's most current immunization record.	

Other Information (Optional):

Family Religious Preference:	Church Membership:
Father's Occupation:	Father's Employer:
Mother's/Guardian Occupation:	Mother's /Occupation Employer:
How did you hear about our K-2?	
What was your primary reason for selecting this K-2?	

MRBC Primary Academy
Acknowledgement Form

Please be sure to initial each statement signifying that you understand and acknowledge each of the following statements:

- _____ The MRBC Primary Academy is not an accredited school, nor are we licensed.
- _____ Homework is assigned each day and is to be completed at home and turned in at the teachers request.
- _____ Progress reports/conferences will be given every 6-9 weeks on your child's progress and we will require a parent meeting to discuss the progress of your child. These meetings will be held at designated times and we request that no children be present.
- _____ Tuition of \$175.00 is due by the 5th of every month.
- _____ The August tuition is prorated at the rate of \$96.00 and is due upon registration.
- _____ A \$25.00 late fee will be applied to any tuition payments received after the 5th of any given month.
- _____ If you withdraw your child, a 30day notice is required and tuition will apply.
- _____ Your child will not be considered enrolled until all paperwork is turned in, required fees are paid, and parent/child interviews have been completed. We will notify you by e-mail or mail once all interviews are complete.
- _____ Classes will be held on Mondays and Wednesday from August 22nd , 2016 through May 17th , 2017. Please see the MRBC Primary Academy's student calendar for holidays.
- _____ Class will start at 8:45am and your child is expected to be here on time.
- _____ All children must be picked up at 2:30pm.

I, _____ parent/guardian of _____ have read and agree to the acknowledgement form. I understand that not adhering to these rules and expectations may result in the expulsion from the MRBC Primary Academy.

Parent Signature

Date