



MRBC Primary Academy

Parent Enrollment Checklist

To start the enrollment process for the 2018-2019 school year you will need to return the following:

- ____ Completed admissions form for each child ***(front and back)***
- ____ Copy of updated shot record
- ____ Copy of driver's license of any one eligible to pick up your child
- ____ Completed picture release form
- ____ Signed Acknowledgement Form
- ____ Non-refundable \$50.00 registration fee
- ____ \$125.00 annual supply fee (per child) due at enrollment
(\$125.00 due in January for Spring Semester)

For returning students:

**** If you have current driver's license and/or shot record on file, we do not need a new copy.**

If you have any questions, please contact Cyndi King at 972-641-7380 or by e-mail cyndikking@msn.com.

MRBC Primary Academy

2018 – 2019 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: | | |
| Primary Contact Number: | Brothers/Sisters: | Ages: |
| Date of Admission: | Date of Withdrawal: | Primary Email Address: |
| Child's Age as of 9-1-2018: | | Secondary Email Address: |

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

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

Other Information (Optional):

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



2018-2019 MRBC Primary Academy Picture/Video Release

Throughout the school year, the administration and the teacher take pictures and/or video of the students. These will be used for picture sales to the parents, end of the year video, and advertisements, i.e. – flyers and cards. We need your permission to place your child's photo or video in any of these projects.

Please read the following statements and check all that apply to your child. Be sure to sign and date it at the bottom.

- ☐ I give permission to use my child's photo for picture sales at the MRBC Primary Academy (only available to K-2 parents)
- ☐ I give my permission to use my child's photo/video in MRBC Primary videos that are only used during Family Night and/or any church events.
- ☐ I give my permission to use my child's photo in the MRBC Primary brochure, designed in house and only available to potential MRBC Primary parents – no names/ages are listed.
- ☐ I give my permission to use my child's photo/video in all the above.
- ☐ I DO NOT allow my child's picture/video to appear in any of the above. If you choose this option, we will take NO Pictures of your child and your child will not appear in special projects that include photos, including end of year video.

Child's Name: _____

Parent's Name: _____

Parent Signature

Date

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.
- _____ 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 27th, 2018 through May 15th, 2019.
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