

For Office Use Only			
Date Received			
Check #	Amount		

All Registration Fees and July Tuition are Non-Refundable

You have until **January 29th** to complete and return this form along with the re-registration fee to assure placement for your child presently enrolled in MRCA provided **all student accounts are current**. Since several grades are at or near capacity it is imperative that you submit this re-registration form by Friday, January 29th. After February 1st, all applicants, including those returning students who do not re-register in January, will be considered on a first-come, first-serve basis for those spaces remaining in each grade level.

A re-registration fee of **\$200 per child** must be **submitted with this application**. Re-registration of your children will not be confirmed unless the re-registration fee accompanies this form and **all accounts are current**. Re-registration can be paid in three payments (January, February, and March). If Re-Registration Fees are not received in total by April 15th, there will be a late fee of \$10 per child.

The tuition rates for the 2010/2011 school year will be found on our website, www.mitchellroadchristian.org, on the Admissions link.

Parents, **DO NOT** register siblings entering MRCA for the first time on this form. If you have a child who is not a current student but you anticipate having him/her at MRCA for the 2010/2011 school year, call Gail Simmons, 268-2210, extension 305, to request a new student packet to complete and return by January 29th. First time students registering during January will be placed in the waiting pool until February 1st. On February 1st, first time student with siblings at MRCA will be the first students moved to the active enrollment list as space is available. Applicants who do not register by January 29th, including any returning students, will be considered on a first-come, first-serve basis for spaces remaining in each grade level.

If you are interested in **financial aid**, call Cathy Ashmore, 268-2210, extension 314, for a scholarship packet. All scholarship information must be submitted to FFNA no later than May 1, 2010.

For current families, there will continue to be a \$100.00 referral incentive for each student in a new family enrolling for the 2010-2011 school year. This incentive will be credited to your September tuition payment.

Remember, the administration will not accept **requests for a specific teacher** for your child. We can assure you MRCA has your child's best interest at heart when placing him/her with a particular teacher.

STUDENT INFORMATION

First Child Last Name _____ First Name _____ Middle _____ Goes By _____
 Grade for 10-11 _____

Second Child Last Name _____ First Name _____ Middle _____ Goes By _____
 Grade for 10-11 _____

Third Child Last Name _____ First Name _____ Middle _____ Goes By _____
 Grade for 10-11 _____

Fourth Child Last Name _____ First Name _____ Middle _____ Goes By _____
 Grade for 10-11 _____

FAMILY INFORMATION

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Listed Unlisted Home Church _____

Denomination _____ Member Non-Member but attend regularly Looking for church home

Father's Information

Last Name _____ First Name _____ Title Mr. Dr. Rev.

Address (if different from student) _____

Phone (if different from student) _____ Listed Unlisted Married Divorced Separated Widowed

Cell phone _____ Pager _____ E-mail _____

CONTINUED ON OTHER SIDE

Father's Employment Information

Employer _____ Occupation _____
Address _____ City _____ State _____ Zip _____
Phone _____ extension _____

Mother's Information

Last Name _____ First Name _____ Title Mrs. Ms. Dr. Rev.
Address (if different from student) _____
Phone (if different from student) _____ Listed Married Divorced Separated Widowed
 Unlisted
Cell phone _____ Pager _____ E-mail _____

Mother's Employment Information

Employer _____ Occupation _____
Address _____ City _____ State _____ Zip _____
Phone _____ extension _____

MATERNAL GRANDPARENT'S INFORMATION

Last Name _____ First Name _____ Title Mr. Mrs. Ms. Dr. Rev.
Address _____ City _____ State _____ Zip _____
Phone _____ E-mail _____

PATERNAL GRANDPARENT'S INFORMATION

Last Name _____ First Name _____ Title Mr. Mrs. Ms. Dr. Rev.
Address _____ City _____ State _____ Zip _____
Phone _____ E-mail _____

MEDICAL INFORMATION

Person, other than parents, that can be contacted in case of emergency: _____
Phone _____ Cell Phone _____

Please give your child's name and any severe allergies and/or medical conditions of which the school should be aware: _____

Do you give authorization to MRCA to take your child to the nearest medical center in case of an emergency?

Yes No Signature _____

Insurance carrier _____ Policy Number _____