



**MAGNOLIA**  
**CHRISTIAN**  
 A C A D E M Y

**2007-2008 MCA KID'S CLUB REGISTRATION FORM**

**Directions: Please fill out one form per student. Please fax to (877) 805-8487 (toll-free).**

Student Name: \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Address: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

SEPT. TUITION	
MAY TUITION	
REGISTRATION FEE	
SUPPLY FEE	

**TOTAL AMOUNT OWED** \_\_\_\_\_

By signing this registration form, I understand that my student will be enrolled in classes at MCA per administrative approval. I also understand that my registration fee and supply fee are non-refundable. I understand that this is a full year commitment (9 months) and have every intention of completing the above classes unless unforeseen complications arise such as illness, moving, loss of income, etc. I also understand that I should contact the MCA office immediately in the event I need to drop the class or have trouble making a payment.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_



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Student Emergency Form (ONE PER CHILD)

Child's Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ SSN# \_\_\_\_\_  
Home Address: \_\_\_\_\_

Father's and Mother's Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Father's Cell Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Emergency Contact (Name at least one additional individual who can assume responsibility if the school cannot locate parent.)  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Medical/Emergency Care Provider  
Primary Physician: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Student's Health Insurance Coverage (Please attach a copy of your insurance card to this form)  
Provider: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

Please list any allergies or medical conditions MCA administration should be aware of:  
\_\_\_\_\_

Medication taken regularly: \_\_\_\_\_  
PLEASE NOTE: The Academy will not administer Over-the-Counter medications or prescription drugs to students without a parent's signature on the medication permission slip (available in the MCA office). ALL medications must be in original container with child's name and directions for administering drug clearly labeled.

- Consents/Understandings:
1. In the event that emergency care is needed, I give consent for my child to receive emergency medical treatment and/or transportation. \_\_\_\_\_ initial
  2. In the event that emergency care is needed, I understand that all costs for transportation arrangements and costs associated with examination and treatment are TOTALLY at my expense. \_\_\_\_\_ initial
  3. I release Magnolia Christian Academy representatives and Grace Christian Family Center as a group and individually from any and all liability for accident, injuries, or loss of life suffered or for efforts to administer first aid for same as a result of involvement with MCA classes and activities. \_\_\_\_\_ initial
  4. I grant Magnolia Christian Academy permission to photograph or obtain video or audio recordings of my child during school hours or school related activities. These would be used for advertising and/or yearbook purposes. \_\_\_\_\_ initial
  5. Permission is granted to school personnel to release my child to the following person or persons. (Include name, address, and phone number.) \_\_\_\_\_ initial  
A. \_\_\_\_\_

B. \_\_\_\_\_  
C. \_\_\_\_\_

6. A copy of the school's handbook outlining the policies and procedures of Magnolia Christian Academy will be provided and must be read. \_\_\_\_\_ **initial**

**By signing this form, I certify that the above information is true and that I have read the Consents/Understandings listed above. This release is valid and irrevocable for one year from the date hereof.**

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Notary's Signature** \_\_\_\_\_



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## STATEMENT OF FAITH

**Please read and have each family member sign below.**

We believe in one God, Creator and Lord of the Universe, the co-eternal Trinity; Father, Son, and Holy Spirit.

We believe that Jesus Christ, God's Son, was conceived by the Holy Spirit, born of the Virgin Mary, lived a sinless life, died a substitutionary atoning death on the cross, rose bodily from the dead and ascended to heaven where, as truly God and truly man, He is the only mediator between God and man.

We believe that the Bible is God's authoritative and inspired Word. It is without error in all its teachings, including creation, history, its own origins, and salvation. Christians must submit to its divine authority, both individually and corporately, in all matters of belief and conduct, which is demonstrated by true righteous living.

We believe that all people are lost sinners and cannot see the Kingdom of God except through the new birth. Justification is by grace through faith in Christ alone.

We believe in one holy, universal, and apostolic Church. Its calling is to worship God and witness concerning its Head, Jesus Christ, preaching the Gospel among all nations and demonstrating its commitment by compassionate service to the needs of human beings and promoting righteousness and justice.

We believe in the necessity of the work of the Holy Spirit for the individual's new birth and growth to maturity, and for the Church's constant renewal in truth, wisdom, faith, holiness, love, power, and mission.

We believe that Jesus Christ will personally and visibly return in glory to raise the dead and bring salvation and judgment to completion. God will fully manifest His kingdom when He establishes a new heaven and new earth, in which He will be glorified forever and exclude all evil, suffering, and death.

I HAVE READ THE STATEMENT OF FAITH, AND I UNDERSTAND THAT MY CHILD WILL BE TAUGHT AGE APPROPRIATE BIBLICAL TRUTHS BASED ON THE ABOVE STATEMENTS.

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Parent Signature

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Date

Parent Signature

Date