



Family Re-Enrollment Form

Monclova Christian Academy

7819 Monclova Road | Monclova, OH 43542
419.866.7630 | www.monclovabaptist.org/
mca

2015-2016

Address _____ Family E-mail _____

City, State, Zip _____ Home Phone _____

Father's Name _____ Marital Status _____

Employer Name _____ Occupation _____

Business Phone _____ Cell Phone _____

Mother's Name _____ Marital Status _____

Employer Name _____ Occupation _____

Business Phone _____ Cell Phone _____

Church _____ Pastor _____

Church Address _____ Church Phone _____

City, State, Zip _____

Public school district in which student now lives _____

City, State _____

The Monclova Christian Academy recruits and admits students of any race, color, or ethnic origin to all its rights, privileges, programs, and activities. In addition, the school will not discriminate on the basis of race, color, or ethnic origin in the administration of its educational programs and athletics/extracurricular activities. Furthermore, the school is not intended to be an alternative to court or administrative agency ordered, or public school district initiated desegregation. This school is authorized under Federal law to enroll nonimmigrant students.

OFFICE USE ONLY

Date Form Received ____/____/____ Deposit Amount Received \$_____ Check # _____

Student Name _____

Male Female Age _____ Grade Entering _____

Birth Date _____ Birthplace _____

Required: City / County / State / Country

Race (Optional): Black White Hispanic Asian/Pacific Islands American Indian/Alaskan Native Multi Racial

Student Lives With: _____ Please check here and complete section below if student lives with a legal guardian other than parent.

Name of Legal Guardian _____

Address _____ Phone _____

City, State, Zip _____ Email _____

2

Student Name _____

Male Female Age _____ Grade Entering _____

Birth Date _____ Birthplace _____

Required: City / County / State / Country

Race (Optional): Black White Hispanic Asian/Pacific Islands American Indian/Alaskan Native Multi Racial

Student Lives With: _____ Please check here and complete section below if student lives with a legal guardian other than parent.

Name of Legal Guardian _____

Address _____ Phone _____

City, State, Zip _____ Email _____

3

Student Name _____

Male Female Age _____ Grade Entering _____

Birth Date _____ Birthplace _____

Required: City / County / State / Country

Race (Optional): Black White Hispanic Asian/Pacific Islands American Indian/Alaskan Native Multi Racial

Student Lives With: _____ Please check here and complete section below if student lives with a legal guardian other than parent.

Name of Legal Guardian _____

Address _____ Phone _____

City, State, Zip _____ Email _____

4

Student Name _____

Male Female Age _____ Grade Entering _____

Birth Date _____ Birthplace _____

Required: City / County / State / Country

Race (Optional): Black White Hispanic Asian/Pacific Islands American Indian/Alaskan Native Multi Racial

Student Lives With: _____ Please check here and complete section below if student lives with a legal guardian other than parent.

Name of Legal Guardian _____

Address _____ Phone _____

City, State, Zip _____ Email _____

5

Student Name _____

Male Female Age _____ Grade Entering _____

Birth Date _____ Birthplace _____

Required: City / County / State / Country

Race (Optional): Black White Hispanic Asian/Pacific Islands American Indian/Alaskan Native Multi Racial

Student Lives With: _____ Please check here and complete section below if student lives with a legal guardian other than parent.

Name of Legal Guardian _____

Address _____ Phone _____

City, State, Zip _____ Email _____

MCA Tuition Policies

ENROLLMENT FEES (NON-REFUNDABLE):

Deposit (Registration fee) — \$ 100.00 PER STUDENT for new enrollments

This fee holds your child's spot in the class and is non-refundable.

(Exception: The School Board may refund the registration fee if the student is not accepted for enrollment.)

NOTE: A \$20.00 fee will be added to your tuition account if your check is returned unpaid by your bank.

Tuition Policy

Tuition is established by the Monclova Christian Academy Commission and the school administration.

It is based on services rendered during the specified days listed on the annual school calendar.

Tuition rates are noted by the school on the tuition schedule published each year.

Two methods of payment are offered.

ANNUAL (with a percentage discount)

Annual tuition must be paid by July 1st of the calendar year or ten days after the accepted date of enrollment.

Discounts are noted on the annual tuition schedule.

MONTHLY (Based on 10 or 12 months)

Monthly tuition begins July 1st of the calendar year. Monthly payments are due upon receipt and past due after the fifteenth of the month. Amounts not paid in full will incur a late charge of 1.5% per month (18% per year) of the unpaid balance with a minimum charge of \$10 per month. If the 15th falls on a weekend or holiday, the next working day will be the last day to pay accounts in full to avoid incurring a late charge. In the event tuition payments are past due beyond the 16th of the month, the following steps will be taken:

16th of Billing Month	Late payment penalty	(statement sent)
30th of Billing Month	Phone call from accounting office	(no response notification)
16th of Second Month	Final late notice	(Notification of suspension)
30th of Second Month	Removal from school	(School principals notified)

Once an account becomes past due, the entire balance must be paid and the account brought current in order for a child's enrollment to continue. **No account may remain 30 days past due.**

Tuition helps fund staff salaries, and other school expenses, and the school is dependent upon prompt tuition payments. Please do your part in making sure your tuition is paid on time, thus assuring our school's expenses are met in a timely manner.

NOTE: MCA accepts Visa or Mastercard for payment of tuition and/or fees.

Parental Commitment

Statement of Faith

We have read the Statement of Faith and are striving to train our child in accordance with it. We wholeheartedly support every effort of the school to build these truths into our child's life.

Father Signature

Mother Signature

Financial Agreement (See Tuition Policy on page 9)

We have looked over the attached tuition schedule, (which will change from year to year), and the tuition policy. We agree to pay tuition according to the tuition schedule for the appropriate school year. We will make all required payments in accordance with the tuition policy. We agree to pay any assessments that are made to cover damage to School property (including breakage of windows, abuse of books, etc.) caused by our child. We agree to pay any lunch charges, assessments, and fines as they occur during the school year. We understand that report cards and cumulative records will be withheld if required payments are not made in full on time.

Father Signature

Mother Signature

Tuition Information

Tuition Payment Plan: _____ Payment in full (5% discount offered if paid by July 1st.)

_____ 10-Month Payment Plan

_____ starting July 1st

_____ starting September 1st

_____ 12-Month Payment Plan

Tithing Member of Monclova Road Baptist Church? Yes No
Requesting Tithing Member Discount? Yes No

Father Signature

Mother Signature

Covenant

I/We have read the Purpose, Philosophy, Objectives and Standards of Conduct of Monclova Christian Academy. I/We understand that though I/We may not always agree with school policies, it is my/our responsibility to support and prayerfully follow the rules and standards of Monclova Christian Academy, as set forth in the student handbook. I/we understand that the Standards of Conduct are expected to be followed at all times, whether in school or outside school hours, since behavior outside the school reflects upon the creditability and character of the school. I/We understand that failure to uphold the policies of Monclova Christian Academy may result in immediate dismissal of my child/children from the school.

Father's Name (Please print.)

Mother's Name (Please print.)

Father's Signature

Date

Mother's Signature

Date

School Year: 20____-20____

Family Name _____

Address _____

Phone _____

Students:

Grade Entering

OFFICE USE ONLY

Date Form Received
____/____/____

Deposit Amount Received
\$ _____

Check # _____

First Day Attending ____/____/____