

Start Date 8/21/18	Reg. Fee	Tuition	Curriculum Fee
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# Mid-America Preparatory School

## 2019-2020 ENROLLMENT Application

Children's Names:		
_____ Birth date _____	S.S. Number _____	
_____ Birth date _____	S.S. Number _____	
_____ Birth date _____	S.S. Number _____	
_____ Birth date _____	S.S. Number _____	
Address (Street, City, State, Zip Code)	Student e-mail	Student phone

### IDENTIFYING INFORMATION

A) Mother's Name	S. S. Number	Home Telephone #	Cell Number
Address (Street, City, State, Zip Code)		E-mail	
Employed by:		Hours of Employment	
Address (Street, City, State, Zip Code)		Business Telephone Number	
Marital Status--If Divorced, Who Has Custody of Child/Children			
B) Father's Name	S. S. Number	Home Telephone #	Cell Number
Address (Street, City, State, Zip Code)		E-mail	
Employed by:		Hours of Employment	
Address (Street, City, State, Zip Code)		Business Telephone Number	

### EMERGENCY CONTACT(S) (OTHER THAN PARENT(S) OR DOCTOR)

Name	Telephone Number
Address (Street, City, State, Zip Code)	
Name	Telephone Number
Address (Street, City, State, Zip Code)	

### PERSON(S) AUTHORIZED TO TAKE CHILD FROM THE FACILITY

Name(s)	

### PHYSICIAN AND PREFERRED HOSPITAL TO BE USED IN AN EMERGENCY

I understand that in case of an accident or injury to my child, I will be notified as soon as possible. I give permission for my child to receive emergency medical care if deemed necessary.	Date	Initials
_____ Please use the medical services recommended.		
Doctor/Physician:	Telephone	

Preferred Hospital:	Telephone
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**FIELD TRIPS AND TRANSPORTATION**

I do \_\_\_\_\_ do not \_\_\_\_\_ give consent for my child to take part in field trips or excursions with this school facility under proper supervision. It is my understanding that I will be notified when such trips are planned.

**AGREEMENTS**

A. When my child is ill, I understand and agree that my child may not be accepted for school.	Date	Initials
B. I give permission for my child to be transported and treated by a medical facility in case of emergency. (Transportation to a medical facility may be provided by the school.)	Date	Initials
C. I give permission for my family's picture to be put on Christ Tabernacle/Mid-America Preparatory School's Web page. I give permission for my child to be photographed and the photo printed in advertisement materials. (Not required for enrollment)	Date	Initial

**CHILD'S HISTORY**

Allergies:

Please list below & on a separate paper, all of the schools (private or public) that your child has attended in the past:

Name:	Address:	Phone:
Dates:	Reason for Leaving:	
Name:	Address:	Phone:
Dates:	Reason for Leaving:	
Name:	Address:	Phone:
Dates:	Reason for Leaving:	

Discipline/health concerns we should know about: (Information should be provided by a doctor for any diagnosed conditions)

\_\_\_\_\_

\_\_\_\_\_

This certifies that my child is, to my knowledge, in good health and free of disabilities that would endanger him/her or other children in the school facility.

I give my permission to Mid-America Preparatory School to contact former schools for financial, health, and behavioral references on my child and our family.

All of the above information given is true to my knowledge and I agree to abide by the rules of Mid-America Preparatory School.

**Father's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Mother's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_