

OFFICE USE ONLY:

Tuition due for year: _____

M/W/F or Tues/Thurs. AM or PM

K 1 2 3 4 5 6

Book Fee: _____ Supply Fee: \$50

Monthly Tuition: _____

Total Due: _____

Tuition is due August—May

Mount Moriah Christian School

Student Enrollment Application

OFFICE USE ONLY:

Date registration received:

Amount Paid: _____

Check Number: _____

Amount due by 8/31: _____

Date of Withdrawal: _____

Student's Last Name _____ First Name _____ Middle Name _____

Name child is usually called _____ Mailing Address _____

City _____ State _____ Zip _____ County _____

Birth Date _____ Sex: Male Female Grade Entering _____ Social Security # _____

Resides with (circle one): Parents Mother Only Father Only Guardian Foster Parent Parents Share Custody

Custody Arrangement: Yes No (If yes, we must keep a copy on file. Please attach the agreement to your application.)

Are there any restrictions on who may pick your child up? Yes No If yes, whom: _____

Family Email Address: _____ Last School Attended (if not MMCS) _____

School Address _____

Did your child attend a preschool program? Yes No At what age did he/she start preschool? _____

Name of preschool and address that he/she attended _____

Parent/Guardian Contact Information:

Mother's Name _____ Home Number _____

Cell Phone Number _____ Work Number _____

Mailing Address (if different from child's) _____

City _____ State _____ Zip _____ County _____

Father's Name _____ Home Number _____

Cell Phone Number _____ Work Number _____

Mailing Address (if different from child's) _____

City _____ State _____ Zip _____ County _____

Additional Information for Shared Custody: Parent/Guardian Name _____

Relationship to child _____ Home Number _____

Cell Number _____ Work Number _____

Mailing Address _____

City _____ State _____ Zip _____ County _____

PLEASE TURN OVER AND COMPLETE THE OTHER SIDE

Emergency Contact Information: Please list 3 relatives/friends that the school can contact if you are unavailable. They will be contacted in the order listed below.

Name_____	Relationship_____	
Home Phone_____	Cell Phone_____	Work Phone_____
Name_____	Relationship_____	
Home Phone_____	Cell Phone_____	Work Phone_____
Name_____	Relationship_____	
Home Phone_____	Cell Phone_____	Work Phone_____

Transportation Information: This is only for students in K—8. Preschool transportation is **NOT** available.

Will your child need bussing services? Yes No If yes: A.M. P.M. Both

What school district do you reside in?

Albert Gallatin Laurel Highlands Uniontown SE Greene Brownsville

Where would you like your child dropped off and picked up, if not your home?

OFFICE USE ONLY:

_____ Added to pick-up list

_____ Info sent to bus company

_____ Bus #

_____ Enrollment sent to district

Medical Information:

Please list any physical, medical, or allergy conditions that your child may have_____

Please list any medications that your child is taking_____

Family Physician_____ Phone Number_____

Dentist_____ Phone Number_____

Hospital Preference_____

I authorize the school to give basic first aid, if necessary, during the school day. In case of a serious accident or illness, I request the school to contact me. If unable to reach me, the school may make whatever arrangements seem necessary. (Parent assumes complete responsibility if consent is not given.)

Parent/Guardian Signature_____ Date_____

I have read and agree to the following:

1. Permission is granted for pictures or media productions for classroom & other school-wide events. Yes No
2. Permission is granted for classroom Internet Activities. Yes No
3. The student has permission to participate in Physical Education Classes Yes No
If NO, please list reason_____
5. Permission is granted to print our address and phone number in the student directory. Yes No

Registration Fees: All registration fees are non-refundable and must be submitted with this form.

Registration fees : Preschool = \$50

Kindergarten—8th grades: \$75

Parent/Guardian Signature_____ Date_____

ACCEPTANCE INTO MMCS IS CONDITIONAL.

IF FOR ANY REASON YOUR APPLICATION IS DENIED WE WILL REFUND YOUR REGISTRATION FEE.