



## Mountain Area Christian Academy Glorifying God One Heart at a Time

### A note from Mrs. De Gina!

On behalf of all the preschool staff at Mountain Area Christian Academy, I would like to personally thank you for choosing to partner with us in your child's life and learning experience. I love watching children grow and learn and preschoolers are such a blessing to me.

At MACA, we are very dedicated in the care of your children. We strive to assist them in every aspect of early development. Not only do we strive to challenge them academically, we assist them physically, socially and most importantly, spiritually. We appeal to their conscience and stress making good choices.

You are always welcome, and we hope that you will feel free to come and visit anytime. My door is always open. I promise you that we will strive daily to ensure you receive the highest quality preschool experience available with an environment of learning and loads of fun.

# MOUNTAIN AREA CHRISTIAN ACADEMY

## Preschool – PK-1, PK-2, PK-3, PK-4

### APPLICATION PROCESS

We appreciate your interest in applying to Mountain Area Christian Academy. This packet contains documents needed to register for PreK-1, PreK-2, PreK-3, or PreK-4. Please complete those that apply to your child. If at any time during the application process, you have questions, please contact the office at (706) 374-6222 for assistance.

Your child's application is complete when the following has been turned in:

- Completed Preschool Application
- Signed Statement of Cooperation and Understanding & Parental Agreement
- Signed Medical Care and Emergency Contact Information Sheet
- Application Fee – **Non-refundable (for new applicants only)**
- Registration Fee – **Non-refundable**
- Copy of Birth Certificate
- Copy of Social Security Card
- Certificate of Immunization - Form 3231(required by State of GA)
- MACA Financial Contract Agreement
- Meal Benefit Income Eligibility Form

**Family Interview:** After you have submitted the above items, you will be contacted to schedule a parent interview with the Director. The Director will provide an overview of our program, and give you time to ask whatever questions you may have concerning the Pre-School.

**Admissions:** After completion of all of the above, the Director will notify you with regard to your child's enrollment status. If your child meets the admission requirements, but there are no spaces available in the class, you will be given an opportunity to keep your application in the waiting pool.

**Enrollment:** Upon acceptance, applicable tuition fees will be due before your child will officially begin at the Pre-School.

**MOUNTAIN AREA CHRISTIAN ACADEMY**  
**Application for Preschool**

Application Date: \_\_\_\_\_

School Year: \_\_\_\_\_

**APPLICANT**

Child's Full Name: \_\_\_\_\_ Applying for (circle one)  
**PreK-1   PreK-2   PreK-3   PreK-4**

Preferred Name or Nickname: \_\_\_\_\_ Child's Age: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
**(Age of child must reflect birth date (for 1, 2, 3, and 4 by September 1.)**

Race: \_\_\_\_\_ County: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**FAMILY INFORMATION**

**Applicant lives with (check all that apply):**

**Check any that apply:**

- |                                 |                                     |                                |   |  |
|---------------------------------|-------------------------------------|--------------------------------|---|--|
| <input type="checkbox"/> Father | <input type="checkbox"/> Stepfather | <input type="checkbox"/> Other | <input type="checkbox"/> Father has custody | <input type="checkbox"/> Parents are separated                                       |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Stepmother | <input type="checkbox"/> Other | <input type="checkbox"/> Mother has custody | <input type="checkbox"/> Parents are divorced <input type="checkbox"/> Joint Custody |

**FATHER/GUARDIAN**

**MOTHER/GUARDIAN**

Title/Name: \_\_\_\_\_

Title/Name: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Fax: \_\_\_\_\_

Fax: \_\_\_\_\_

If you work more than one job, please list employer name, address, and phone number: \_\_\_\_\_

**PREVIOUS PRE-SCHOOL INFORMATION**

Has this student ever been enrolled in a pre-school?  No  
 Yes

Reason for leaving: \_\_\_\_\_

To the best of my knowledge, the information contained in this application is true and accurate. I have carefully read the Statement of Policies (Student Handbook), Financial Contract, Code of Conduct, and other Mountain Area Christian Academy policies. I agree to support the school in carrying out its program and policies as outlined therein.

I authorize and give full consent to Mountain Area Christian Academy to publish and copyright all photographs in which my child appears while enrolled as a student in any and all programs and promotional materials of Mountain Area Christian Academy.

By signing this form, I give permission to be called and/or texted using automatic dialing equipment at the numbers listed on this application and I certify that I am the owner of the phone

Signature of parent/legal guardian	Relationship to student	Date
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Name of the parent responsible for payment of the account

(The name of the person who is responsible for the account will not be changed during the course of the student’s enrollment for the current school year except upon death of the payor. Should death of the payor occur, the legal guardian of the student’s estate is responsible.)

***Our Mission at Mountain Area Christian Academy (MACA) is to glorify God by providing an educational program that is Christ-centered, Biblically based, academically excellent and focused on equipping and encouraging our students to obediently fulfill God’s purpose for their lives.***

**Notice of Nondiscriminatory Policy as to Students:**

*Mountain Area Christian Academy admits students of any race, color, and national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.*

# MOUNTAIN AREA CHRISTIAN ACADEMY

## Statement of Cooperation and Understanding Parental Agreement

*Date:* \_\_\_\_\_ *School Year:* \_\_\_\_\_ *Child's Name:* \_\_\_\_\_ *Age/Grade:* \_\_\_\_\_

1. I understand that Mountain Area Christian Academy admits students of any race, color, and national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.
2. I understand that attendance at MACA is a privilege, not a right. MACA reserves the right to accept/reject any application for enrollment.
3. I understand that grade and class placements are left to the discretion of the administration.
4. I understand that every effort will be made to provide a sound, biblically-based and supported academic education in accordance with the student's grade level. MACA does not guarantee or promise that students will always comprehend, learn, complete a grade, or receive promotion.
5. I understand that MACA, as a Christian ministry, presents and requires Christian training for every student. This will include any, or all of the following: chapel attendance, Bible classes, programs (using drama, music, or recitation), prayer, and individual religious guidance, and/or advice.
6. I understand that my child will only receive three classroom discipline notes to be signed. After the third note, my child will go to the Director's office. After three visits to the Director's office, my child will be asked to spend 1 to 3 days at home with parents to reinforce the correct classroom behavior. I understand that when I receive the second note, or my child is suspended two times, I will need to schedule a conference with the teacher in order to help correct his behavior. I understand that after three suspensions, my child will be expelled from MACA due to severe discipline problems. I understand that offenses as specified in the Preschool Handbook can result in suspension or expulsion, without prior notice and all fees are applicable during suspension/expulsion time.
7. I understand that I am expected to support the school and its reputation in the community. I will address legitimate concerns, or complaints through the appropriate school channels. If, in the opinion of the school's administration, I do not cooperate, or are found to display detrimental actions or attitudes toward the staff, faculty, and/or administration, my student will be subject to permanent expulsion.
8. I understand, and accept that the student's enrollment and re-enrollment status will be at the discretion of the administration.
9. Should legal action be taken for any reason, on my/or my child's behalf, against MACA, and its staff, or personnel and they are not found at fault, I agree to pay any and all attorney's fees, court fees, damages, and all other costs incurred in defense of such actions.
10. I agree to abide by the handbook, individual class rules, and such policies and procedures as spoken, written, or otherwise set forth by the school's personnel, and/or administration. I will abide by the administration's decision in any matter involving my student, my account, or disposition of any records or transcripts.
11. I further understand that any fees, registration, and tuition paid are **non-refundable**.
12. I assume full legal and financial responsibility for any property damage caused by my child while at school, or while attending any school activity. I give full authority and discretion to the administration of MACA in verifying any information that I have provided herein, or in the course of any personal interview. This includes, but is not limited to, contacting previous schools, or day care providers, requesting records, reports, grades, evaluations and tests scores. I have not been promised or assured enrollment for my student and hereby leave that decision at the discretion of the administration.
13. Daily care shall include:
  - a. Supervision of child by qualified staff at all times.

- b. A consistent daily schedule including rest periods.
- c. Planned learning activities involving music, art, phonics, numbers, Bible teaching, and awareness of the world God made.
- d. Nutritious afternoon snack.
- e. Outdoor play, as weather permits, on a safe playground

14. Should my child become ill or suffer an accident of any nature while in the care of Mountain Area Christian Academy, the school will undertake to contact me immediately. The school is authorized to secure such medical attention and care for my child as may be necessary. The parent/guardian shall assume responsibility for payment and hereby release MACA, and its staff, from all liability in securing such care and/or transportation. My child cannot be given any medication without my written consent. With each occurrence I must fill out and sign a medication authorization form and give to the teacher. The facility agrees to keep me informed of any exposure to communicable diseases which include my child.

15. Does your child have any medical, mental, emotional problems, or are there any special procedures required for your child?

No  Yes If yes please list\_\_\_\_\_

16. My child must be accompanied by a teacher or parent upon entering or leaving the school. This means in and out of the room and playground.

17. I understand that, if my child is attending preschool on or before September 30th as 12 month student, I will be allowed a two week vacation from school and will not be charged. If my child begins attending preschool after September 30th or is a 10 month student, I will be allowed a one week vacation for which I will not be charged. I understand that the rates are based on the number of days the facility is open and therefore they are not discounted for holidays.

18. The facility agrees to obtain written authorization from me before my child participates in routine transportation, field trips, and special activities away from the facility.

**All information provided herein is true, full and accurate to the best of my knowledge, and no effort has been made to change, hide, or exclude any requested information.**

Signature of Male Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Female Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* Both legal parent/guardian must sign. (This included any divorce situations involving joint/shared custody.)**

\_\_\_\_\_ **OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE** \_\_\_\_\_

APPLICATION REVIEWED:	<input type="checkbox"/>	ACCEPTED	<input type="checkbox"/>	REJECTED
NOTES/REMARKS: _____				
_____				
_____				
SIGNATURE OF DIRECTOR: _____ DATE: _____				

Mountain Area Christian Academy  
**Medical Care and Emergency Contact Information**  
School Year: \_\_\_\_\_

**Student's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Family e-mail:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Child's Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Physician Address:** \_\_\_\_\_

**Known Allergies of Child (medicine, food, etc.):** \_\_\_\_\_

**Describe past serious illnesses or hospitalizations, with dates:** \_\_\_\_\_

**Medicines taken by child:** \_\_\_\_\_

**Date of last Tetanus Shot:** \_\_\_\_\_

Describe all physical conditions or illnesses that could affect the child's participation in the programs or the proper medical treatment (diabetes, epilepsy, poor blood clotting, etc.) \_\_\_\_\_

**Health Insurance:** Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Emergency Contacts:** In case of illness or accident, please contact the following in the order listed. List daytime phone numbers and include parents on the list.

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

-over-





# PRE-K Financial Information

## 2018-2019 School Year

Application Fee:	\$75.00 (per family).....	Due at time of initial enrollment
Registration Fee:	\$150.00 (per child).....	Due at time of enrollment/reenrollment (curriculum, academic supplies and enhancements)
<b>Tuition Fees:</b>		
	<b>K-1 – K2</b>	
	5 Days, 7:30 a.m.-5:30 p.m. \$150.00 per week	
	5 Days, 7:30 a.m. - 3:30 p.m. \$135.00 per week	
	5 Days, 7:30 a.m. – 11:30 a.m. \$100 per week	
	3 Days, Mon. / Wed. / Fri. 7:30a.m. -5:30p.m. \$120 per week	
	3 Days, Mon. / Wed. /Fri. 7:30a.m. -3:30 p.m. \$110 per week	
	2 Days, Tues. /Thurs. 7:30 a.m. - 5:30 p.m. \$95 per week	
	2 Days, Tues. /Thurs. 7:30a.m. - 3:30 p.m. \$85 per week	
	<b>K3 – K4</b>	
	5 Days, 7:30 a.m.-5:30 p.m. \$140.00 per week	
	5 Days, 7:30 a.m. - 3:30 p.m. \$125.00 per week	
	5 Days, 7:30 a.m. – 11:30 a.m. \$90 per week	
	3 Days, Mon. / Wed. / Fri. 7:30a.m. -5:30p.m. \$110 per week	
	3 Days, Mon. / Wed. /Fri. 7:30a.m. -3:30 p.m. \$100 per week	
	2 Days, Tues. /Thurs. 7:30 a.m. - 5:30 p.m. \$85 per week	
	2 Days, Tues. /Thurs. 7:30a.m. - 3:30 p.m. \$75per week	
	<i>Rates are subject to change at the discretion of the school</i>	
*10 month students receive 1 week vacation per year; 12 month students receive 2 weeks vacation per year. Forms must be completed and submitted prior to the vacation date. All tuition options include breakfast (7:30am -8:00am) hot lunch, morning and afternoon snacks.		

**THE ABOVE FEES ARE NONREFUNDABLE**

<b>Discounts:</b>	2 <sup>nd</sup> child – 10% / 3 <sup>rd</sup> child – 20% / 4 <sup>th</sup> child – 30% / 5 <sup>th</sup> child – 40% Each additional child – 40% (Discounts are applied to the lowest tuition.)
<b>Late Pick-up fees:</b>	5 minutes: \$2.50 10 minutes: \$5.00 After 10 minutes: an additional <u>\$1.00 per minute</u>

- The first week’s tuition must be paid **prior to** the student starting. If the student is withdrawn prior to the end of the contract year, all monies are forfeited.
- Your account will be charged \$30.00 (per check) for all payments returned to MACA due to insufficient funds.
- Weekly fees are due on the first day of care. Monthly fees are due on the 1<sup>st</sup> and late after the 5<sup>th</sup> of the month.
- Fees are due regardless of attendance.
- Fees are based on the number of days the facility is open and therefore they are not discounted for holidays.



## CAPS Program Overview

The Childcare and Parent Services (CAPS) program is designed to help low income families afford safe quality child care. The CAPS program is administered in all 159 Georgia counties by the local county Department of Family and Children Services (DFCS).

Families must be a resident of Georgia and apply for the CAPS program [online at www.compass.ga.gov](http://www.compass.ga.gov). The CAPS program can subsidize the cost of child care for children who are US citizens or legal residents and under age 13. The age can be extended to 18 if the child has special needs.

Families that qualify for the CAPS program can choose their own child care provider. The CAPS program will reimburse authorized child care providers up to a certain amount. Most eligible families share in the cost of care by paying a fee based on their income, family size and the number of children receiving child care subsidies. This fee is paid directly to the child care provider.

**Please note that policies and procedures in the Childcare and Parent Services program are subject to change.**



# MOUNTAIN AREA CHRISTIAN ACADEMY

## PRESCHOOL K-1, K-2, K-3 AND K-4

### FINANCIAL AGREEMENT

This is a financial agreement between \_\_\_\_\_ (parents/guardians) and Mountain Area Christian Academy Preschool, A Licensed Preschool Facility (the provider). Preschool/childcare services will be provided by Mountain Area Christian Academy for \_\_\_\_\_ (name of child).

**Place a check next to the schedule of your choice:**

✓	<u>Day</u>	<u>Time</u>	<u>K1 &amp; K2</u>	<u>K3 &amp; K4</u>
	5 Days	7:30 am to 11:30 am	\$100 per week	\$90 per week
	5 Days	7:30 am to 3:30 pm	\$135 per week	\$125 per week
	5 Days	7:30 am to 5:30 pm	\$150 per week	\$140 per week
	Mon/Wed/Fri	7:30 am to 3:30 pm	\$110 per week	\$100 per week
	Mon/Wed/Fri	7:30 am to 5:30 pm	\$120 per week	\$110 per week
	Tues/Thurs	7:30 am to 3:30 pm	\$85 per week	\$75 per week
	Tues/Thurs	7:30 am to 5:30 pm	\$95 per week	\$85 per week

The fee for my child is \_\_\_\_\_ per week. Parents agree the fees are due regardless of attendance.

Late pick up fees will apply at the stated rate if your child is not picked up by the chosen time. There will be a fee of \$30 for returned checks. Fees are based on the number of days the facility is open and therefore they are not discounted for holidays. Rates are subject to change at the discretion of the school board.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Director's Signature \_\_\_\_\_

Date \_\_\_\_\_

# GA Immunization Form 3231

We are required by the State of Georgia to have a current GA Immunization Form 3231 on file for each child.

- Form must include child's name, date of birth, any necessary immunization information and physician's signature.
- Box at top of form must be marked with an expiration date or check "Completed for School Attendance".
- All children enrolled at MACA must have a current form on file before the first day of class.

Form 3231 (Rev. 02/2018) Georgia Department of Community Health Form 3231  
Use required on or after July 1, 2007. CERTIFICATE OF IMMUNIZATION

Child's Name (Last name first) \_\_\_\_\_ Birthdate \_\_\_\_\_

(Optional) Parent/Guardian Name (Last name first) \_\_\_\_\_

Date of Expiration OR (Fill in X)  
 Date of Expiration  Complete For School Attendance  
(Must include month, day and year) (Child must be 4 years and have met all requirements for school attendance. The vaccine history section must be filed in.)

Unless specifically exempted by law, Georgia law (C.C.G.A. § 20-2-771) requires a certificate on file for each child in attendance in any school or child care facility in Georgia with penalties for failure to comply. Detailed instructions for this form and immunization requirements by age are spelled out in policy guides 3231HS and 3231HC distributed by the Georgia Immunization Program.

VACCINE	DATE			DATE			DATE			DATE			Tox/Doses	Diagnosed	Sensitivity *	Hx/ly	Med. Exemption
	MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY					
Required Vaccines for School or Child Care Attendance																	
DTP, DTaP, DT																	
Td or Tdap																	
Hepatitis B																	
OPV																	
IPV																	
MM																	
Mumps																	
Rubella																	
Hepatitis A (Born on/after 1/1/55)																	
Varicella																	
Recommended Vaccines (For School or Child Care Attendance)																	
MCV/MPSV																	
Rotavirus																	
HPV																	
Influenza																	
Td or Tdap (Booster Dose)																	

Notes:  
 \* Licensed physician or qualified employee of a local Board of Health or the State Immunization Program is responsible for the content of this certificate. All dates must include month, day and year. In case of natural immunity or Medical Exemption, the 4 digit year of infection, year of exemption must be filed in the appropriate boxes. The certificate is NOT valid without name and birthdate of the child, date of expiration OR "X" in Complete for School Attendance box, legible name and address of the physician or health department certified by signature and a date of issue. A school or facility official is responsible for filing a correct valid certificate on file for each child in attendance. A certificate not replaced within 30 days after expiration. When a child leaves or transfers to another facility, the Certificate of Immunization should be given to a parent/guardian or sent to the facility.

Certified by (Signature) \_\_\_\_\_ Date of Issue \_\_\_\_\_



Dear Parents,

We are proud to announce we have developed a MACA Facebook page. We would like to include pictures of the school and students in action during their activities. If you DO NOT wish for your child's picture to be posted, please complete and return this form along with your enrollment packet. If a form with your child's name is not turned in, it will be considered that we have permission to post your child's picture.

If you have a Facebook account it would be greatly appreciated if you would LIKE US. Our account will be free if we have enough "Likes."  
THANK YOU!!

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*Please DO NOT post my child's picture on Facebook.*

Student \_\_\_\_\_

Parent's Signature \_\_\_\_\_

