



STUDENT'S LEGAL NAME: _____
LAST FIRST MIDDLE (FULL)

CURRENT GRADE ____ SEX ____ RACE/ETHNICITY _____ GRADE ENTERING _____

ADDRESS: _____ APT. _____

CITY _____ STATE ____ ZIP _____ HOME PHONE (____) _____

AGE ____ DATE OF BIRTH: _____ BIRTHPLACE _____

SCHOOL LAST YEAR MCA OTHER: _____

DOES YOUR CHILD HAVE AN IEP/IESP? ____ NO ____ YES ____ (IF YES, MUST PROVIDE COPY)

FATHER'S FULL NAME _____ **OCCUPATION** _____

HOME PHONE _____ WORK PHONE _____

CELL _____ EMPLOYER _____

HOME ADDRESS: _____ APT _____

CITY _____ STATE ____ ZIP _____ EMAIL _____

MOTHER'S FULL NAME _____ **OCCUPATION** _____

HOME PHONE _____ WORK PHONE _____

CELL _____ EMPLOYER _____

HOME ADDRESS: _____ APT _____

CITY _____ STATE ____ ZIP _____ EMAIL _____

GUARDIAN'S FULL NAME: _____ **OCCUPATION** _____

PRIMARY PHONE _____ WORK PHONE _____

ADDRESS: _____ CELL _____ APT _____

CITY _____ STATE ____ ZIP _____ EMAIL _____

WITH WHOM DOES CHILD RESIDE? BOTH PARENTS MOTHER FATHER GUARDIAN

PLEASE DETAIL ANY LEGAL OR PARENTAL RESTRICTIONS, IF ANY: _____

DO YOU HAVE MORE THAN ONE CHILD IN OUR SCHOOL? YES NO IF YES, HOW MANY? _____

NAMES/GRADES: _____

STUDENT'S PHYSICIAN: _____ PHONE (____) - _____

EMERGENCY CONTACT: _____ PHONE (____) - _____
OTHER THAN PARENT OR GUARDIAN

ANY PHYSICAL OR MENTAL HANDICAPS OR ALLERGIES? NO YES, PLEASE LIST: _____

_____ MEDICATIONS: _____

TWO NEIGHBORS OR RELATIVES WHO AGREE TO TAKE CARE OF YOUR CHILD IF WE CANNOT REACH YOU:

1. NAME _____ PHONE (____) - _____
RELATIONSHIP

2. NAME _____ PHONE (____) - _____
RELATIONSHIP

LIST PEOPLE WITH PERMISSION TO PICK UP YOUR CHILD: _____

FINANCIAL AID AT MCA
Our prayer is for everyone to afford MCA. We subsidize every child since MCA's actual cost is \$3,000 higher than tuition.

There are two ways for you to apply for additional financial aid:

- **MCA FINANCIAL ASSISTANCE.** Please apply when you submit this form at: mcanyc.org/admissions/application-forms
- **THE CHILDREN'S SCHOLARSHIP FUND (CSF)** All children entering Kindergarten, and those transferring from a public or charter school to grades 1-8 may apply for an income-based CSF scholarship. To apply please complete this form and the CSF application at: nyc.scholarshipfund.org/application

CHURCH _____ PHONE _____

PASTOR _____

2019-20 TUITION SCALE

PRE-S & PRE-K	\$6,000
KINDER - 5TH GRADE	\$4,800
6TH - 8TH GRADES	\$4,950
SIBLING DISCOUNT	\$ 750
FULL TIME PASTOR DISCOUNT	\$ 500

1.5% DISCOUNT FOR FULL PAYMENT; INSTALLMENTS ON FACTS TUITION MANAGEMENT SYSTEM

FEES

REGISTRATION	\$325 <i>New Students</i>
1-8 TESTING	\$35 <i>New Students</i>
RE-ENROLLMENT	\$200 <i>Current Students</i>
MISSING PARENT-TEACHER MEETING OR ORIENTATION	\$50
WASHINGTON DC TRIP (8TH GRADE)	\$350
AM CARE	\$1.5/DAY
PM CARE	\$ 5/FIRST HOUR
(SIBLING DISCOUNTS PROVIDED)	
FUND RAISING FEE	\$100

- ✓ We hereby allow MCA to use photographs or images of me/my child for appropriate promotional materials.
- ✓ We have received, signed and submitted MCA's Statement of Faith.

SIGNED: _____ DATE: _____

Manhattan Christian Academy admits students of any race, color, nationality, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to MCA students. We do not discriminate on the basis of sex, race, color, national or ethnic origin in the administration of our educational policies, admission procedures, scholarship awards, athletic and other school administered programs. We, however, preserve the right to deny admission to any individual who cannot benefit from enrollment based on past academic achievement, disqualifying handicap, or whose personal life-style is not in harmony with the stated philosophy and purpose of Manhattan Christian Academy.