

Michiana Covenant Academy (MCA)

REGISTRATION Form 1 of 4

Check one: 1st Trimester 2nd Trimester 3rd Trimester

Date: _____

Mother's Name: Last		First		Mother's	
Address		City		Cell Phone () -	
Zip				Email address	
Father's Name: Last		First		Father's	
Address		City		Cell Phone () -	
Zip				Email address	
Home Phone (Dad)	Work Phone (Dad)	Home Phone (Mom)	Work Phone (Mom)		

What church do you call home? _____

Student(s) you are registering:

Name	9:00- 9:50	10:00- 10:50	11:00- 11:50	12:30- 1:20	1:30- 2:20	2:30- 3:20	3:30- 4:20	Age	Date of Birth

By signing this agreement we:

- admit that we have read and signed the Student Handbook and agree to abide by all the policies and requirements as presently listed or as may subsequently be amended;
- these are the dates that we plan to be absent from the Academy: _____;
- A tax-deductible donation may be paid to: Michiana Covenant Church (Diaconal Fund) should you desire to contribute toward a scholarship fund for financially needy families who want to attend but need assistance;
- agree to pay an annual family registration fee of \$45.00, as well as \$75 for each class (\$37.50 is due at registration, and the other \$37.50 must be paid prior to the 4th week of class), and any material fees;
- agree that we will provide our student with any books, materials, etc., required in the course description;
- acknowledge that the registration fee is non-refundable and class fees are refundable only with 2 weeks written notice prior to the first class.

Father's Signature

Date

Mother's Signature

Date

Michiana Covenant Academy (MCA)
REGISTRATION Form 2 of 4
Pledge Form

Family: _____

Trimester: 1 2 3

All parents and students attending MCA must sign the pledges listed below. Your signatures indicate that you will abide by the following statements:

As a student attending MCA, I understand that I must obey the MCA Policies and Procedures. Any adult may correct me if I do not, and they may notify my parents.

Student Signature / Date

Student Signature / Date

Student Signature / Date

Student Signature / Date

Student Signature / Date

Student Signature / Date

Student Signature / Date

Student Signature / Date

As a parent, I have read the MCA Student Handbook and explained them to my children.

If I ever have an issue or problem concerning the MCA, I will discuss it with said Teacher first and if needed, the Administrator. The Board members are not to be contacted directly.

Parent Signature / Date

Parent Signature / Date

Michiana Covenant Academy (MCA)

Parent Authorization Form

Application Form 3 of 4

Check one: 1st Trimester 2nd Trimester 3rd Trimester Date: _____

Mother's Name: Last		First		Mother's	
Address		City		Cell Phone () -	
Zip				Email address	
Father's Name: Last		First		Father's	
Address		City		Cell Phone () -	
Zip				Email address	
Home Phone (Dad)	Work Phone (Dad)	Home Phone (Mom)	Work Phone (Mom)		

I hereby authorize the following people to either sign in or sign out my student(s) at any time or only at the time/date designated below:

Student	Authorized Adult (first and last name)	Date(s) if applicable

I hereby authorize the use of a photo with my child or children in it for the sole purpose of promoting MCA and not for any other use.

_____ _____ _____ _____
 Father's Signature Date Mother's Signature Date

MICHIANA COVENANT ACADEMY
LIABILITY RELEASE FORM
Release of All Claims
Application Form 4 of 4

In consideration for being accepted by Michiana Covenant Academy (hereafter MCA) for participation in any of its activities, I, being the parent or legal guardian of the below named child(ren), do for myself and on behalf of my child(ren), hereby release, waive and forever discharge MCA, its Administrator, board, Pastor, Elders, Deacons, teachers, employees or agents thereof, from any and all liability, claims or demands for emotional or personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by me or the student that occur while participating in any activity of MCA.

I agree to hold harmless and indemnify MCA, its Administrator, Board, Pastor, Elders, Deacons, teachers, employees or agents thereof, for any loss, liability, damage or cost they may incur as the result of the negligent, willful or intentional acts of myself or the student.

I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in the activities of MCA.

I hereby grant my permission for him/her to participate fully in said activity, and, should emergency medical treatment be necessary, I hereby authorize an appropriate adult to engage qualified medical personnel to initiate any necessary medical treatment or care. In the event of such an injury, it is understood that MCA will use all reasonable efforts to notify me (or the emergency contact listed below), where practical, prior to initiating medical treatment for any such injury or illness. Should neither party be available, I hereby give permission to any such physician or other medical personnel to provide such medical treatment such individual deems medically necessary. I understand and agree that I am responsible for all medical care expenses incurred to treat the Participant's injuries including, without limitation, physician, hospital, lab, drug and device expenses.

I further expressly agree that the foregoing release is intended to be as broad and inclusive as is permitted by the law of the State of Indiana and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have read and voluntarily sign this release and further agree that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE.

Parent/Guardian Signature _____ Date _____

Print full name of all participants _____

Medical Insurance Yes No Policy # _____

Insurance Company Name and Address _____

Doctor's Name _____ Phone # _____

Emergency Contact Name _____ Phone # _____

Please list allergies, current medications or significant medical conditions: (specify participant)