

2018-2019   
PRE-REGISTRATION FORM

**Please return this form with** **$150.00 Pre-Registration Fee\***

\*This fee will be applied to your August 2018 tuition and is non-refundable.

There is a $50.00 fee for each additional child.

*Please make your check payable to Micah Children’s Academy or check the box for Automatic Withdrawal:*

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| --- | --- | --- | --- | --- | --- | --- |
| STUDENT INFORMATION | | | | | | |
| Last Name: | | First Name: | | | | 🞎 Male  🞎 Female |
| Nick Name: | | Date of Birth: | | | | Age (as of 8/1/18): |
| Address: | | | | | | |
| City: | State: | | | Zip Code: | | |
| Home Phone: | | | | | | |
| Parent/Guardian Information | | | | | | |
| **Parent 1:** | | | | | | |
| Address: | | | | | | |
| City: | State: | | | Zip Code: | | |
| Home Phone: | Cell Phone: | | | Email: | | |
| Place of employment: | Position: | | | Work Phone: | | |
| **Parent 2:** | | | | | | |
| Address: | | | | | | |
| City: | State: | | | Zip Code: | | |
| Home Phone: | Cell Phone: | | | Email: | | |
| Place of employment: | Position: | | | Work Phone: | | |
| ENROLLMENT INFORMATION | | | | | | |
| Please circle times and how many days desired: | | | | | | |
| **All Students** (except Pre-K) | | | 7:00-3:00 or 7:00-6:00 | | 2 days 3 days 5 days | |
| **Pre-K** (Must be *at least* age 4 on or before 8/15/18) | | | 7:00-3:00 or 7:00-6:00 | | 4 days 5 days | |

ADMISSIONS STATEMENT

This application is not binding upon either the applicant or Micah Children’s Academy. A place in the school will be reserved for your child upon return of this signed registration form and the $150.00 fee. If space is not available, this form and fee will place your child on a waiting list. Classroom placement is at the discretion of the Director and is subject to change.