



**MARANATHA**  
CHRISTIAN ACADEMY

## Student Enrollment

## Parent/Guardian Information:

<b>Father/Parent Guardian:</b>			
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Cell:</b>		<b>Email:</b>	
<b>Place of employment:</b>		<b>Work phone:</b>	

<b>Mother/Parent Guardian:</b>			
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Cell:</b>		<b>Email:</b>	
<b>Place of employment:</b>		<b>Work phone:</b>	

<b>Parent's marital status (circle one):</b> <i>Married   Single   Divorced   Separated   Widowed</i>	<b>Custody Notes (Sole or Joint):</b>
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## Student(s) Information:

<b>First child's name:</b>	<b>Birthdate:</b>	<b>Age:</b>	<b>Gender (M or F):</b>	<b>Grade entering:</b>
<b>Doctor:</b>		<b>Phone:</b>		
<b>Please list allergies, other medical notes, and if your child has been diagnosed with dyslexia, ADD or ADHD:</b>				

<b>Second child's name:</b>	<b>Birthdate:</b>	<b>Age:</b>	<b>Gender (M or F):</b>	<b>Grade entering:</b>
<b>Doctor:</b>		<b>Phone:</b>		
<b>Please list allergies, other medical notes, and if your child has been diagnosed with dyslexia, ADD or ADHD:</b>				

<b>Third child's name:</b>	<b>Birthdate:</b>	<b>Age:</b>	<b>Gender (M or F):</b>	<b>Grade entering:</b>
<b>Doctor:</b>		<b>Phone:</b>		
<b>Please list allergies, other medical notes, and if your child has been diagnosed with dyslexia, ADD or ADHD:</b>				

### Emergency Contact:

<b>Contact 1:</b>	<b>Relationship:</b>	<b>Phone:</b>
<b>Contact 2:</b>	<b>Relationship:</b>	<b>Phone:</b>

### Pickup Authorization:

<b>Name:</b>	<b>Relationship:</b>	<b>Phone:</b>
<b>Name:</b>	<b>Relationship:</b>	<b>Phone:</b>

\_\_\_\_\_  
Father/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Guardian Signature

\_\_\_\_\_  
Date

## Allergy Assessment and Care Plan:

<b>Name:</b>	<b>Birthdate:</b>	<b>Age:</b>
<b>List allergies:</b>		
<b>When was your child's last significant reaction?</b>		
<b>Does your child wear a "Medic Alert" bracelet?</b>	<b>(Yes or No)</b>	

Please circle any of the symptoms that apply to your child's allergic reaction:

<i>Feeling of apprehension</i>	<i>Sweating</i>	<i>Weakness</i>
<i>Feeling of fullness in the throat</i>	<i>Change in quality of voice</i>	<i>Nasal congestion</i>
<i>Tingling sensation in or around the mouth or face</i>	<i>Respiratory difficulty</i>	<i>Wheezing</i>
<i>Itching</i>	<i>Hives</i>	<i>Rash</i>
<i>Localizing redness and swelling</i>	<i>Low blood pressure</i>	<i>Rapid pulse</i>
<b>Other (be specific):</b>		

If your child requires and medication in the event of an allergic reaction, the school must have a "Medication Authorization Form" on file, signed by both physician and parent.

*A new medication form is due each school year. All medication should be dropped off at the school office.*

## Emergency Plan: (complete with input from your physician)

List below a step-by-step plan for your child in the event he/she has an allergic reaction at school.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Additional Comments:**

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<i>Doctor:</i>	<i>Phone:</i>
<i>Doctor signature:</i>	<i>Date:</i>

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Covid-19 Liability Release:

The World Health Organization has declared the novel Coronavirus (COVID-19) a worldwide pandemic. Due to its capacity to transmit from person-to-person through respiratory droplets, the government has set recommendations, guidelines, and some prohibitions.

MCA remains firm in our stance that the freedom of our families will remain paramount in what we do. We trust you to monitor your student and ensure that they are healthy and non-contagious to others. We do respect you or your student's choice to wear a mask, but their use WILL NOT be mandated. We will do our best to ensure proper sanitation and cleanliness throughout the school.

Please read the following guidelines then sign and date below, acknowledging that you understand MCA's policy regarding COVID-19.

- 1. Concerning the upcoming school year, I will not hold Maranatha Christian Academy, Maranatha Baptist Church, or any of its staff liable for the health of my child, specifically but not limited to COVID-19.***
- 2. Should my family develop any symptoms related to COVID-19 or become infected with the virus, I agree to notify the school immediately and take the necessary action with my student(s).***
- 3. I agree to provide sufficient evidence that we have been medically cleared before we return to school.***

\_\_\_\_\_  
Student Name (printed)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# Student Support Form

***Students are expected to abide by the standards of conduct set forth in the school handbook throughout their enrollment whether at home, school or elsewhere. Students found to be out of harmony with this school's ideals of work and life may be invited to withdraw whenever the administration determines that it is necessary.***

As a student of Maranatha Christian Academy, I realize that the Academy is a ministry of the Maranatha Baptist Church. I pledge to uphold the school's standards against cheating, swearing, smoking, drinking alcoholic beverages, watching videos or immoral conduct, using narcotics, or using indecent language. I pledge to act in a very orderly and respectful manner. I will maintain Christian standards in courtesy, kindness, morality, and honesty. I will strive to be of unquestionable character in dress, conduct, and other areas of life.

I agree to abide by the above standards of conduct and other regulations expected of each student enrolled in Maranatha Christian Academy. I will not give any impression to other students, parents of faculty that I am not in harmony with the goals, aims and standards of the Christian Academy.

I understand that failure to abide by the standards set forth above may make it necessary for me to be withdrawn from school. I further understand that the staff and administration reserve the right to take necessary disciplinary action, including expulsion, should I not abide by these Christian standards.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

# Parent/Guardian Support Form

***One of the keys to making Maranatha Christian Academy a success is the unity and compatibility of all involved. When the school administration, staff, parents, and students all work together great things happen. The following standards, agreements, and understandings help to insure this harmony for the success and happiness of all involved.***

I understand that the educational program at Maranatha Christian Academy is an integral part of the church ministry which I am expected to support.

I understand that my child is expected to take part in church educational activities. I absolve the Academy from any liability to me or my child because of any injury to my child supervised at these activities.

I agree to uphold and support the high academic standard of the Academy by providing a place at home for my child to study and by encouraging my child in the completion of any homework or assignments.

I appreciate the standards of MCA and not tolerate profanity, obscenity in word or action, dishonor to the Godhead or the Word of God, or disrespect to the staff of the church. I hereby agree to support the regulations published in the MCA handbook and authorize the Academy to use discipline as it deems wise and expedient for the training of my student.

I understand that MCA reserves the right, after parental conference, to dismiss any student who fails to comply with the established regulations and discipline or whose parents do not assume their responsibility to the educational ministry.

I have read the Maranatha Christian Academy handbook and understand and agree to the terms stated therein.

I realize that attending the Academy is a privilege, not a right. It is my intention to abide by the decisions and support the discipline of the administration.

\_\_\_\_\_  
Father/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Guardian Signature

\_\_\_\_\_  
Date