



MCA Class Registration Form 2026/27

Child's First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Preferred Name to be called by MCA Teacher and Staff: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ E-mail address: \_\_\_\_\_

Mother's Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Mother's Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Father's Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Father's Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_/\_\_/\_\_ Age as of Sept 1, 2026: \_\_\_\_\_ Sex: M / F

- Class Applying for: Mothers Morning Out (circle up to 4) MO TU WE TH FR Registration: \$100
2 Year Old Class MON through FRI Registration: \$100
3 Year Old Class MON through FRI Registration: \$100
4 Year Pre-K Class MON through FRI Registration: \$100

Mother's Name: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

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

Father's Name: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

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

Child's parents are: \_\_\_ Married \_\_\_ Separated/Divorced \_\_\_ Widowed \_\_\_ Single \_\_\_ Other

If parents are separated/divorced, who has custody of the child? (A copy of the custody court order must be on file at MCA) \_\_\_ Joint custody \_\_\_ Mother \_\_\_ Father \_\_\_ Grandparents \_\_\_ Other

Other children/adults living in the home: \_\_\_\_\_

Has your child had any previous experience in preschool or a structured environment? \_\_\_ Yes \_\_\_ No

Is there anything special we should know about your child (favorite activities, fears, health issues)?

What do you desire to gain from enrolling your child at MCA? \_\_\_\_\_

Have you had any other children enrolled at MCA? \_\_\_ Yes \_\_\_ No Name/s: \_\_\_\_\_

How did you hear about MCA? \_\_\_\_\_ Name of who referred you: \_\_\_\_\_

I understand that the registration fee (\$100 per child) is required at the time of registration. This payment is non-refundable.

Parent/Caregiver Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_