

# Midwest Christian Academy Enrollment Form

## 2010/11 School Year

### Family Information

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Shipping Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Mom or Dad?)

E-Mail \_\_\_\_\_ Daytime Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Mom or Dad?)

Supervisor of student's school work if other than student's parent \_\_\_\_\_  
(Please include supervisor's name, address, and phone number)

### Student Information

Student's Name (first) \_\_\_\_\_ (middle) \_\_\_\_\_ (last) \_\_\_\_\_

Male \_\_\_\_ Female \_\_\_\_ Birthdate \_\_\_\_\_

Does student have learning difficulties? \_\_\_\_ (If yes, describe difficulties) \_\_\_\_\_

Last School Attended \_\_\_\_\_ Last Grade Completed \_\_\_\_ When? \_

School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Contact Person \_\_\_\_\_

**WE WOULD LIKE TO BEGIN SCHOOL STARTING** Month \_\_\_\_\_ Day \_\_\_\_ Year \_\_\_\_\_

~~~~~

### Enrollment Agreement

I am responsible for the payment of all fees for this account. I understand the registration fee is non-refundable and is to be paid each school year beginning July 1st. My student will be supervised during study time by a parent or responsible adult who will not allow the student to copy answers from the score keys. I agree to follow the procedures taught in the Parent/Supervisor Training Booklet. I will keep all tests and test keys in a secure place inaccessible to the student. I will grade the tests and return them promptly at the end of each quarter.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

How did you hear about Midwest Christian Academy? \_\_\_\_\_

### Method of Payment

Check \_\_\_\_ Money Order \_\_\_\_ Mastercard \_\_\_\_ Visa \_\_\_\_ Discover \_\_\_\_ American Express \_\_\_\_

Card # \_\_\_\_\_

Name as it appears on the credit Card \_\_\_\_\_

Security Code \_\_\_\_\_ Expiration Date (Mo/Yr) \_\_\_\_ / \_\_\_\_\_

Total amount to be charged \_\_\_\_\_ Signature \_\_\_\_\_

If paying annually, specify the number of quarters you want to receive at the beginning of the year:

4 quarters \_\_\_\_\_ 2 quarters \_\_\_\_\_ 1 quarter at a time \_\_\_\_\_

Send this form and payment to: Midwest Christian Academy, 2905 Gill Street, Bloomington IL 61704  
Your credit card statement will show the name of International Learning Solutions