

Midwest Christian Academy

2009/2010 Re-Enrollment

Send registration and tuition payment with this form! We will begin sending out new quarters on July 1st. If you are planning to be away during a certain period of time, and do not want your curriculum to arrive while you are away, please call 309-663-4477 and let us know!

We wish to re-enroll our student(s) in Midwest Christian Academy.

We would like to have our curriculum by (month) _____ (day) _____, 2008

We will start our school year (month) _____ (day) _____, 2008

Parent Name _____

Address, City, State _____

Phone _____ Email _____

Student's Name _____ ID# _____ Grade _____ Registration \$50.00

Student's Name _____ ID# _____ Grade _____ Registration \$40.00

Student's Name _____ ID# _____ Grade _____ Registration \$30.00

Student's Name _____ ID# _____ Grade _____ Registration \$20.00

Any additional children? Please check here _____, and list names and grades on back. Registration Fee - \$20.00 each

Re-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 _____

If you are paying annually, specify the number of quarters you want to have sent at the beginning of the year.

4 quarters _____ **2 quarters** _____ **1 quarter at a time** _____

Include Registration & Tuition Fee for each student. For current prices see the Registration and Fees page.

PAYMENT INFORMATION

Check _____ Money Order _____ Credit Card # _____

Person's name on the credit card: _____

Security Code _____ Expiration Date (Mo/Yr) ____ / ____

Amount to be charged _____ Signature _____

Send this form and payment to: Midwest Christian Academy, 2905 Gill Street, Bloomington IL 61704 Phone (309) 663-4477
Your credit card statement will show the name of International Learning Solutions