

WELCOME



Monticello Christian Academy

PO Box 1004 * Monticello, AR 71657 * Phone: 870-460-0829 * FAX: 870-455-4056
MonticelloCA@gmail.com * @MyMCAcademy * www.MCAcademy.co

Dear Parents:

We are so excited that you are considering Monticello Christian Academy for your child's educational needs. We are excited to offer the opportunity to earn an excellent education. You are in the beginning process of partnering with us for your child's educational needs. We are excited to give you the opportunity to invest in your child's future. To finish this process, simply read over the material enclosed in this packet, fill out the application for final review, and enclose your initial enrollment and curriculum fee. Please see the estimate prepared by our staff for the amount due.

If you have any questions, I am happy to answer them. Please feel free to contact me at any of the above information. Our office hours are Monday through Thursday from 8:00am until 3:30 pm. During the summer, we are not in the office on a regular schedule. Feel free to contact me at my cell number: 870-723-3045.

Sincerely,

A handwritten signature in black ink that reads "Kelly Word". The signature is fluid and cursive.

Kelly Word, Director of Education

"Train up a child in the way he should go: and when he is old, he will not depart from it."
Proverbs 22:6

Raising Up Young Men & Women To Effect Change In Our World!

Student Application for Admission



Monticello Christian Academy

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PLEASE PRINT. TO BE FILLED OUT BY ADULT ONLY

Date: _____

Student Information:

Student Social Security # _____ - _____ - _____ School Year 20____ - 20____ Entering Grade: _____

Last Name _____ First Name _____ Middle Name _____ Suffix _____

Goes by: _____ Male Female (Circle One) Birth Day: _____ / _____ / _____

Child's Permanent Address: _____

Street Address or PO Box Number _____ Apt. Number _____

City: _____ State _____ Zip Code _____

Home Phone Number: _____ - _____ - _____ Student Cell Number: _____ - _____ - _____

Church Affiliation: _____ Pastor Name: _____

Father's Information:

____ Birth ____ Adopted ____ Step ____ Grand ____ Guardian Marital Status: ____ Married ____ Single ____ Separated ____ Divorced

____ SS# _____ - _____ - _____

Title _____ Last _____ First _____ Middle _____ Suffix _____

Work # _____ Pager _____ Cell # _____

E-Mail: _____ Home Number _____

Occupation (Title) _____ Employer _____

Work Address _____

Street / PO Box _____ City _____ State _____ Zip Code _____

Home Address _____

Street / PO Box _____ City _____ State _____ Zip Code _____

Mother's Information:

____ Birth ____ Adopted ____ Step ____ Grand ____ Guardian Marital Status: ____ Married ____ Single ____ Separated ____ Divorced

____ SS# _____ - _____ - _____

Title _____ Last _____ First _____ Middle _____ Suffix _____

Work # _____ Pager _____ Cell # _____

E-Mail: _____ Home Number _____

Occupation (Title) _____ Employer _____

Work Address _____

Street / PO Box _____ City _____ State _____ Zip Code _____

Home Address _____

Street / PO Box _____ City _____ State _____ Zip Code _____

Shirt Size & Order - Shirts are \$16 each: Youth Size: _____ or Adult Size: _____

Please indicate quantity of shirts to order: ____ Red ____ Blue ____ Grey ____ T Shirt - 1 T Shirt will automatically be ordered.

Emergency Contacts / Restricted Pick-Up:

These people will be contacted if we cannot contact the parents. They will also be able to pick up your child from school.

Name / Relation	Address/PO Box/City/State/Zip	Home Phone	DL# or SS#
Name / Relation	Address/PO Box/City/State/Zip	Home Phone	DL# or SS#
Name / Relation	Address/PO Box/City/State/Zip	Home Phone	DL# or SS#
Name / Relation	Address/PO Box/City/State/Zip	Home Phone	DL# or SS#

Statement of Faith:

Has your child ever made a profession of faith in Jesus Christ? _____ Yes _____ No

Have you - the parents - ever made a profession of faith in Jesus Christ? _____ Yes _____ No

Parental Testimony:

If you went to heaven and God said, “Why should I let you in to my Heaven?” What would you say to God?

Tell about the circumstances that led to you to become a Christian, and what is involved in living the Christian Life? (You may use an extra sheet of paper if necessary and attach it to the application.)

[illegible]

Student Application for Admission

Student Medical Information

(If more room is needed, please attach a separate page.)

PLEASE INCLUDE A CURRENT COPY OF THE STUDENT'S SHOT RECORD, SOCIAL SECURITY CARD, INSURANCE CARD, & BIRTH CERTIFICATE.

Please Check All That Apply:

<input type="checkbox"/> Frequent Ear Infections	<input type="checkbox"/> Heart Defect / Disease	<input type="checkbox"/> Convulsions
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Bleeding / Clotting Disorders	<input type="checkbox"/> Hypertension
<input type="checkbox"/> Mononucleosis	<input type="checkbox"/> HIV / AIDS	<input type="checkbox"/> TB
		<input type="checkbox"/> Cancer

ALLERGIES: Please Check All That Apply.

<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Ivy Poisoning, etc.	<input type="checkbox"/> Insect Stings	<input type="checkbox"/> Penicillin
<input type="checkbox"/> Other Drugs / Other Allergies (Specify) _____			

Has this youth ever required any psychiatric counseling or hospitalization? ☐ YES ☐ NO

If yes, Please Explain:

Operations or serious injuries (dates):

Disability or chronic or reoccurring illness:

Activities Discouraged or limited by physician: _____

Dietary Modifications: _____

Current Medications (Send with instructions):

Dentist / Orthodontist: _____ Address: _____ Phone: _____

Physician: _____ Address: _____ Phone: _____

Do you carry family medical / hospital insurance? ☐ YES ☐ NO

If so, indicate: Carrier: _____

Policy or Group # _____ Phone: _____

Student Application for Admission

Scholastic Information:

Has this student ever been expelled, dismissed, suspended, or refused admission to another school? ____YES____NO

If yes, Please explain: _____

Has this student ever had disciplinary difficulty at school or home? ____YES ____NO

If yes, Please explain: _____

Does this student have a juvenile or arrest record? ____YES ____NO

If yes, please explain: _____

Please indicate academic level of student's previous work: ____EXCELLENT ____GOOD ____AVERAGE ____POOR

Has this student ever failed an academic subject in school? ____YES ____NO

If yes, Please Explain: _____

General Information:

How did you hear about us? _____

If someone told you about us, please write their name here, so we can thank them: _____

What is your reason for selecting this school? _____

Paddling Waiver:

By signing this application, I the parent / guardian consent to the paddling of my child as a disciplinary tool. I understand that I have the choice to paddle my child in the presence of a MCA staff member.

PLEASE CHECK ONE:

☐ I choose to paddle my child in the presence of an MCA staff member in the event it is seen as a necessary discipline measure by MCA.

☐ I give the MCA Director and/or the MCA Superintendent permission to paddle my child in the event it is seen as a necessary discipline measure by MCA.

Emergency Medical Release:

I the undersigned parent(s) or legal guardian of the child listed on page 1 of this application do hereby authorize Monticello Christian Academy and its agents to consent to whatever emergency medical care is necessary for the child listed on this application. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care that may be required. It is understood that the undersigned parent or guardian shall be solely responsible for paying for any medical treatment and/or use of medical facilities. It is further understood that MCA and its agents shall forever be held completely harmless and blameless for any medical treatment that is administered and we at MCA and its agents will treat your child as if he/she were our own.

In case of emergency, do we have permission to take your child to a qualified medical doctor, dentist, or hospital if necessary? ☐ YES ☐ NO

Liability Waiver:

Monticello Christian Academy and its agents shall not be responsible for any lost, misplaced, or stolen property. MCA and its agents shall not be held responsible for any injury that the child may sustain. By signing this agreement, the parents / legal guardian of the listed child agrees to forever hold MCA and its agents blameless and harmless for anything that may happen to the child while at MCA or any approved events.

Financial Agreement:

The financial agreement by the parents is very important to the financial stability of the school. you are giving your guarantee that you will FINANCIALLY SUPPORT the enrollment space guaranteed for your child according to the policies outlined in the Organizational Playbook.

Please understand the following:

- + All tuitions are due either by August 4th of every year in one lump sum or by the 4th of every month in the amount of \$250.00 per month for 1st - 12th level and \$300 per month for Preschool and Kindergarten.
- + Auto Draft payments will be deducted on the 4th of each month.
- + There are NO REFUNDS for absences.
- + The application fee & enrollment fee are NON-REFUNDABLE. The enrollment fee is paid annually.
- + Any tuition account that falls 15 days past due may be subject to late fees.
- + Any tuition accounts that fall 30 days past due may result in your child being withdrawn from MCA.
- + If you withdraw your child from MCA, you agree to pay any outstanding balance owed on the account.
- + There are NO REFUNDS for any reason.

Can you foresee any reason why you would not be able to make your tuition payments promptly?

Transportation Agreement

I give Monticello Christian Academy (MCA) permission to transport my child(ren) for planned school activities and field trips away from school property. I further agree to hold the school and its agents harmless for any liability to my child because of any claims on behalf of my child against MCA, Fountain of Life Christian Center, Inc. or its agents because of any injury or alleged injury to my child. If legal action should, for any reason, be taken against MCA or its agents or employees, on behalf of my child, and the school or its agents are not found to be at fault, I agree to pay any attorney fees, court costs, damages, or other costs MCA or FOLCC Inc. may incur to defend itself against such action.

THIS AGREEMENT SHALL BE IN EFFECT FOR AS LONG AS MY CHILD(REN) attend Monticello Christian Academy.

Date	Father/Male Legal Guardian Signature	Date	Mother / Female Legal Guardian Signature
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Parental Cooperation Agreement

We, the parents of, _____, have read the Student Culture and Organizational Playbook, and we will cooperate with the policies and purpose of the school

We, as parents, are aware of the expectation to support the school policies both on and off the school grounds. We commit to showing support both verbally and in action toward our child.

Discipline Agreement:

Since Monticello Christian Academy is working with me as a partner in the training of my children, and since I believe that discipline is a very important part of their training as well as the entire school, I give permission for my child(ren)'s Supervisor, Monitor, and/or Director or Superintendent of the school to make and enforce learning center rules in a manner consistent with Christian Principles as set forth in the Scriptures and in the manner outlined in the Student Culture and Organizational Playbook.

I agree to follow the Matthew 18 Principle and always go to the person directly involved to work out any problems that I may encounter. As the parent (legal guardian), I will work closely with the Supervisor and all staff in the correction and disciplining of my child(ren).

BY SIGNING THIS APPLICATION...

- + I declare that the information given is true & accurate to the best of my ability.
- + I hereby pledge to pay my financial obligations to Monticello Christian Academy on the date due and understand that it may be necessary to withdraw my student if proper arrangements are not made on a past due account.
- + I agree to all the policies and regulations set forth by Monticello Christian Academy.
- + I give permission for my student to take part in all school activities, including sports and school-sponsored trips away from the school premises, and absolve the school from liability to me or my student because of any injury to my student at school or during any school activity.

Student Application for Admission

BY SIGNING THIS APPLICATION...

- + I appreciate the standards of the school and do not tolerate profanity, obscenity in word or action, dishonor to the Godhead and the Word of God, or disrespect to the personnel of the school. I hereby agree to support all regulations of the school in the applicant's behalf and authorize the school to employ discipline as it deems wise and expedient for the training of my student.
- + I understand that the school reserves the right to dismiss any student who fails to comply with the established regulations and discipline or whose financial obligation remains unpaid.
- + I agree to support all of MCA's programs, and I understand that participation from my child is mandatory not an option.
- + I have read the Student Culture and Organizational Playbook, filled out the application wholly and truthfully to the best of my ability, and understand the terms stated on this Application and agree thereto.
- + I understand that upon the signing of the parent/guardian, student, & director listed on this application my child will be a registered student of Monticello Christian Academy.

YOU MUST ALSO DOWNLOAD SIGN THE NOTARY FORMS

The authority of this agreement is to remain in full force and effect until MCA has received written notification otherwise.

(Father / Male Guardian Printed Name)	Signature	Date
(Mother / Female Guardian Printed Name)	Signature	Date
(Student Printed Name)	Signature	Date



MONTICELLO CHRISTIAN ACADEMY

910 Old Warren Road * PO Box 1004 * Monticello, AR 71657

Phone: (870) 460-0829 * FAX: 870-455-4056

E-mail: MonticelloCA@gmail.com * www.MCAcademy.co

AUTHORIZATION TO DEBIT ACCOUNT FOR PAYMENTS

I (we) the undersigned hereby authorize Fountain Of Life Christian Center, Inc. and its ministries, Monticello Christian Academy and Educare, hereinafter called FOLCC, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for tuition fees described below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

BY SIGNING THE FORM, I (WE) AGREE TO THE FOLLOWING:

- ❖ I (we) agree to a monthly debit from my (our) account in the amount of \$250.00 per month. These debits will occur around the 4th of each month August – May. For Preschool and Kindergarten Students, We agree to 10 monthly payments of \$300 each around the 4th of each month August – May.
- ❖ I (we) agree to an annual debit of enrollment / curriculum / uniform fees to be debited around July 5th annually for the duration of time my (our) child is enrolled. Note: Curriculum fees do not apply to preschool and kindergarten students. We understand that we will receive the amount in writing prior to the debit, and if I (we) choose to contest the debit amount, I (we) must do so 2 weeks prior to the debit date.

PLEASE FILL THIS PORTION OUT COMPLETELY, HAVE IT NOTARIZED, & ATTACH A VOIDED CHECK:

_____ (Account Holder Name – If this is a joint account, both people must be listed and sign)			
_____ (Address of Account Holder)	_____ (City)	_____ (State)	_____ (ZIP Code)
_____ (Email Address to send notifications)		_____ (Phone Number)	
_____ (Financial Institution Name)		_____ (Phone Number)	
_____ (Address)	_____ (City/State)	_____ (Zip)	
_____ (Routing Number)	_____ (Account Number)	Type of Acct: ____ Checking ____ Savings	

This authority is to remain in full force and effect until FOLCC has received written notification from me (or either of us) of its termination in such time and manner as to afford FOLCC and our FINANCIAL INSTITUTION a reasonable opportunity to act on it. I have read and understood all information provided. I understand that my (our) account will be debited in the manner listed above. My signature represents that all information on these forms is true and accurate to the best of my knowledge.

_____ (Print Name)	_____ (Signature)	_____ (Date)
_____ (Print Name)	_____ (Signature)	_____ (Date)

FOR NOTARY *Note to Notary: If you do not have a notary stamp we need other proof of notary such as a copy of notary certificate.

State of _____, County of _____. Before me, the undersigned, a Notary Public in and for said county and state on _____, 20____, personally appeared the identical person who executed the within and foregoing instrument, and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed, for the uses and purposes therein set forth. Given under my hand and seal of office the day and year above written.

NOTARY STAMP

My commission expires on ____/____/____



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Student Record Release Form

Student's Current School Information:

Date: _____

School Name: _____

School Counselor: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Fax Number: _____

Dear School Counselor,

My child, _____, has been withdrawn from your school. My child's current age is _____. My child's grade at the time of withdrawal is _____ grade. Please release all of his / her academic and health records to the following school. Thank you.

Monticello Christian Academy

PO Box 1004

Monticello, AR 71657

Phone: 1-870-460-0829

FAX: 1-870-455-4056

E-mail: MonticelloCA@gmail.com

Parent Signature: _____ Date: _____

Receiving Principal's Signature: Kelly Wood Date _____

Code of Honor



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The Code of Honor is the standard of conduct for all who are a part of the MCA community. It is a concept of personal honor based on the principles of integrity, common sense, and reverence for God, esteem for man, and respect for social and spiritual laws. It is assumed that any students, faculty, and volunteers will exemplify these integral facets of the Christian character.

In accepting and following the Code of Honor, students, faculty, and volunteers accept responsibility and discipline, which will enhance their moral and spiritual growth. Such qualities should be an inherent part of the ethical code held by an educated individual. In addition, students, faculty, and volunteers are protecting and preserving their own reputation, as well as that of their family at the Academy.

In signing the Code of Honor, I fully recognize that Monticello Christian Academy was founded to be and is committed to being a Christian ministry and that it offers a lifestyle of commitment to Jesus Christ as personal Savior. It is therefore my personal commitment to be a person of integrity in my attitude and respect for what Monticello Christian Academy is in its calling to be a Christian Academy.

- ☐ I Pledge to apply myself wholeheartedly to my intellectual pursuits and to use the full powers of my mind for the glory of God.
- ☐ I Pledge to grow in my spirit in developing my own relationship with God.
- ☐ I Pledge to cultivate good relationships socially with others and seek to love others as I love myself. I will not lie; I will not steal; I will not curse; I will not be a talebearer. I will not cheat or plagiarize; I will do my own academic work and will not inappropriately collaborate with other students on assignments.
- ☐ I Pledge at all times to keep my total being under subjection from all immoral and illegal actions and communications, whether on or off campus. I will not take any illegal drugs or misuse any drugs; I will not engage in or attempt to engage in any illicit, unscriptural sexual acts. I will not drink alcoholic beverages of any kind; I will not use tobacco; I will not engage in other behavior that is contrary to the rules and regulations listed in the Student Handbook.
- ☐ I Pledge to maintain integrity of "openness" to God's claims on my life and to do my utmost to know and follow His will for my life.
- ☐ I Pledge to attend class, all required chapel services on campus, and the house of worship of my families choosing wherever God is honored and lifted up.
- ☐ I Pledge to abide by the rules and regulations that may from time to time be adopted by the Monticello Christian Academy administration. I understand that MCA is a private school, and I therefore have no vested rights in the governing of the school. I accept my attendance at Monticello Christian Academy as a privilege, and not a right and that MCA reserves the right to require withdrawal of a student at any time if in the judgment of MCA such action is deemed necessary to safeguard MCA's ideals of scholarship or the spiritual and moral atmosphere of it as a Christian Academy.

I will keep the Code of Honor carefully and prayerfully. I understand that my signature is my acceptance of the entire Code of Honor and completes a contract between myself, my family, and MCA. Further, my acceptance of the Code of Honor is a solemn vow and promise to God as how I will live my life.

Student Signature

Date

Parent / Legal Guardian Signature

Date



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Internet and Photo Release Form

Parents

I hereby release Monticello Christian Academy (MCA), its personnel, and any institutions with which it is affiliated from any and all claims and damages of any nature from my child's use of or inability to use the Monticello Christian Academy system. I will instruct my child regarding the restrictions against accessing materials that violate Monticello Christian Academy's Student Acceptable Use Policy. I will emphasize to my child the importance of following the rules for personal safety. I have read the Monticello Christian Academy's Student Acceptable Use Policy for the Electronic Communications System.

Please check yes or no.

I give permission for my child to access the internet	___Yes	___No
I give permission for my child's work to be displayed by MCA on the internet	___Yes	___No
I give permission for my child's work to be displayed by MCA / FOLCC Media	___Yes	___No
I give permission for my child's photograph to be displayed by MCA / FOLCC on the internet	___Yes	___No
I give permission for video of my child to be displayed by MCA / FOLCC on the internet	___Yes	___No
I give permission for my child's first name to be displayed by MCA / FOLCC on the internet	___Yes	___No
I give permission for my child's first name to be displayed by MCA / FOLCC media	___Yes	___No
I give permission for my child's first and last name to be displayed by MCA / FOLCC on the internet	___Yes	___No
I give permission for my child's first and last name to be displayed by MCA / FOLCC media	___Yes	___No
I give permission for my child to play video games as a privilege	___Yes	___No

If one or more options are marked "no," Monticello Christian Academy will take the appropriate steps to comply with your wishes.

Students

I have reviewed the Monticello Christian Academy Acceptable Use Policy for the Electronic Communications System. I also understand that should I violate Monticello Christian Academy's policy, my access to Monticello Christian Academy's computers may be revoked and/or school disciplinary action may be taken. I understand that this agreement will be considered valid for future years until such time as I notify the school in writing that this agreement is revoked or modified.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____



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Confidential Pastor Recommendation Form

Section 1 is to be completed by the parents. Then send the form to your Pastor to complete Section 2.

Section 1 to be completed by parents.

Student Name: _____ Applying Grade Level _____ Parent's or Guardian's Name _____

Address _____ City _____ State _____ Zip Code _____

Home Number _____ Work Number _____ Cell Number _____

FAMILY INFORMATION:

Place of church membership? _____ Are you an active participant in your home church? ____ Yes ____ No

Are there members in your family who have not received the Lord? ____ Yes ____ No Does your family believe in Tithing? ____ Yes ____ No

In what programs of your church are you involved? _____

Section 2 to be completed by your Pastor. Please Check All That Apply.

Member of your church? ____ Yes ____ No ____ Unknown

Actively Participates in church programs? ____ Yes ____ No ____ Unknown

Attends worship service regularly? ____ Yes ____ No ____ Unknown

Financially supports the church? ____ Yes ____ No ____ Unknown

Do you know this family? ____ Yes ____ No ____ Unknown

Do you recommend this family for admission? ____ Yes ____ No ____ RESERVATION*

*If you have a reservation, please take a moment to explain. Feel free to use the back of this form or attach another sheet of paper.

Name of Church: _____

Address: _____

City: _____ State: _____ Zip Code _____

Phone Number: _____

E-mail: _____ Website: _____

Pastor's Signature: _____ Date: _____

Print Name: _____

Once this form is completed, please return it to the admissions coordinator at Monticello Christian Academy. You can mail it to the above address or fax it to 870-460-0829. Your candid estimate of the applicant will be of invaluable assistance during the admissions process, and your comments will be held in strict confidence.