



# Mountaintop

CHRISTIAN ACADEMY

## Prekindergarten Application

Child's Full Name: \_\_\_\_\_

Name Child Responds to: \_\_\_\_\_

Child's Gender:        **Male**                **Female**        Child's Birthday: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip-Code: \_\_\_\_\_

Please fill in the following regarding the child's father if different from the child's information:

Full Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip-Code: \_\_\_\_\_

Please fill in the following regarding the child's mother if different from the child's information:

Full Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip-Code: \_\_\_\_\_

Living/Legal Arrangements:

Select your child's living arrangement:            Both Parents            Mother            Father

Other: \_\_\_\_\_

Select your child's legal guardian(s):            Both Parents            Mother            Father

Other: \_\_\_\_\_

Please list all other individuals in the child's household and designate their relationship to the child:

Individual: \_\_\_\_\_ Relationship: \_\_\_\_\_

Individual: \_\_\_\_\_ Relationship: \_\_\_\_\_

Individual: \_\_\_\_\_ Relationship: \_\_\_\_\_

Individual: \_\_\_\_\_ Relationship: \_\_\_\_\_

Individual: \_\_\_\_\_ Relationship: \_\_\_\_\_

Individual: \_\_\_\_\_ Relationship: \_\_\_\_\_

Medications/Allergies/Concerns:

Students who have ongoing medical conditions should meet with the School Director prior to the start of the school year or as soon as the condition is diagnosed. Students who have allergies, asthma, or any other ongoing medical diagnosis will create and follow a Care Plan with the School Director. Please list any medical conditions or treatments. The School Director will reach out to design a Care Plan after acceptance:

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Please list any allergies and reactions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Circle any concerns for your child:

Hearing Loss

Vision Difficulties

Speech Difficulties

Behavioral Difficulties

Social Difficulties

Learning Difficulties

Emergency Contact/Authorized Pick-Up List

Name of Emergency Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

List all individuals who are authorized to pick up your child:

Individual: \_\_\_\_\_ Relationship: \_\_\_\_\_

Individual: \_\_\_\_\_ Relationship: \_\_\_\_\_

Individual: \_\_\_\_\_ Relationship: \_\_\_\_\_

Individual: \_\_\_\_\_ Relationship: \_\_\_\_\_

Individual: \_\_\_\_\_ Relationship: \_\_\_\_\_

Individual: \_\_\_\_\_ Relationship: \_\_\_\_\_

Circle the class time that you would prefer:

Morning 9-11:30 AM

Afternoon 12-2:30 PM

Either

What church does your family attend?: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Please submit to the following and we will be in contact soon!

[director@mtchristian.org](mailto:director@mtchristian.org)

209 S Mountain Blvd

Mountain Top, PA 18707

Registration is free! Tuition is \$250 a month and is due on the 1st of each month. If you would like your child to attend MCA and need financial assistance, please email [director@mtchristian.org](mailto:director@mtchristian.org) and request a Financial Assistance Application. Assistance is awarded to students who qualify financially. Thanks for your interest in Mountaintop Christian Academy!