



Mountaintop

CHRISTIAN ACADEMY

Three Year Old Preschool Application

Thank you for your interest in our school! By filling out this form you are indicating your interest in enrolling your child in our 2023 three year old program. Our goal is to make a final determination based on interest by the end of May, so we will be in touch shortly. If you have any questions, please reach out to director@mtchristian.org

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:

What church does your family attend?: _____

Today's Date: _____

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

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 and request a Financial Assistance Application. Assistance is awarded to students who qualify financially. Thanks for your interest in Mountaintop Christian Academy!