MT. MORIAH
Christian Academy
Pre-K Thru 8th Grade

_____, _____

Student's Last Name, First Initial

Mt. Moriah Christian Academy
Fall Application

Please print clearly. Please complete all blanks on this form. If there is a blank that is not applicable, please write N/A in that blank. If you have any questions about completing this form, please contact the Academy @(718) 953-4364. **Please sign all applicable pages & bring to Main Office to complete registration.**

Child's Information:

Child's Full Name			Nickname
Address			
City	State	Zip	Home Phone
School	Grade Entering	Age	Date of Birth
Other Schools / Programs Concurrently Attending			Gender
Primary email address			

Parent/Guardian and Medical information: In the event of an emergency, please number, in ***order of priority (1-6)***, which phone to contact.

Parent/Guardian Name		Email	Cell Phone/Pager	Priority
Address				
City	State	Zip	Home Phone	Priority
Place of Employment			Work Phone	Priority

Parent/Guardian Name		Email	Cell Phone/Pager	Priority
Address				
City	State	Zip	Home Phone	Priority
Place of Employment			Work Phone	Priority

Emergency names, address and phone numbers of TWO people to be called in the event that we cannot reach either parent/guardian:

Emergency Contact Name			Cell Phone/Pager
Address			
City	State	Zip	Home Phone

Emergency Contact Name			Cell Phone/Pager
Address			
City	State	Zip	Home Phone

Additional Information:

Authorized Person for pick-up (in addition to parents and emergency contacts)
Person(s) NOT authorized for pick-up (appropriate legal paperwork must be on file when the custodial parent requests not to release the child to the other parent)
School and Child Care Centers previously attended
Does your child have any allergies and/or intolerances to food, medication or any other substances? What are the symptoms and action to be taken if any?
Please provide information on any chronic physical problems and pertinent developmental information and any special accommodations needed. Attach additional sheets if necessary.

Parent Statement of Understanding

The following information is important for the safety and protection of your child. Please read this information and sign below.

- I understand that my child will not be released to any person(s) not listed on the enrollment form.
- I understand that my child will not be released to any person(s) who seems to be under the influence of drugs or alcohol.
- I understand that I am not to leave my child at MMCA or program site unless a MMCA staff member or volunteer is there to receive and supervise my child.
- I understand that it is my responsibility to sign my child in the morning and sign my child out before leaving in the afternoon. ***Sign-in/Sign-out sheets are available as you arrive at the program area.***
- I understand that my child will not be allowed to leave the program with an unauthorized person. ***Any person authorized to pick up my child must be listed on this form. Authorization by telephone will be accepted on a temporary basis.***
- I understand that the MMCA is mandated to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

I have read and understand the statements above regarding MMCA policies and procedures.

Parent/Guardian Signature	Date

I have read and understand the Student Handbook.

Parent/Guardian Signature	Date

I have provided a copy of my child's physical and immunization records along with this form.

Parent/Guardian Signature	Date

Statement of Authorization

1. Your child has permission to be transported by MMCA and to participate in all MMCA program activities and related field trips.
2. In the case that your **child becomes ill** during the program, you will be contacted as soon as possible. If the parent or guardian is unable to be reached, the child's emergency contact will be notified. It is the responsibility of the parents or guardians to arrange for the child to be picked up from the center as soon as possible.
3. In the case that your child or anyone in the immediate household of the child develops a **reportable communicable disease** as defined by the NYC Board of Health, it is the responsibility of the parent to notify the MMCA within 24 hours or the next business day in order for the MMCA to take proper action, except in the case of life-threatening diseases which must be reported immediately.

By signing below, you are authorizing all of the above.

Parent/Guardian Signature	Date

For office use only –

Form of Identity Verification	Date Viewed
Viewed By	
Place of Birth	Date of Birth
	Date Issued
Date Child Entered Care	Date Child Withdrew from Care

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Pre-K Thru 8th Grade

Mt. Moriah Christian Academy

STUDENT WAIVER FORM

ACKNOWLEDGEMENT

I expressly acknowledge that there are certain dangers, risks, illnesses and personal injuries inherent in participating in the MMCA's programs, events, classes, and/or other activities, which may result from unavoidable accidents or injuries, athletic activities, sports programs/classes, the use of any equipment, exercise, or other activities or from my or my minor child(ren)'s or ward(s)' physical condition. I understand that the MMCA and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns assume no responsibility for loss, damage, illness or injury to person or property that I or my minor child(ren) or ward(s), if applicable, may sustain as a result of my or their physical condition or resulting from my or their participation in any activities, programs, events, classes, the use or non-use of any equipment, exercise, field trips, and other challenge courses, or any other activities, classes, events, or programs at and/or sponsored by the MMCA. I expressly acknowledge, on behalf of myself and my minor child(ren) and ward(s), heirs and executors, that I voluntarily assume the sole risk for any and all dangers, illnesses and personal injuries that may result from my or my minor child(ren)'s or ward(s)' participation in any events/activities/programs/classes while at the MMCA and/or sponsored by the MMCA.

I also acknowledge that MMCA often uses photographs, videotapes, television programs, motion pictures, tape recordings, or other similar media for promotional purposes. I hereby consent to the use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) in such materials to be exhibited and used for advertising, trade purposes, solicitation of patronage, promotional purposes, or other similar purposes, even if my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) are an integral part of such photograph, videotape, television program, motion picture, tape recording, or other similar media.

RELEASE

In consideration of MMCA allowing me and/or my minor child(ren) or ward(s) to attend and/or participate in any programs, events, classes, or other activities at MMCA and/or sponsored by MMCA, I hereby, for myself, my minor child(ren) or ward(s), heirs, and executors, waive, release and forever discharge MMCA and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns, from and against any and all rights and claims for any loss, damage, illness or injuries to person or property sustained as a result of my attendance and/or participation in any such programs, events, classes, and other activities, whether or not such loss, damage or injury results from the negligence of MMCA and its employees, agents, or representatives or from some other cause.

I further waive any and all rights to inspect or approve the photograph, videotape, television program, motion picture, tape recording or other use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es), including any written article, script, caption or other writing that may accompany such use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es). I hereby, for myself, my minor child(ren) or ward(s), heirs, and executors, waive, release and forever discharge the MMCA and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns, from and against any and all liability, claims, losses, costs, expenses or damages for libel, slander, invasion of privacy, conversion, defamation, appropriation of likeness or any other claim based on the use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) in any such materials.

INDEMNIFICATION

I hereby represent and warrant to MMCA that I have the authority to execute this Participant Waiver Form on behalf of myself and/or on behalf of my minor child(ren) or ward(s) as parent, guardian and/or next friend, if applicable. In the event of any misrepresentation or breach of the foregoing warranty by me, or in the event that I, my minor child(ren) or ward(s), or any other person nevertheless asserts any claim against the MMCA arising out of my or my minor child(ren)'s or ward(s)' participation in any program, event, class or other activity as set forth herein, I agree to indemnify, hold harmless and defend MMCA from and against any and all liability, claims, losses, costs, expenses or damages resulting therefrom, including, but not limited to, claims of loss, damage, illness or injury to person or property whether or not such loss, damage, illness or injury results from the negligence of MMCA or from some other cause.

ACCEPTANCE

I expressly acknowledge and agree to the terms and conditions set forth on this Student Waiver Form.

_____

Signature of Parent/Guardian of Participant(s) Date

_____

_____

_____

Name(s) and Age(s) of Participant(s)

Mt. Moriah Christian Academy
1149 Eastern Parkway
Brooklyn, NY 11213
Telephone: (718) 953-4364
Fax: (718) 953-4527
www.mtmoriahchristianacademy.com

TUITION PAYMENT PLAN AGREEMENT FORM

Purpose of this form: Use this form if you are not able to pay your full tuition balance at the beginning of the semester. You must meet all due dates that are established by the Mt. Moriah Christian Academy. These dates are the same for all students.

Parent's Name: _____
First Middle Last

Students Name: _____ Grade Level: _____

Address: _____
Street City State Zip

Tel: _____ E-mail: _____

Terms and Conditions

1. I agree to pay my tuition balance under the terms of **Plan_____**. I request this benefit from Mt. Moriah Christian Academy.
2. I agree that the plan can't be changed or canceled after it gets approved.
3. I agree to pay all my installments on time understanding that this means on or before the due date established.
4. If I pay by check and it is returned for insufficient funds, then I will pay the $10 late fee plus a $25 returned check fee.
5. Tuition payments received are first applied against the Newest outstanding amounts.

Late Payment Policy

6. **Penalty and Late fee.** If I fail to pay the full due amount on or before the due date, I agree to pay late fee of **$10** on the amount per week. This late fee will be added to my child's Tuition Account following the due date. Late fee will only apply to the tuition installment payments. No child will be allowed to attend class if they're tuition account is delinquent.

I agree, and have read and understood all the above terms and conditions.

Parent/Guardian's Signature: _____ Date: _____

Parent/Guardian (Print Name): _____

Office Use Only

Accounting Officer's Signature: _____ Date: _____

Director of Finance's Signature: _____ Date: _____

Non-Discrimination Policy
It is the policy of Mt. Moriah Christian Academy to provide equal educational opportunities for all people regardless of race, color, religion, national origin, sex, age, marital status, personal appearance, political affiliation, disability, source of income, place of residence or business, and veteran status.

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Mt. Moriah Christian Academy
1149 Eastern Parkway
Brooklyn, NY 11213

Parent Commitment Form

· We understand the general philosophy of a Christian Education and are in agreement with the purpose and intent of Mt. Moriah Christian Academy.

· We agree to support the standards of conduct, discipline and student dress code as detailed in the student handbook. We agree to help our child (ren) abide by the guidelines of the handbook and will maintain a cooperative and supportive spirit towards the faculty and administration of Mt. Moriah Christian Academy. We further agree that we will cooperate and discipline our child(ren) in the home as needed.

· We will uphold the spiritual emphasis of Mt. Moriah Christian Academy by regularly attending church services and encouraging our child(ren) to actively attend church services and will support their involvement in school programs.

· We agree to uphold and support the high academic standards of the school by providing a place at home for our child(ren) to study and to give our child(ren) encouragement in the completion of homework and assignments.

· We understand that monetary assessments will be made to cover damages to the school including breakage of windows and destruction or abuse of other property, as a result of my child's actions.

· We agree to fulfill our yearly financial obligations to Mt. Moriah Christian Academy as detailed on the Family Registration Form.

Parent/Guardian's (Print Name)_____Date_____

Parent/Guardian's Signature_____Date_____

MT. MORIAH
CHURCH OF GOD IN CHRIST

Grant Application

Requirements for Grants:

1) Parents must be willing to commit to their child's Educational & Spiritual Development.
2) Parents must be willing to participate in extra-curricular programs at said School.
3) Parents cannot be receiving any other Tuition Assistance for their child's Education.

All grants are distributed at the sole discretion of Mount Moriah Church of God in Christ.

Student Information

(PRINT or TYPE with Black or Blue Ink)

Student's Name _____

Mailing Address _____

City, State and Zip _____

Telephone No. _____

Parental Information

Name of Parent(s)/Guardian _____

Parent's Address _____

City, State, and Zip _____

Parent's Occupation _____

I hereby apply for a Mt. Moriah C.O.G.I.C. Tuition Assistance Grant:

Applicant's Signature _____

Date: _____

1149 Eastern Parkway, Brooklyn, NY 11213 • (718) 953-4364 *church* (718) 953-4527 *fax*
Rev. Dr. Jerry B. West, Sr. - *Founder/Pastor* • Evang. Betty J. West - *First Lady*

NEW ADMISSION EXAMINATION FORM

DEPT. OF HEALTH & MENTAL HYGIENE

Return in 2 Weeks. Please Print Clearly / Press Hard

HEALTH MESSAGE

STUDENT ID # / OSIS

See Reverse Side

TO BE COMPLETED BY THE PARENT OR GUARDIAN

STUDENT LAST NAME | FIRST NAME | MIDDLE

SEX: ☐ Male ☐ Female

BIRTHDAY: MONTH DAY YEAR

RACE/ETHNICITY *Check all that apply*: ☐ Hispanic ☐ Asian ☐ Black ☐ American Indian ☐ White ☐ Other

☐ PARENT ☐ GUARDIAN ☐ FOSTER PARENT

LAST NAME | FIRST NAME

STUDENT ADDRESS | APT/FL | ZIP

TELEPHONE NO: HOME: ( ) WORK: ( )

SCHOOL: DISTRICT | NUMBER

☐ Public Elem ☐ Public H.S. ☐ Public JHS/IS ☐ Non-Public

SCHOOL NAME: ☐ Annex 1 ☐ Annex 2

Does this child have any form of health insurance, including Medicaid or Child Health Plus? ☐ Yes ☐ No

TO BE COMPLETED BY THE HEALTH CARE PROVIDER

Does the student have a past or present medical history of the following:

If yes to any item, provide: DATE | DETAILS

PRES.	PAST	NO		PRES.	PAST	NO		PRES.	PAST	NO	
☐	☐	☐	ASTHMA *(If present, attach medication administration form)*	☐	☐	☐	Diabetes *(If present attach medication administration form)*	☐	☐	☐	Speech Problems
☐	☐	☐	Allergies	☐	☐	☐	Cancer	☐	☐	☐	Hospitalizations
☐	☐	☐	Congenital Heart Disease	☐	☐	☐	Orthopedic Problems	☐	☐	☐	Surgery
☐	☐	☐	Seizures	☐	☐	☐	Vision Problems	☐	☐	☐	Serious Illness
				☐	☐	☐	Hearing Problems	☐	☐	☐	Serious Accidents
								☐	☐	☐	Other Problems/Limitations

PHYSICAL EXAMINATION:

HEIGHT ____ in (%o ile) WEIGHT ____ lb (%o ile) BMI ____ (%o ile) BLOOD PRESSURE ____ / ____

GENERAL APPEARANCE (NUTRITIONAL STATUS): ____

NL	AB		NL	AB		NL	AB		NL	AB	
☐	☐	HEENT	☐	☐	LYMPH NODES	☐	☐	ABDOMEN	☐	☐	BACK
☐	☐	DENTAL STATUS	☐	☐	LUNGS	☐	☐	GENITO URINARY	☐	☐	SKIN
☐	☐	NECK	☐	☐	CARDIOVASCULAR	☐	☐	EXTREMITIES	☐	☐	NEURO

DESCRIBE ABNORMALITIES:

NL	AB	
☐	☐	GROSS MOTOR
☐	☐	PSYCHO/SOCIAL DEV.
☐	☐	LANGUAGE
☐	☐	BEHAVIORAL
☐	☐	FINE MOTOR

Hearing

	DATE	RESULTS
AUDIO/SWEEP	____	P F
THRESHOLD	____	P F

Vision

DATE ____ / ____ / ____

	FAR	NEAR		
Right	____/____	____/____	FUSION	P F
Left	____/____	____/____	COLOR	P F
Both	____/____	____/____		

Note: Screening for Amblyopia requires separate distance acuity measurements in each eye and a fusion test.

TB: Only required for students newly entering the NYC school system in Intermediate/Middle/Junior or High School

MANTOUX (PPD) IMPLANTED ____ DATE ____ READ ____

RESULTS: ☐ NEGATIVE ____ MM ☐ POSITIVE ____ MM

	Chest X-ray	BCG	On INH
DATE	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____
RESULTS	☐ Normal ☐ Abnormal ☐ Not Indicated	☐ YES ☐ NO	☐ YES ☐ NO

LEAD:

Risk Assessment DATE DONE ____ / ____ / ____ RESULTS ☐ No Risk ☐ At Risk

If at risk, do venous lead screening DATE DONE ____ / ____ / ____ RESULTS ____.____

IMMUNIZATION — DATES

Citywide Immunization Registry no. ____

DPT/DTaP or DT or Td	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	Other ____ / ____ / ____ ____ / ____ / ____
IPV/OPV	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____		
Hepatitis B	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	MMR	____ / ____ / ____	____ / ____ / ____	
HIB	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	VZV	____ / ____ / ____	____ / ____ / ____	

May provide copy of CIR print out in lieu of completing this section. Must complete CIR Number above.

DIAGNOSES — If Asthma, indicate severity

☐ Well Child V202

ICD CODE

1. ____
2. ____
3. ____

DATE OF EXAM: ____ / ____ / ____ (MONTH DAY YEAR)

Physician Signature

Physician Name *(Print)*

Address

Telephone

Name of facility

Type of facility: ☐ HHC Child Health Clinic ☐ HHC Communicare Clinic ☐ HHC Hosp. Clinic ☐ Private Practice ☐ Comm. Health Center ☐ Vol. Hosp. Clinic ☐ School-Based Clinic ☐ OTHER ☐ SHP in School

DOH ONLY | PROVIDER I.D. ____

TYPE OF EXAMINATION: ☐ NAE Current ☐ NAE Prior Year/s

Comments

Date Reviewed: ____ / ____ / ____ I.D. NUMBER ____

REVIEWER:

RECOMMENDATIONS/REFERRALS

☐ FULL PHYSICAL ACTIVITY ☐ RESTRICTIONS

Specify limitations and/or special alerts (i.e. allergies, medications, precautions)