



Mount Hope Christian Academy
 6823 Harrison Road, Fredericksburg, VA 22407

540.785.4631; Fax: 540.548.2540 | Email: director@mhccademyva.org

Student Enrollment Application
 (One Application per Child)

Last Name	First Name	Middle Initial
Nickname	Place of Birth	Date of Birth
Address	City	Zip Code
		State

ENROLLING PARENT/GUARDIAN INFORMATION

Last Name	First Name	Middle Initial
Address	City	Zip Code
		State
Home #		Cell #
Email		Work #
Relationship to child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal/Custodial Guardian <input type="checkbox"/> Other (please specify) _____		

Employment Information

Employer: _____	Work Email: _____
Address	City
	Zip Code
	State

PARENT/GUARDIAN INFORMATION

Last Name	First Name	Middle Initial
Address	City	Zip Code
		State
Home #		Cell #
Email		Work #
Relationship to child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal/Custodial Guardian <input type="checkbox"/> Other (please specify) _____		

Employment Information

Employer: _____		Work Email: _____	
Address _____	City _____	Zip Code _____	State _____

With whom does the child primarily live? _____

PROGRAM of ENROLLMENT (check all that apply)

Academic (Original Birth Certificate, Immunization Record, and Physical Examination required)

Before Care (Starts at 5:30am) - Monday Tuesday Wednesday Thursday Friday

After Care (3:00pm – 6:30pm) - Monday Tuesday Wednesday Thursday Friday

The following schools are serviced by the Before and After Care Program: Battlefield Elementary, Courtland Elementary, Courthouse Road Elementary, Harrison Road Elementary, Parkside Elementary, Salem Elementary, Smith Station Elementary, Wilderness Elementary, Faith Baptist, Battlefield Middle, Chancellor Middle, Freedom Middle, and Ni River Middle.

Which of the above schools does your child attend? _____ Current Grade: _____

CURRENTLY ENROLLED SIBLINGS

_____	<input type="checkbox"/> Academic	<input type="checkbox"/> Before Care	<input type="checkbox"/> After Care
Name			
_____	<input type="checkbox"/> Academic	<input type="checkbox"/> Before Care	<input type="checkbox"/> After Care
Name			
_____	<input type="checkbox"/> Academic	<input type="checkbox"/> Before Care	<input type="checkbox"/> After Care
Name			
_____	<input type="checkbox"/> Academic	<input type="checkbox"/> Before Care	<input type="checkbox"/> After Care
Name			

TELL US ABOUT YOUR CHILD

Is this your child’s first childcare/preschool experience? Yes No

Does your child have any fears we should be aware of? Yes No; If yes, please explain how they are normally addressed: _____

Is your child generally: Cooperative Shy Competitive Happy

Aggressive Sensitive Submissive Angry

List other behavior characteristics of your child: _____

Does your child have any allergies or health concerns? Yes No

- If yes, does your child require medication to be kept at school? Yes No
- If yes, a *Written Medication Consent Form* must be on file prior to the start of the school year.

Has your child ever:

- Repeated a grade? [] Yes [] No
- Been diagnosed with a learning disability, or given an IEP, 504, or behavior plan? [] Yes [] No
- Been suspended from a school? [] Yes [] No
- Been expelled from a school? [] Yes [] No

Are there any current custody or legal concerns? [] Yes [] No

EMERGENCY CONTACT LIST

_____	_____	_____
Last Name	First Name	Middle Initial
_____	_____	_____
Address	City	Zip Code
_____	_____	_____
Relationship to Child	Cell Phone	Work Phone

_____	_____	_____
Last Name	First Name	Middle Initial
_____	_____	_____
Address	City	Zip Code
_____	_____	_____
Relationship to Child	Cell Phone	Work Phone

_____	_____	_____
Last Name	First Name	Middle Initial
_____	_____	_____
Address	City	Zip Code
_____	_____	_____
Relationship to Child	Cell Phone	Work Phone

AUTHORIZED PICK UP

Please list the individuals who are authorized to pick up your child:

1. _____
Name Relationship to Child
2. _____
Name Relationship to Child
3. _____
Name Relationship to Child
4. _____
Name Relationship to Child

Please list the individuals who are NOT authorized to pick up your child: Please note that if you list a parent as one who is not authorized to pick up their child, you must provide Mount Hope Christian Academy (MHCA) with court documentation to confirm. Otherwise, we will only be able to notify you that the parent has arrived to pick up the child. By law, without documentation, we will not be able to prevent a parent from picking up their child.

1. _____

	Name	Relationship to Child
2.	_____	_____
	Name	Relationship to Child
3.	_____	_____
	Name	Relationship to Child
4.	_____	_____
	Name	Relationship to Child

CONFIDENTIALITY STATEMENT

Information about any child at MHCA is confidential and will not be given to anyone except Virginia Department of Social Services designees or other persons authorized by law unless the child’s parent/guardian provides written consent. Information about a child enrolled in MHCA will be given to the local department of social services if the child receives a day care subsidy or if the child has been named in a report of suspected child abuse or maltreatment or as otherwise allowed by law.

REHABILITATION ACT OF 1973

We understand that if MHCA receives any federal funding (such as childcare subsidy from a local department of social services), we are subject to Section 504 of the Rehabilitation Act of 1973 which is similar to the provisions of the Americans with Disabilities Act. If a child enrolled in MHCA now or in the future is identified as having a disability covered under the Rehabilitation Act, we will assess the ability of MHCA to meet the needs of the child. Additional information on the Rehabilitation Act can be found on their website – <https://corporate.findlaw.com/litigation-disputes/the-rehabilitation-act-of1973-section-504-as-applied-to.html#:~:text=Section%20504%20is%20an%20anti%2Ddiscrimination%20lawsuit> or by seeking legal counsel.

Parent/Guardian Signature Date