MOUNTAIN AREA
CHRISTIAN ACADEMY

14090 Old Highway 76 · Morganton, Georgia 30560

Telephone: 706-374-6222 · Fax: 706-621-4940 · website: www.macalions.org

Mountain Area Christian Preschool Academy
Equipping Students to Live a God Honoring Life

A note from our Administrator, Mrs. Kincaid

On behalf of all the preschool staff at Mountain Area Christian Academy, I would like to personally welcome you and thank you for trusting us with your most prized possession - your child. We are honored that you have chosen us to invest in your child's life and learning experience. We are excited to see how your child will grow and develop while he/she is a part of the program.

As a Quality Rated Center, we are dedicated to the care of children. We strive to assist them in every aspect of early development - academically, physically, socially, and most importantly, spiritually.

You are always welcome to call or stop by with any questions or concerns. My door is always open to you, and I promise you that we will strive daily to ensure your child receives the highest quality preschool experience available in a safe and fun environment.

QUALITY℠ RATED CHILD CARE

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Preschool Financial Information
2026-2027 School Year

One time Application Fee per family: $75 (Due with application)

Registration/Materials Fee: $200.00 (per child) .....Due at time of enrollment/reenrollment (curriculum, academic supplies, and enhancements)

Note: Students must be age 3 on or before Sept. 1, 2026, for K3 / age 4 on or before Sept. 1, 2026 for K4

TUITION	TOTAL	**PAYMENT PLANS**
K3 & K4 7:30 – 3:30	$6,500 yearly	Financial Agreements must be completed by the Finance Director. You will choose your plan option at that time. Monthly payments are due on the 1st of the month. **Tuition payments are not prorated for vacation, inclement weather, illness, etc. Fees are due regardless of attendance.**
K3 & K4 7:30 – 5:30	$7,200 yearly	
K4 7:30 -11:30	$4,500 yearly	

We accept all major credit cards. As of August 1,2022, there will be a 3.5% surcharge fee on all credit card transactions

All payments are due on the 1st of each month and are late after the 10th. A late fee of $50 will be assessed. Accounts in excess of 30 days in arrears will result in financial suspension of the student.

Aftercare (3:30 – 5:30 PM)
*A late pick-up fee of $10 will automatically be applied to the students account after 10 minutes.
*Students on Payment Plan arrival of 3:30 will automatically be moved to the 5:30 time slot if they are late 3 or more days within a month.

Breakfast/Lunch: Tuition includes breakfast and lunch.

Mountain Area Christian Academy

Application for Admission

Application Date: _____ Age: _____ T-shirt size: _____

Student's Name: _____

Preferred Name (or Nickname): _____

Date of Birth: _____ Gender: _____ Race: _____

Social Security Number: _____

Grade Applying for *(circle one):* PK-3 / PK-4

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

County: _____ Home Phone Number: _____

Church Name _____ Phone _____

Pastor's Name _____

FAMILY INFORMATION: **Note: The contact information given below should only pertain to the party who is responsible for the student. MACA's procedures are to deal only with the legal guardian(s) of each student.*

Applicant lives with (check all that apply):

- ☐ Father
- ☐ Stepfather
- ☐ Other
- ☐ Father has custody
- ☐ Parents are separated
- ☐ Mother
- ☐ Stepmother
- ☐ Other
- ☐ Mother has custody
- ☐ Parents are divorced
- ☐ Joint Custody

Please Print Parents/Guardians Name & Full Address Below:

FATHER/GUARDIAN/STEPFATHER

Name: _____

Relationship to Student: _____

Address: _____

_____

Email Address: _____

Cell Phone: _____

Employer: _____

Employer Phone: _____

MOTHER/GUARDIAN/STEPMOTHER

Name: _____

Relationship to Student: _____

Address: _____

_____

Email Address: _____

Cell Phone: _____

Employer: _____

Employer Phone: _____

PREVIOUS PRE-SCHOOL INFORMATION

Has your child ever been enrolled in preschool before?

- Yes
- No

Reason for leaving?_____

_____

_____

_____

Name of the parent responsible for payment of the account

Our Mission at Mountain Area Christian Academy (MACA) is to glorify God by providing an educational program that is Christ-centered, Biblically based, academically excellent and focused on equipping and encouraging our students to obediently fulfill God's purpose for their lives.

Place a check next to the schedule of your choice:

✔	**Day**	**Time**	**K3 & K4**
	5 Days	7:30 am to 3:30 pm	$650 per month/ $6,500 per year
	5 Days	7:30 am to 5:30 pm	$720 per month/ $7,200 per year
	5 days	7:30am to 11:30 am ***PK4 ONLY***	$450 per month/ $4,500 per year

Please choose one: ☐ I choose to pay on the monthly plan **OR** ☐ I choose to pay for the year in advance

The fee for my child is _____per month. Total paid will be _____ per year.

Parent Signatures _____ Date _____

Parent Signatures _____ Date _____

Director's Signature _____ Date _____

Registration fee enclosed: $ _____ Date _____

By signing this form, I give permission to be called and/or texted using automatic dialing equipment at the numbers listed on this application and I certify that I am the owner of the phone numbers listed.

Mountain Area Christian Academy

Mountain Area Christian Academy School Board

The primary responsibility of the Board is to oversee the general operation of the school and to ensure that the school meets its spiritual, legal, and academic obligations.

Chairman: Cherie Pierce
Members: Brenda Crawford, Phillip Kight

Cooperation

In order to ensure the effective operation of Mountain Area Christian Academy, it is necessary to have the full cooperation, support, and backing of every parent and guardian in the matter of school policies, rules, and regulations. The school asks parents and guardians to become familiar with all policies as outlined in the Student Handbook (available online at www.macalions.org) and fully support those policies.

Tuition

Mountain Area Christian Academy is a nonprofit organization and is dependent on tuition, fees, fundraising and gifts for its support. Payment dates will be strictly enforced. All accounts must be brought current within 10 days of the statement due day or a late fee of $50 will be applied. Accounts past due thirty (30) days will result in financial suspension. These fees include (but are not limited to) tuition, lunch, aftercare, etc.

Agreement

By signing this application, I agree to partner with Mountain Area Christian Academy in its efforts to train my child in a way that is both pleasing to the Lord and in accordance with the Holy Scriptures. I agree to the programs and policies as outlined in the Student Handbook.

By signing this form, I give permission to be called and/or texted using automatic dialing equipment at the numbers listed on this application and I certify that I am the owner of the phone numbers listed.

Signature of Father or Legal Guardian _____ Date _____

Signature of Mother or Legal Guardian _____ Date _____

Notice of Nondiscriminatory Policy as to Students: ***Mountain Area Christian Academy admits students of any race, color, and national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate based on race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.***

Mountain Area Christian Academy
Medical Care and Emergency Contact Information

Student's Name: _____ Age:_____Weight:_____

Birthdate:_____

FATHER/GUARDIAN/STEPFATHER

Name: _____

Email Address: _____

Cell Phone Number: _____

MOTHER/GUARDIAN/STEPMOTHER

Name: _____

Email Address: _____

Cell Phone Number: _____

Known Allergies of Child (medicine, food, etc.): _____

_____

Describe past serious illnesses or hospitalizations (include dates): _____

_____

Medicines taken by child: _____

_____

Describe all physical conditions or illnesses that could affect the child's participation in the programs or the proper medical treatment (diabetes, epilepsy, poor blood clotting, etc.): _____

_____

Health Insurance

Company: _____ Policy Number: _____

Child's Physician: _____ Phone: _____

Emergency Contacts *In case of illness or accident, please contact the following in the order listed. List daytime phone numbers.*

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

The following people are authorized to pick up my child:

Name:	Relationship:
_____	_____
_____	_____
_____	_____
_____	_____

The following people are **NOT** authorized to pick up my child: **If one of the persons listed is a parent, then MACA MUST have court action papers on file in the office.*

Name:	Relationship:
_____	_____
_____	_____
_____	_____

Mountain Area Christian Academy

Medical Care and Emergency Contact Information

Continued

Permission to Dispense Medication During School Hours: (Please mark all that apply)

Medication Name:	Tylenol (Acetaminophen) Liquid Tablet **(circle one)**	Dosage: **MG**
Medication Name:	Ibuprofen Liquid Tablet **(circle one)**	Dosage: **MG**
Medication Name:	Triple Antibiotic Ointment (Neosporin)	Dosage: Apply to affected area 1-3 times a day
Medication Name:	Anti-Itch Cream (Diphenhydramine Hydrochloride USP, 2%)	Dosage: Apply to affected area 1-3 times a day

I hereby give permission for my child to receive medication during school hours. I understand that the school personnel take no responsibility for the administration of the medication. I hereby release Mountain Area Christian Academy and their agents and employees from any and all liabilities that may result from my child taking over-the-counter medications.

_____ _____

Signature of Parent/ Guardian Date

Emergency Medical Treatment Consent

I hereby give Mountain Area Christian Academy permission to provide first aid care for my child, _____. In the event I cannot be reached, I hereby authorize Mountain Area Christian Academy to transport my child to the emergency room of the nearest hospital, and I hereby grant my consent for the hospital and its medical staff to provide my child with medical treatment. I agree to accept financial responsibility for all medical expenses incurred.

_____ _____

Signature of Parent/ Guardian Date

Mountain Area Christian Academy

FINANCIAL OBLIGATIONS

Please check that you understand and agree to the following financial obligations.

- ☐ I understand that this contract cannot be considered complete without the non-refundable application fee ($75.00 per family).

- ☐ Registration fees are due upon acceptance to MACA and are non-refundable. This fee covers rental for the use of supplies, curriculum, insurance, and testing while enrolled at MACA. Parents/ legal guardians must provide some supplies that will be determined by the teacher; a list will be provided. If a parent withdrawals their child, consumable supplies and curriculum previously issued to the student will be forfeited.

- ☐ Payment of any balance (including, but not limited to tuition, lunch charges, aftercare, late fees, extracurricular activities, etc.) is due on the first of each month. Account balances must be paid on time whether a student attends regularly or not. MACA does not accept postdated checks for any reason. Parents/ legal guardians are responsible for the payment of the account. MACA will not bill third parties.

- ☐ MACA recognizes that difficulties arise from time to time which may hinder prompt payments. A 10 day grace period is provided. After the 10th of the month, a $50.00 late fee will be assessed. Adjustments are not made under any circumstances. Should a parent/ legal guardian's pay period not coincide with MACA billing dates; the parent/ legal guardian will need to make arrangements so that the payment can be made according to the stated schedule. Addresses and telephone numbers must be current in the MACA office. Failure on the parent/ legal guardian's part to promptly notify the office of an address change does not relieve him/her of the responsibility of the financial obligations outlined in this agreement.

- ☐ A delinquent payment notice is mailed only in the event the account is past due. Any account that becomes past due by 30 days will result in the immediate financial suspension of the student. A student may not come to class if the account is not paid as stated. Should the student be present on the suspension day, the parent/ legal guardian will be contacted that day and asked to pick up the student and keep him/her at home until the account is made current. The student may return to MACA when the account is made current.

- ☐ Any delinquent account balance (which may include amounts due for withdrawn students) will affect all MACA students in that family regarding financial suspension, withdrawal, etc. Should the account become 60 days past due, the student is automatically withdrawn from the roll. The total balance of the account is due at that time. All school records are held until the account has a zero balance.

- ☐ I understand that in addition to tuition, various fees are due periodically during a student's enrollment at MACA.

- ☐ I understand and agree that no report card, transcript, or student file will be released to me or to another school if I am delinquent in tuition payment or have any debt to the school.

- ☐ MACA reserves the right to refuse any application or dismiss any student, at any time, for any reason. Neither this contract nor payment of fees is considered binding upon MACA.

- [ ] Credits posted to the account may not be applied to any non-billed items such as field trips, pictures, club fees, or any other item paid for at MACA that is not listed above. Credit posted to one families account may not be applied to another family's account.

- [ ] I understand that information regarding refunds and other miscellaneous financial obligations are clearly outlined in the Parent/ Student Handbook handed out once my student is accepted.

- [ ] I understand that new students are accepted on a probationary period of nine weeks. At the end of nine weeks the student's performance and behavior will be evaluated. MACA reserves the right to dismiss any student who does not meet the requirements at that time.

To the best of my knowledge, the information contained in this application is true and accurate. The applicant desires to be a part of Mountain Area Christian Academy. I have carefully read the accompanying Statement of Faith and will support MACA's inclusion of its perspective in all areas of school life. I have read the accompanying Statement of Policies (Student Handbook), Financial Contract, Code of Conduct, Uniform Dress Code, and other MACA policies. I agree to support the school in carrying out its program and policies as outlined therein. I authorize and give full consent to Mountain Area Christian Academy to publish and copyright all photographs in which my child appears as a student in any and all programs and promotional materials of the Mountain Area Christian Academy.

_____ _____

Signature of Parent/ Guardian responsible for payment on account Date

_____

Relationship to Student

Mountain Area Christian Academy

PHILOSOPHY

We believe the Bible is the standard of all truth and knowledge and therefore, are committed to teaching all subjects with God's Word as the focal point. We believe it is our God given responsibility to teach our students traditional education fundamentals and life skills that will prepare our graduates to develop goals, make decisions, and live a life that is centered on Christ and glorifying God.

We believe that parents are the ultimate authority over their children and therefore, they are accountable to God for the child's spiritual and more welfare.

Mountain Area Christian Academy acknowledges the trust placed in us by our parents and hold in high regard the authority of the home and church to teach those distinctive doctrines held in esteem by a family's own local church and denomination.

STATEMENT OF FAITH

We believe the Bible to be the inspired, the only infallible and authoritative Word of God. ("All scripture is given by inspiration of God, and is profitable for doctrine, for reproof, for correction, for instruction in righteousness." - II Timothy 3:16)

We believe there is one God, eternally existent in three persons: Father, Son, and Holy Spirit. ("For there are three that bear record in heaven, the Father, the Word, and the Holy Ghost: and these three are one." – I John 5:7)

We believe in the deity of our Lord, His virgin birth, His sinless life, His miracles, His atoning death through His shed blood, His bodily resurrection, His ascension to the right hand of the Father, and His personal return in power and glory. ("Which also said, Ye men of Galilee, why stand ye gazing up into heaven? this same Jesus, which is taken up from you into heaven, shall so come in like manner as ye have seen him go into heaven." Acts 1:11; see also John 10:33, Matt. 1:23, Heb. 4:15, John 2:11, I Cor. 15:3, John 11:25, Mark 16:19)

We believe that salvation can be neither deserved nor earned but is the free gift of God given to those who accept it by faith. ("For by grace are ye saved through faith; and that not of yourselves: it is the gift of God: Not of works, lest any man should boast. For we are his workmanship, created in Christ Jesus unto good works, which God hath before ordained that we should walk in them." - Eph. 2:8-10; see also
John 3:16, John 5:24, Rom. 5:8-9, Titus 3:5)

We believe in the resurrection of both the saved and the lost--they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation. ("Marvel not at this: for the hour is coming, in which all that are in the graves shall hear his voice and shall come forth; they that have done good, unto the resurrection of life; and they that have done evil, unto the resurrection of damnation. "- John 5:28-29)

We believe in the spiritual unity of believers in our Lord Jesus Christ. ("There is one body, and one Spirit, even as ye are called in one hope of your calling; One Lord, one faith, one baptism, One God and Father of all, who is above all, and through all, and in you all. "- Eph. 4:4-6)

We believe in the present ministry of the Holy Spirit by indwelling the Christian, enabling Him to live a Godly life. ("For whom he did foreknow, he also did predestinate to be conformed to the image of his Son, that he might be the firstborn among many brethren." - Romans 8:29)

We believe marriage is a committed relationship exclusively between one man and one woman (Gen. 2:18-24; Matt. 19:4-6).

We believe God immutably created male and female as two distinct, complementary genders that reflect the image of God. Men and women are equal in worth and dignity but have some distinctive God-ordained roles to fulfill. Sexual identity as male and female is determined genetically with corresponding body parts. It is linked inextricably to gender distinctions (Gen. 1:27; Eph. 5:22-33; Titus 2:4).

We believe sexual activity with another person must take place within the boundaries of marriage. (Gen. 2:24-25; Matt. 15:18-20; Rom. 13:13; I Cor. 5:1-13;6:9-10; 13, 18; 7:1-5).

We believe that all human life is sacred because it is created by God in His image. Human life is of inestimable worth in all its dimensions, including pre-born babies, the aged, the physically or mentally challenged, and every other stage or condition from conception through natural death. We are therefore called to defend, protect, and value all human life. (Ps 139).

We believe that to preserve the function and integrity of MACA that all employees and members of its community must subscribe to the Statement of Faith.

Please describe your personal relationship with Jesus Christ:

MOUNTAIN AREA CHRISTIAN ACADEMY

Statement of Cooperation and Understanding Parental Agreement

Date: _____School Year: _____Child's Name:_____ Age/Grade:_____

1. I understand that Mountain Area Christian Academy admits students of any race, color, and national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate based on race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.
2. I understand that attendance at MACA is a privilege, not a right. MACA reserves the right to accept/reject any application for enrollment.
3. I understand that grade and class placements are left to the discretion of the administration.
4. I understand that every effort will be made to provide a sound, biblically based, and supported academic education in accordance with the student's grade level. MACA does not guarantee or promise that students will always comprehend, learn, complete a grade, or receive promotion.
5. I understand that MACA, as a Christian ministry, presents and requires Christian training for every student. This will include any, or all of the following: chapel attendance, Bible classes, programs (using drama, music, or recitation), prayer, and individual religious guidance, and/or advice.
6. I understand that my child will only receive three classroom discipline notes to be signed. After the third note, my child will go to the Director's office. After three visits to the Director's office, my child will be asked to spend 1 to 3 days at home with parents to reinforce the correct classroom behavior. I understand that when I receive the second note, or my child is suspended two times, I will need to schedule a conference with the teacher in order to help correct his behavior. I understand that after three suspensions, my child will be expelled from MACA due to severe discipline problems. I understand that offenses as specified in the Preschool Handbook can result in suspension or expulsion, without prior notice and all fees are applicable during suspension/expulsion time.
7. I understand that I am expected to support the school and its reputation in the community. I will address legitimate concerns, or complaints through the appropriate school channels. If, in the opinion of the school's administration, I do not cooperate, or are found to display detrimental actions or attitudes toward the staff, faculty, and/or administration, my student will be subject to permanent expulsion.
8. I understand and accept that the student's enrollment and re-enrollment status will be at the discretion of the administration.
9. Should legal action be taken for any reason, on my/or my child's behalf, against MACA, and its staff, or personnel and they are not found at fault, I agree to pay any and all attorney's fees, court fees, damages, and all other costs incurred in defense of such actions.
10. I agree to abide by the handbook, individual class rules, and such policies and procedures as spoken, written, or otherwise set forth by the school's personnel, and/or administration. I will abide by the administration's decision in any matter involving my student, my account, or disposition of any records or transcripts.
11. I further understand that any fees, registration, and tuition paid are <u>non-refundable.</u>
12. I assume full legal and financial responsibility for any property damage caused by my child while at school, or while attending any school activity. I give full authority and discretion to the administration of MACA in verifying any information that I have provided herein, or during any personal interview. This includes, but is not limited to, contacting previous schools, or day care providers, requesting records, reports, grades, evaluations and tests scores. I have not been promised or assured enrollment for my student and hereby leave that decision at the discretion of the administration.
13. Daily care shall include:
    1. Supervision of child by qualified staff at all times.
    2. A consistent daily schedule including rest periods.
    3. Planned learning activities involving music, art, phonics, numbers, Bible teaching, and awareness of the world God made.
    4. Nutritious afternoon snack.
    5. Outdoor play, as weather permits, on a safe playground

14. Should my child become ill or suffer an accident of any nature while in the care of Mountain Area Christian Academy, the school will undertake to contact me immediately. The school is authorized to secure such medical attention and care for my child as may be necessary. The parent/guardian shall assume responsibility for payment and hereby release MACA, and its staff, from all liability in securing such care and/or transportation. My child cannot be given any medication without my written consent. With each occurrence I must fill out and sign a medication authorization form and give it to the teacher. The facility agrees to keep me informed of any exposure to communicable diseases, which include my child.
15. Does your child have any medical, mental, emotional problems, or are there any special procedures required for your child?
    - No
    - Yes, If yes please list_____
16. My child must be accompanied by a teacher or parent upon entering or leaving the school. This means in and out of the room and playground.
17. I understand that, if my child is attending preschool on or before September 30th as a 10-month student, I will be allowed a one-week vacation from school and will not be charged. If my child begins attending preschool after September 30th. I understand that the rates are based on the number of days the facility is open and therefore they are not discounted for holidays.
18. The facility agrees to obtain written authorization from me before my child participates in routine transportation, field trips, and special activities away from the facility.

All information provided herein is true, full, and accurate to the best of my knowledge, and no effort has been made to change, hide, or exclude any requested information.

Signature of Parent/Guardian:_____Date:_____

Signature of Parent/Guardian:_____Date:_____

**** Both legal parents/guardians must sign. (This includes any divorce situations involving joint/shared custody) ****

_____OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE_____

APPLICATION REVIEWED: ACCEPTED: REJECTED:

NOTES/REMARKS:_____

_____

_____

_____

SIGNATURE OF DIRECTOR: _____ DATE: _____

MOUNTAIN AREA CHRISTIAN ACADEMY

STUDENT MEDIA RELEASE FORM

Student's Name:_____

Grade:_____

I hereby give Mountain Area Christian Academy Inc the right and permission to publish, use photographs or video, and/or audio recordings of my child, a student enrolled in Mountain Area Christian Academy Inc.

I understand that such reproductions could be used to publicize or promote the school through its own media productions such as our website, social media, brochures, reports, promotional videos, etc.

I waive any right to inspect and/or approve the finished product and do release Mountain Area Christian Academy Inc and its affiliates, successors, officers, employees, representatives, partners, agents, and anyone claiming through them, in their individual and/or corporate capacities from any and all claims, liabilities, obligations, promises, agreements, disputes, demands, damages, causes of action of any nature and kind, known and unknown. I further agree that these items may be used for publication, broadcast, or reproduction without limitation or reservation or any fee.

Parent/Guardian Signature:_____

Parent/Guardian Name:_____

Date:_____