Admissions Application

Students Name: _____ Age: _____

Please review each item carefully and make certain that each is completed:

- ☐ Toured Facility: Date: _____
- ☐ Application for Enrollment/Parent-Guardian Information (pg. 2)
- ☐ Medical Release Form (pg. 3)
- ☐ Media Release Agreement (pg. 4)
- ☐ Admissions Agreement (pg. 5)
- ☐ Financial Obligation Agreement (pg. 6) Plan Selected: _____
- ☐ Notification of Parent Rights (LIC 995)
- ☐ Personal Rights (LIC 613A)
- ☐ Consent of Emergency Medical Treatment (LIC 627)
- ☐ Identification and Emergency Information (LIC 700)
- ☐ Child's Preadmission Health History (LIC 702)
- ☐ Physician's Report (LIC701)
- ☐ Must Submit/Attach: Current Immunization/Shot Records
- ☐ Received Copies of Financial Information
- ☐ Birth Certificate
- ☐ Book Fee: _____
- ☐ Classroom Folder: _____

Notes:

APPLICATION FOR ENROLLMENT

Date: _____ **Start Date:** _____

Applicant General Information

Students Name: (Last, First, MI)	**Gender:** ☐ Male ☐ Female	**Age:**	**Birthday:**	**Place of Birth:**
Student Resides with: ☐ Both Parents/Guardians ☐ Father/Guardians ☐ Mother/Guardian ☐ Other: _____				
Home Address:	**City:**		**State:**	**Zip:**
Previous school attended: **How long:**	**How did you hear about us:**			
Siblings Attending: **Name:** **Age:**	**List of Allergies:** **Medical Issues:**			

Parent/Guardian Information

Students Father/Guardian	**Students Mother/Guardian**
Full Name: _____	Full Name: _____
Address: _____	Address: _____
City/Zip: _____ State: _____	City/Zip: _____ State: _____
Home #: _____ Cell#: _____	Home #: _____ Cell#: _____
Email: _____	Email: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Work #: _____	Work #: _____

FINANCIAL RESPONSIBILITY

_____	_____	_____	_____
Print Name	**Signature**	**Date**	**Relation to Applicant**
_____	_____	_____	_____
Print Name	**Signature**	**Date**	**Relation to Applicant**

For Administration Office Use Only

Registration Fee Paid: ☐ Yes ☐ No Payment Plan: ☐ Prepaid ☐ Monthly ☐ Bi-weekly ☐ Weekly

Application Approval: ☐ Yes ☐ No ☐ Other: _____ Discounts or Wavers: _____

MEDICAL RELEASE

This form will be on file in the school office during the child's enrollment time

I give my permission for my child, _____, during the term of _____, to participate in all sports and school-sponsored trips away from the school premises throughout the current school year. Students will be accompanied by a teacher and will be under adequate supervision. I understand that I will be given at least 48 hours' notice of all trips away from the school premises. I further understand that I may revoke permission for a specific field trip by a written notice, hand-delivered to the Preschool Administration, more than one day prior to the trip.

The school desires to provide a safe and enjoyable time for all students. I/we understand that there are potential risks/dangers involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in this event, I/we assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I/we agree to release Mary Carol Academy, its affiliated organizations, employees, agents, and representatives, including volunteer and other drivers, from all claims arising from my child's participation.

In case of an accident, illness, or other emergency whether on campus or during a field trip, I/we request that the school contact me. If the school cannot reach a parent/guardian after a conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school staff to call paramedics immediately and then contact me/us as soon as possible, thereafter.

I/we authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care, which, in the best judgment of a licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred because of those services being provided. I/we also agree to be financially responsible for emergency medical transportation.

(If the child resides with both parents, this release must be signed by both parents/guardians).

Father/Guardians Information	**Mothers/Guardian's Information**
Print Name:	Print Name:
Signature:	Signature:
Emergency Phone:	Emergency Phone:
Child's Health Information	
Insurance Carrier:	Policy #:
Allergies (including reactions to medication & food):	
Medications being taken:	Any Physical or medical conditions we should know about:
Preferred hospital:	Date of last tetanus shot:

In case of emergency, who is your nearest relative or neighbor we should contact, if we are unable to contact parent/guardian? Please list 3.		
Name:	**Relationship**	**Phone Number**

MEDIA RELEASE AGREEMENT

Mary Caorl Academy utilizes Procare Solutions an innovative mobile application to provide real-time information, as required by the California Department of Social Services Community Licensing Division. Procare is a tremendous benefit to our parents and guardians because it enables our staff to share data with you such as photographs, videos, and homework completion status. In addition, MC Academy may utilize student images, videos, or class activities for print, electronic, and social media marketing and advertising purposes.

I hereby give and assign MC Academy the absolute and irrevocable right and permission to use the film, video, tapes, still photographs, audio recording(s), or other images that it has taken of my child during the then time of enrollment at MC Academy year on school grounds or at any related event; this includes the following:

(a) MC Academy shall own all copyrights in the same in MC Academy own name or in any other name that MC Academy may choose.

(b) MC Academy may use, re-use, publish or re-publish the same in whole or in part, individually or in conjunction with other images, in any medium and for any purpose whatsoever, including in relation to (but not by way of limitation) illustrations, promotions, its advertising and trade press; and

(c) MC Academy may use my name in connection therewith, if MC Academy so chooses.

I hereby release and discharge MC Academy from all claims and demands arising of or in connection with the use of such film, video, tapes, still photographs, audio recording(s), or other images, including but not limited to claims of defamation, copyright infringement, and/or invasion of privacy.

This authorization and release shall ensure. the benefit of the licensees, assigns, and legal representatives of MC Academy, as well as the person(s) on whose behalf MC Academy recorded the film, video, tapes, still photographs, audio recording(s), or other images.

This Agreement expresses the complete understanding of the parties.

Student Name (Print):	
Parent/ Guardian Name (Print):	
Parent/ Guardian Signature:	
Date:	

FINANCIAL AGREEMENT

Students Name: _____ **Age:** _____

Section	Obligation	Initial
Acknowledgment of Financial Information	I acknowledge that I have received, read, and understand the admissions and registration materials, including the Financial Details Sheet outlining tuition, required fees, payment options, refund policies, and financial obligations for enrollment at Mary Carol Academy (MCA).	
Tuition Fees	I understand that I must select one payment option at enrollment. Tuition payments secure my child's placement and must remain current according to the due dates for the selected plan.	
Tuition Rates	I understand that MCA operates on a 12-month, year-round tuition structure. Tuition is based on continued enrollment and the reservation of my child's placement—not daily attendance or the number of hours my child attends. Therefore, full tuition remains due during vacations, illness, travel, summer months, school closures, reduced attendance, or other absences unless an Enrollment Pause Plan has been approved in writing. I agree to pay all tuition and required fees in full and by their established deadlines.	
Required Fees	Required fees are non-refundable and non-transferable: • Annual Registration Fee: $450 • Book Fee: $100 • Family Service Organization (FSO) Fee: $5.	
Book Fee	I understand that the $100 book fee must be paid by the announced deadline, so my child has the required instructional materials.	
Withdrawal	A 30-day written notice is required to withdraw a child. Tuition remains due during the notice period. If notice is not provided, a fee equal to one-half month's tuition applies. All balances must be paid before the child's final day.	
Annual Registration	I understand that the $450 registration fee is annual. To reserve placement for the next school year, the following year's registration fee is due each spring by the announced deadline.	
Fundraiser Commitment	Each family is responsible for $400 in annual fundraising, divided into two $200 commitments: one in the fall and one in the spring. Families may participate in the school fundraiser or pay the applicable commitment directly.	
Financial Responsibility	I understand that tuition and fees must be paid according to the selected schedule. If an account becomes five (5) days past due, my child may become ineligible for educational services or school activities until the account is brought current.	

Select Your Tuition Plan			
Weekly Plan $334.62 Due each Friday for the week services are provided.	**Bi-Weekly Plan $669.23** Due every other Friday.	**Monthly Plan $1450** Due on the 1st of each month and considered late after the 5th.	**Prepaid 12 mon. $15,950**

By signing below, I/we acknowledge that we have received, read, and understood all enrollment documents provided by Mary Carol Academy. I/We agree to comply with all policies, procedures, program expectations, and financial obligations outlined in these documents.

I/We understand that enrollment and continued participation in the program is contingent upon adherence to these terms.

_____	_____	_____	_____
Responsible Party Name	Signature	Date	Relationship to Student
_____	_____	_____	_____
Responsible Party Name	Signature	Date	Relationship to Student