

***KING’S COURT CHRISTIAN ACADEMY***

 ***716 Highway 1 North, Greenville, MS 38703 (662-537-4900)***

 **KCCA**

 **2024– 2025 REGISTRATION FORM**

 **Tuition Cost: $250 (Elem. & Jr. High), $275 (High School)**

 **Registration Fees: $35 (1 student), $60 (2 or more students)**

 **Late Registration Fees: (after July 7) Add $15 to regular fees above**

 **Book Fees: 1-6 ($240) 7-12 ($250.00)**

 **Registration & Book Fees are Nonrefundable**

**SSN:**  **Grade**

**Child’s Name: Sex: DOB: Entering:**

**\_\_\_KC**

**Address: Street City State Zip Home Telephone**

**Parent’s/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell phone(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:**

**Street City State Zip Home Telephone**

**Place of Employment: Telephone: Address:**

**Street City State Zip**

**Place of Employment: Telephone: Address:**

**Street City State Zip**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **GUARDIANSHIP INFORMATION**

**Who has legal custody of the student? Both Parents Father Mother Other**

**Legal documentation (i.e., guardianship, injunctions, power of attorney, etc.) must be submitted with this paperwork.**

**Student’s previous school:**

**Address: Street City State Zip**

**Does the student have a handicap or special need? If yes, please explain**

**Did the student previously attend King’s Court?**

**If yes, what grade(s)?**

**Was the student ever home schooled? ( ) Yes ( ) No If yes, what grade(s)? Has the student failed any grade? ( ) Yes ( ) No If yes, what grade(s)?**

**STATEMENT OF CO-OPERATION**

**In making application for my child, it is my desire to have him/her complete the 2024– 2025 school year. It is my under- standing that the policy of the school is to make no refunds on registration or book fees. I give permission for my child to take part in all school activities, including sports and school-sponsored trips away from the school premises, and absolve the school from liability not due to willful misconduct or negligence while my child is at school or during any school activity.**

**Date:**

**Parent/Guardian’s Signature:**

 **MEDICAL AUTHORIZATION**

**I authorize King’s Court Christian Academy or any of its agents to dispense medicine to my child if needed. This includes Tylenol, Motrin, Tums, Mylanta, Pepto Bismol, Neosporin and other basic over-the-counter medications including the use of alcohol, peroxide, first aid cream, etc.**

**I understand that I must leave any medicine that my child must take in the school office and not in my child’s possession. I also understand that I must include written, signed instructions on when and how the medication should be administered. King’s Court does not administer Ritalin or other behavior controlling drugs. I agree to hold the school and its agents harmless for any liability to my child or any guardian or parent thereof because of any claims on behalf of my child against the Academy or any agent thereof because of any injury or alleged injury to my child which results from dispensing of said medicine unless said injury was willful or negligent. Should legal action, for any reason, be taken against King’s Court Christian Academy or any employee or agent thereof, on my child’s behalf and the school or its agent not be found at fault, I agree to pay any attorney fees, court fees, damages or other costs that King’s Court Christian Academy or its agent should incur to defend itself against such action.**

**ALLERGIES OR SPECIAL MEDICAL CONDITION(S):**

**Parent/Guardian’s Signature: Date:**

**EMERGENCY INFORMATION**

**Person to contact, if parent/guardian cannot be reached**

**Name: Telephone:**

**List three (3) primary Authorized Pickups other than parents and emergency contact**

**Name: Name: Name:**

**Telephone: Telephone: Telephone:**

***King’s Court Christian Academy does not discriminate on the basis of race, color, national and ethnic origin in the administration of its admissions policies, educational policies, or other school administered program(s).***

**RV (6/2024)**