



# Manassas Christian School

Quality Christian Education in a Learning and Loving Environment

9296 West Carondelet Drive, Manassas, VA 20111  
703-393-6555 FAX 703-393-6655

Enrollment Date: \_\_\_\_\_  
Withdrawal Date: \_\_\_\_\_

## Registration Form School Year 2009-2010 Kindergarten

Will you need extended care?  
Before / After / B&A / None  
(circle one)

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Child's SSN \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Mother's SSN \_\_\_\_\_  
 Mother's Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
 Mother's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Employer Address \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Father's SSN \_\_\_\_\_  
 Father's Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
 Father's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Employer Address \_\_\_\_\_  
 Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_  
 Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Permitted to pick-up child?                      Has legal custody?

Mother	_____ Yes	_____ No	_____ Yes	_____ No
Father	_____ Yes	_____ No	_____ Yes	_____ No
Guardian	_____ Yes	_____ No	_____ Yes	_____ No

Persons authorized to pick-up the child daily: \_\_\_\_\_

Persons to be contacted in case of illness, accident or emergency and authorized to pick-up the child from the school if the parents or guardians cannot be reached. (Minimum of 2 required)

_____	_____	_____	_____
Name	Address	Phone	Relationship
_____	_____	_____	_____
Name	Address	Phone	Relationship

### AUTHORIZATION FOR EMERGENCY MEDICAL CARE Please Note: This authorization must be NOTARIZED.

If I cannot be contacted in an emergency situation, I authorize the school's staff to obtain emergency medical treatment for my child.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ City or County \_\_\_\_\_

Notary Public: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

FOR OFFICE USE ONLY

### IDENTITY VERIFICATION

Place of Birth: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Birth Certificate Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_  
 Other Form of Proof: \_\_\_\_\_  
 Principal/Assistant Director Signature: \_\_\_\_\_

# Manassas Christian School Policies

1. I \_\_\_\_\_, the parent of \_\_\_\_\_ agree to release and hold harmless *Minnieland Private Day School Inc.* and its employees, from any accident or harm that may occur should I retain the services of any *Minnieland* employee for the care of my child(ren) outside the school. I understand that *Minnieland Private Day School Inc.* does not condone or encourage that its employees be employed by parents of enrolled children outside the school. If I retain the services of any *Minnieland Private Day School, Inc.* employee in such capacity, *Minnieland Private Day School Inc.* has no responsibility and is held harmless from any incident which may occur.
2. I understand that all forms required must be completed and on file before my child(ren) may attend.
3. I understand that my child must not be left on school grounds without supervision. I agree to walk my child(ren) into the school each morning and release my child to a teacher before leaving my child. I will sign my child in and out each day.
4. I understand that no child may be released to anyone except parents/guardians without written permission. I understand that we will release children to either parent unless a court order indicating sole custody is provided to the school Director. I agree to give to the school a list of all persons authorized to pick up my child(ren).
5. I understand that no medication will be administered without written permission from parents or guardian.
6. I understand that *Minnieland Private Day School Inc.* has supplementary accident insurance for children participating in the program that will pay customary charges to a maximum of \$5,000 for medical expenses and \$150 per tooth to a \$1,000 maximum for dental expenses. This insurance is intended to cover accidents that can not be covered by family insurance. The school Director will provide claim information and forms.
7. I authorize my child to participate in walking and bus field trips scheduled by the school. I understand that a separate permission form will be provided for each trip.
8. I agree to support and reinforce the school's rules and procedures that concern the health and safety of my child(ren) and other children.
9. I understand that the Principal will notify me whenever my child becomes ill and I agree to pick-up my child thereafter as soon as possible. I understand that prescription medication must be administered to my child at home for 24 hours before he/she can return to school. I also understand that my child must be fever-free for 24 hours before returning to school after an illness.
10. I understand that I must notify the school within 24 hours, or the next business day if my child or any member of my immediate household has developed any reportable communicable disease as defined by the state board of health, such as strep, chicken-pox. Any life threatening diseases, such as meningitis, will be reported immediately.
11. I understand that school and/or extended care services may be terminated for any of the following reasons:
  - My child's tuition account becomes more than two weeks in arrears.
  - Manassas Christian does not receive parental support and help when my child is found to have a learning or behavioral problem. This includes failure to attend parent conferences and to follow through with medical and/or educational specialists.
  - My child's behavior pattern threatens his or her own health and safety or threatens the health and safety of other children and staff.
  - The parents are no longer supportive of Manassas Christian's program and philosophy and become negative and uncooperative in their actions and opinion which may undermine the operation of the school.
12. Parents who are repeatedly late will be asked to make other school and/or extended care arrangements.

PLEASE READ AND SIGN: I have read the policies and understand their application to me and my child.

I understand that to complete the Registration process for my child, this form must be completed in full and accompanied by payment for the Registration, Activity and Book and Program Support Fees, in the amount of \$275.00. These fees are non-refundable.

Mother/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Father/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Manassas Christian School

## Student Profile

### Family Information:

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Father's Occupation: \_\_\_\_\_

Other family members living at home (brothers, sisters, grandparents, etc.):

<i>Name</i>	<i>Age</i>	<i>Relationship</i>

### Health Information:

List Allergies: \_\_\_\_\_

Emergency plan for an allergic reaction:

\_\_\_\_\_  
\_\_\_\_\_

List medications given regularly: \_\_\_\_\_

\_\_\_\_\_

Reason for medication(s) and instructions for medication(s): \_\_\_\_\_

\_\_\_\_\_

List any chronic physical problem: \_\_\_\_\_

\_\_\_\_\_

Accommodations needed: \_\_\_\_\_

List any pertinent health issues: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## Schooling:

List any previous school and/or child care center enrollment:

Name of School	City	State	Dates of Attendance

Describe your child's personal and learning strengths: \_\_\_\_\_

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Describe your child's personal and learning needs: \_\_\_\_\_

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Has your child undergone any individual educational evaluation or psychological assessment?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain and submit copies of all assessments: \_\_\_\_\_

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## Signatures:

\_\_\_\_\_  
Mother/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date