



Enrollment Registration Form
School Year 2025-2026

Monthly Tuition

3 Days: \$220 per month / 4 Days: \$240 per month

A Nonrefundable Registration Fee \$125 MUST accompany this form. Check or cash accepted.

All classes will pay a yearly \$140 supply fee that will be due with September Tuition.

Tuition invoices will be sent home on the first of each month. All payments are due by the 10th, beginning with September 2025 and continuing through May 2026.

Current MKA Family _____ Mt. Horeb Church Member _____ New to MKA _____

Registration Fee \$125 _____ (Sibling Fee \$75) _____ Amount _____

Child's Name and Birthdate _____

Class Options: Choose the age that your child will be when starting MKA in September. All classes are subject to change depending on enrollment.

Two-Year-Old Class: 3 Day Option Tuesday – Thursday or 4 Day Option Monday - Thursday

Three-Year-Old Class: 3 Day Option Tuesday – Thursday or 4 Day Option Monday - Thursday

Four-Year-Old Class: 4 Day Option Monday - Thursday

OFFICE USE ONLY:

Payment Type

Check # _____ Cash _____

Parent/Guardian Names _____

Address _____

Information:

Child's Name _____

Birthdate _____ Age by Sept. 1 _____ Gender _____

Address: _____

City _____ State _____ Zip _____

Code Word _____

Mother's Full Name _____

Occupation _____

Cell Phone _____ Work Phone _____

Email _____

Father's Full Name _____

Occupation _____

Cell Phone _____ Work Phone _____

Email _____

List brothers and sisters of child:

Name and Age _____ Name and Age _____

Who is authorized to bring your child and pick your child up from MKids Academy? Anyone picking up must be able to state the code word.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

List any names of persons who may **NOT** pick your child up from MKids Academy.

(Documentation is required and must be kept on file)

Name _____ Documentation Received _____

In case of an emergency and you cannot be reached, list contacts whom we may call:

Name _____ Phone _____

Name _____ Phone _____

Health Information:

Doctor's Name _____

Medical Insurance Information:

Company Name _____ Policy Number _____

Please Circle: These will be available at Registration.

I Do/Do Not need to fill out a medical form to administer medicine for my child.

I Do/Do Not need to fill out a medical form for use of an Epi-pen.

I Do/Do Not need to fill out a food allergy form for my child.

Physical Health

Does your child have any allergies? Y/N If yes, please list the allergies and instruct us how to handle these allergies. (In severe cases, an allergy plan from your physician may be required)

Has your child had any health problems in the past? Y/N If yes, please explain.

Any health issues or chronic illnesses that we should be aware of? (Asthma, eczema etc.)

Does your child take any medication regularly? Y/N If yes, what?

(Please refer to the parent handbook for information about administering medicine at school.)

Has your child ever been hospitalized? Y/N If yes, please explain.

Does your child have a disability that has been diagnosed? (Cerebral palsy, seizure disorder, developmental delay, speech delay, etc.)

Developmental Health

Please note: All children attending the 3 and 4 year old classes must be potty trained (no pull ups). Parent Initial Here _____

Do you have concerns about your child in any of the following areas: (Circle any that apply)

Eyes (seeing) Ears (hearing) Gross Motor (walking, running, moving) Fine Motor (use of hands in drawing, puzzles, small toys) Please explain any concerns you have in more detail.

List of previous programs your child has attended: _____

Other information you would like to share with us: _____

Signature _____ Date _____

MT. HOREB CHURCH

PHOTO/VIDEO/AUDIO MEDIA CONSENT FORM

As Legal Guardian, I, _____, hereby authorize MT. HOREB Church to create, use, reproduce, and publish photographs and/or video that may pertain to me or those under my legal guardianship—including my/their image, likeness and/or voice without compensation. I understand that this material may be used in various publications, broadcast public service promotions or for other ministry related endeavors. This material may also appear on Mt. Horeb’s website, official social media accounts and digital media platforms. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization. Consequently, Mt. Horeb may publish materials, use my/their name, photograph and/or make reference to me/them in any manner that Mt. Horeb deems appropriate in order to promote/publicize ministry and or service opportunities.

I also understand that I am to receive no compensation for this appearance. Mt. Horeb shall have complete ownership of the photographs, video, audio and other associated media elements. I give Mt. Horeb the right to use my name, likeness and biographical material and that of those under my legal guardianship for the program, promotion and service of Mt. Horeb.

Mt. Horeb may:

1. Photograph and film me and those under my legal guardianship and record my/their voice and likeness for the purpose of the production mentioned above, whether by film, videotape, magnetic tape, digitally or otherwise;
2. Make copies of the photographs and recordings so made;
3. Use my name and likeness and those under my legal guardianship for the purposes of education, promotion or advertising of the sale or trading in the photographs, recordings and any copies so made.

I further understand the original photograph and/or video contents remains the property of Mt. Horeb and that there will be no restrictions on the number of times that my name and likeness may be used.

Name (please print) _____ Date: _____

Name(s) of children _____

Email _____

Address _____

City _____ State _____ Zip Code _____

Signature _____ Date _____