



MARLTON CHRISTIAN ACADEMY

Elementary Office 856-988-8503
625 E. Main St., Marlton, NJ, 08053
www.mcaschools.org

Kindergarten/Elementary School Registration

Child's Name: _____

Grade: _____ Year: _____ Today's Date: _____ Nickname: _____

Address: _____ Town: _____ Zip: _____

Phone: () _____ Date of Birth: _____ Sex: _____

E-mail address: _____ E-mail address: _____

My Child's Family: Father or Guardian (circle one)

Name: _____ Cell Phone: () _____

License #: _____

Business Address: _____
(name of organization) (street) (city, state)

Occupation: _____ Bus. Phone: _____

Mother or Guardian (circle one)

Name: _____ Cell Phone: () _____

License #: _____

Business Address: _____
(name of organization) (street) (city, state)

Occupation: _____ Bus. Phone: _____

Parents are: Living together: _____ Living apart: _____ Divorced: _____

Date of divorce or separation: _____ Additional home phone: _____

Others living in the child's home:

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Family Religious History:

Name of church you attend: _____

Denomination: _____ Years attended: _____

Pastors Name: _____

Referred to MCAE by _____

(Please see reverse side)

Scholastic Information:

Name of previous school: _____ Last grade completed: _____

Address of school: _____

Has your child ever had disciplinary difficulties? No: _____ Yes: _____

Explain: _____

Has your child ever failed in school? No: _____ Yes: _____

Explain: _____

I. E. P. History: _____

Child's Health History:

Pediatrician: _____ Phone: _____

Choice of hospital: _____

Has your child had any serious illness, physical handicap, medical conditions, allergies,
Diet or physical restrictions? Please list & explain: _____

Does your child take any medications on a regular basis?

Name of Medication: _____ Total daily dosage: _____

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Was your child born prematurely: _____ How many weeks early: _____ Birth weight: _____

Medical Release: By signing this form, you release Marlton Christian Academy, Marlton Assembly of God Church and the employees of those organizations of any liability in the event of an accident or injury while your child is attending classes or other activities sponsored by Marlton Christian Academy.

Emergency Contacts: Every attempt will be made to contact the parents in case of an emergency. All students must have a place available to go in the event that they are ill and must leave the school. If neither parent can be reached, contact:

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Bus Phone: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Bus Phone: _____

Release Form: The following people have permission to pick up my child. Please contact the main office to make special arrangements beforehand by WRITTEN PERMISSION or PHONE. Picture identification is required.
By law copies of custody papers, legal guardian documents, and restraining orders must be submitted to school office.

Signature of parent or legal guardian: _____ **Date:** _____