



We are so glad you are interested in joining us for the upcoming school year. **Instructions: Complete this application for each student applying to Mayflower Christian Academy (MCA).** If you have any questions, please contact us at admissions@mayflowerswa.org.

STUDENT ENROLLMENT INFORMATION

Legal Name: _____

Preferred Nickname: _____

Date of Birth: _____ Gender: _____

Grade Level in Upcoming Year? _____

Student's Primary Address: _____

Provide information for previous school attended, so that MCA may contact them to Request Records.

Most recent school attended* _____

Location* (city/town/county and state) _____

Type of school* (circle one): Public Private Home Other _____

Year(s) attended* _____

Phone: _____ Email: _____

Any additional relevant information? _____

Please provide a copy of the following documents, as applicable. (We do not need notarized copies.)

Birth Certificate Health & Immunization Records Legal Documents (custody/guardianship agreements)

EMERGENCY CONTACT INFORMATION

Name: _____

Relationship to Student? _____

Cell: _____ Work/Home Phone: _____



HEALTH & MEDICAL INFORMATION

The following is requested in case of emergency, should this information need to be provided to medical professionals. Please keep that in mind, and feel free to use the comments section at the bottom of the section to provide any pertinent information.

Insurance: _____

Type of Insurance: Private Insurance Medicaid FAMIS
 No Insurance Other: _____

FAMIS is a state and federally funded health insurance program designed to cover children who do not qualify for Children’s Medicaid and who do not have private health insurance. Medical, hospitalization, prescription, vision and dental services are provided by FAMIS. If you have questions or would like to sign up for FAMIS, you can call toll-free (855) 242-8282, or visit www.coverva.org for more information or to apply online. You may also apply at your local Department of Social Services office.

Primary Care Physician (PCP): _____

PCP Phone: _____ Does your student have dental insurance? YES NO

Check any of the following medical conditions or allergies, that apply to this student.

- | | | |
|---|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Sleep Apnea |
| <input type="checkbox"/> Attention Deficit / Hyperactivity Disorder (ADD or ADHD) | <input type="checkbox"/> Emotional Problems | <input type="checkbox"/> Seasonal Allergies |
| <input type="checkbox"/> Anemia or Bleeding Problems | <input type="checkbox"/> Frequent Headaches or Migraines | <input type="checkbox"/> Thyroid Disease |
| <input type="checkbox"/> Autism Spectrum | <input type="checkbox"/> Frequent Nosebleeds | <input type="checkbox"/> Weight Problems |
| <input type="checkbox"/> Behavioral Problems | <input type="checkbox"/> Head Injury or Concussions | <input type="checkbox"/> Vision Problems, Blindness, Contacts or Glasses |
| <input type="checkbox"/> Bladder Problems or Wetting Incidents | <input type="checkbox"/> Hearing Problems, Deafness, Hearing Aids | <input type="checkbox"/> Allergies – food |
| <input type="checkbox"/> Bowel Problems or Accidents | <input type="checkbox"/> Hypoglycemia (low blood sugar) | <input type="checkbox"/> Allergies – bees or insects |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Lead Poisoning | <input type="checkbox"/> Allergies – latex |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Kidney Disease/Transplant | <input type="checkbox"/> Allergies – medications |
| <input type="checkbox"/> Cardiac, Heart Problems, Hypertension | <input type="checkbox"/> Mental Health Concerns | <input type="checkbox"/> No Allergies |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Seizures | <input type="checkbox"/> None of the conditions listed apply to this student |
| <input type="checkbox"/> Dental Problems | <input type="checkbox"/> Scoliosis | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Sickle Cell Disease | _____ |
| <input type="checkbox"/> Developmental Delays | <input type="checkbox"/> Skin Problems or Disease | _____ |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Speech Problems | |
| <input type="checkbox"/> Dizziness, Fainting Spells | <input type="checkbox"/> Spina Bifida / Spinal Injury | |
| | <input type="checkbox"/> Stomach or Intestinal Problems | |

Do any of the above conditions require medications? Example – does your student carry an EpiPen?



OUR MISSION: Educate young hearts and minds to impact their communities and the world for Jesus Christ.

VISION: We see our school raising up a generation of leaders that love God and are called according to His purpose (Romans 8:28). School should not be about passing a test or even getting a diploma. Education is about preparation to make a difference in the world around us through the pursuit of one's passions and gifting. God has made each of us unique; we are fearfully and wonderfully made (Psalm 139:14). Therefore, the path of learning should be about mentoring individual students to detect and pursue God's specific will for him or her.

STATEMENT OF FAITH

We believe the Bible to be the inspired, the only infallible, authoritative Word of God revealing the love of God to the world. (1 Thessalonians 2:13; 2 Timothy 3:15-17; John 3:16)

We believe that there is one God, eternally existent in three persons: Father, Son, and Holy Spirit. (Matthew 28:19; John 10:30; Ephesians 4:4-6)

We believe in the deity of the Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood on the cross, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory. (Matthew 1:23; John 1:1-4 and 1:29; Acts 1:11 and 2:22-24; Romans 8:34; 1 Corinthians 15:3-4; 2 Corinthians 5:21; Philippians 2:5-11; Hebrews 1:1-4 and 4:15)

We believe that all men everywhere are lost and face the judgment of God, that Jesus Christ is the only way of salvation, and that for the salvation of lost and sinful man, repentance of sin and faith in Jesus Christ results in regeneration by the Holy Spirit. Furthermore we believe that God will reward the righteous with eternal life in heaven, and that He will banish the unrighteous to everlasting punishment in hell. (Luke 24:46-47; John 14:6; Acts 4:12; Romans 3:23; 2 Corinthians 5:10-11; Ephesians 1:7 and 2:8-9; Titus 3:4-7)

We believe in the present ministry of the Holy Spirit, whose indwelling enables the Christian to live a godly life. (John 3:5-8; Acts 1:8 and 4:31; Romans 8:9; 1 Corinthians 2:14; Galatians 5:16-18; Ephesians 6:12; Colossians 2:6-10)

We believe God's plan for human sexuality is to be expressed only within the context of marriage, that God created man and woman as unique biological persons made to complete each other. God instituted monogamous marriage between male and female as the foundation of the family and the basic structure of human society. For this reason, we believe that marriage is exclusively the union of one genetic male and one genetic female. (Genesis 2:24; Matthew 19:5-6; Mark 10:6-9; Romans 1:26-27; 1 Corinthians 6:9)

We believe that human life is sacred from conception to its natural end; and that we must have concern for the physical and spiritual needs of our fellow men. (Psalm 139:13; Isaiah 49:1; Jeremiah 1:5; Matthew 22:37-39; Romans 12:20-21; Galatians 6:10)

We believe that children are a heritage from the Lord, fearfully and wonderfully made at conception according to God's perfect plan, and that gender is binary and unchanging based on God's original creation of man and woman. (Psalm 127.3; Mark 10:6)

We believe that homosexuality is one of many ways in which mankind sins against God and is to be corrected lovingly and graciously by those who are righteous. (Romans 1:26-27)

***Initial below that you've Read & Acknowledge
MCA's Mission, Vision, and Statement of Faith:***

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Mayflower Christian Academy
Admissions Application 2024/2025

(Revised 02/2024)



CIRCLE YOUR RESPONSE TO EACH QUESTION BELOW.

Non-Discrimination Policy: Mayflower Christian Academy admits students of any race, color, nationality, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, nationality, and ethnic origin in administration of its educational policies, admissions policies, or any school-administered programs.

Do you understand and agree to support MCA's Mission, Vision, & Statement of Faith?	Yes	No
Do you understand and agree with the Non-Discrimination Policy?	Yes	No

Parent Commitment Policy: Since MCA partners closely with parents/guardians, we depend on the support of our families, and we ask that all parents/guardians agree with the following statements. If you are unable to agree with the statements below, please provide an explanation.

To the extent possible, absences will be kept to a minimum.	Agree	Disagree
It is important for the parent or guardian to train the children to come to class prepared with all necessary materials and assignments.	Agree	Disagree
Every effort will be made to arrive on time for each class day, since late arrivals disrupt the class and disadvantage the student because he/she misses instruction time.	Agree	Disagree
Parents or guardians will set aside an adequate amount of time for their child to complete assignments and will be available to assist the child as needed.	Agree	Disagree
Parents or guardians accept the responsibility of partnering with the child's on-campus teachers.	Agree	Disagree
Parents or guardians understand that MCA receives most of its financial support from tuition and fees, and agree to pay all tuition and fees in a timely manner.	Agree	Disagree
Parents or guardians agree that signing and submitting this application indicates a financial commitment.	Agree	Disagree
Parents or guardians will be supportive of the on-campus teachers, MCA administrators, MCA staff, and the policies of MCA.	Agree	Disagree
Parents or guardians will refrain from gossip about the school, its employees, or policies. Such behavior is destructive to the school and is not reflective of the culture we seek to build.	Agree	Disagree

The Parent or Guardian

I agree to be a co-teacher for my child and to fulfill all related responsibilities to the best of my abilities.	Agree	Disagree
I take this commitment seriously and understand that it will require time and energy.	Agree	Disagree
I agree to review all home assignments after my child has completed them.	Agree	Disagree
I agree to help my child to the best of my ability if he/she is having academic difficulties.	Agree	Disagree
I agree to cooperate with my child's on-campus teacher(s) so my child has a positive educational experience.	Agree	Disagree
I agree to discuss differences in philosophy or expectations with the classroom teacher in a positive and professional manner.	Agree	Disagree
I will provide support and assistance as required to help my child complete daily assignments, projects, and special assignments, but will not "do the work" or complete such assignments.	Agree	Disagree
I understand and agree to the MCA Refund Policy which states: All fees and tuition are non-refundable.	Agree	Disagree



TUITION & FEES OUTLINE

Tuition for the upcoming school year will be \$4,400. Stated amount is prior to any discounts or tuition assistance. New siblings who are seeking enrollment should complete the student application and plan to be interviewed.

Per Student Cost	Tuition (Annually)	Curriculum Fee (annually)	Total
Kindergarten thru 5 th grade	\$4,400	\$200	\$4,600
Middle School (6 th to 8 th grades)	\$4,400	\$300	\$4,700
High School (9 th to 12 th grades)	\$4,400	\$400	\$4,800

Additional Discounts & Scholarships Available (per student, separate Financial Assistance application)

2 nd student, same family unit	- \$200	same
3 rd student, same family unit	- \$400	same
4 th + students, same family unit	- \$800	same
Tuition Scholarship	- \$800	same
Paying Tuition Upfront (in-full payment)	- \$200	same

Curriculum Fee (CF): The CF is broken into two payments for middle and high school students. All families make initial \$200 payment in July before start of academic year, and the balance of CF is paid in January at the beginning of Spring semester.

REFUND POLICY

All fees and tuition are non-refundable. Including Application Fee, Curriculum Fee, and Tuition payments.

SCHOLARSHIP POLICY

As scholarship funds are limited, and MCA often subsidizes these with private donations, it is vital that parents/guardians understand there is a required 90% attendance policy for all students receiving a Scholarship of any amount. Availability of grants and scholarships is not known currently, but MCA does expect to receive funds to distribute for tuition assistance.

PAYMENT PLAN OPTIONS

This details the cost breakdown, depending upon which payment plan you choose.

Select Your Preference:

- Pay in-full upfront (by July 1st). Family receives \$200 discount on Base tuition.
- 10-monthly payments (Financial academic year runs July 1st thru April 1st the next year)
 Base tuition broken into 10 equal monthly payments.

GENERIC TUITION PAYMENT OUTLINE (Depending upon payment plan selected and family specifics)

Month	Curriculum Fee (CF)	Pay In-Full Upfront	10-month Option
July	\$200/student	\$4,200 (includes discount)	\$440
August to December	--	--	\$440/month
January	\$100/ MS student \$200/ HS student	--	\$440/month
February to April	--	--	\$440/month



APPLICATION CONFIRMATION

Please complete the form in its entirety, and return it to our staff (in-person) or by mail to the following address:

Mayflower Christian Academy, P.O. Box 961, Pulaski, VA 24301

PARENT/GUARDIAN NAME AND SIGNATURE IS REQUIRED

I/we understand and agree to support MCA's Statement of Faith, all MCA policies, and to pay all tuition and fees that are due in a timely manner. Furthermore, that I/we understand signing this document is a confirmation of a commitment as a family financially.

Parent/Guardian #1 NAME _____

Parent/Guardian #1 SIGNATURE _____

Parent/Guardian #2 NAME _____

Parent/Guardian #2 SIGNATURE _____