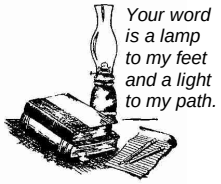
Milford Christian Academy
Parent Directed Education

273 Elm Street, Milford, NH 03055
Phone 603-673-9324, fax 603-672-4539
info@milfordchristianacademy.org



Member, Association of Christian Schools International

Learning to live for something greater!

MCA Family Enrollment Form
School Year 2009-2010

PLEASE MAKE CHECKS PAYABLE TO: **Milford Christian Academy**

Full Time (5-day) and Part Time (2-day) Enrollment Fee:

Before 3/31: $100.00 per family (non-refundable)

******After March 31st, Enrollment Fee goes up to $150 per family.******

Individual (A La Carte) Programs Enrollment Fee: $25.00 per student

_____PBL only _____Per Course …and / or…

____Other (PE, Art, Music, After School Activity):_____

STUDENT #1:_____
First Name MI Last Name

DATE OF BIRTH _____GRADE Entering:_____ PROGRAM: 5-day / 2-day / A La Carte

STUDENT #2:_____
First Name MI Last Name

DATE OF BIRTH _____GRADE Entering:_____ PROGRAM: 5-day / 2-day / A La Carte

STUDENT #3:_____
First Name MI Last Name

DATE OF BIRTH _____GRADE Entering:_____ PROGRAM: 5-day / 2-day / A La Carte

PARENT / GUARDIAN NAME(S): _____
MAILING ADDRESS: _____
CITY: _____STATE: _____ ZIP:_____
TELEPHONE: _____CELL: _____
EMAIL: _____

For new students, acceptance will be determined after a family interview, all necessary records have been viewed, and testing has been completed.

_____ _____
PARENT / GUARDIAN SIGNATURE **PARENT / GUARDIAN PRINT**

Today's DATE:_____