



Mantle of Elijah Christian Preparatory Academy

Equipping the Next Generation to Succeed

ENROLLMENT/REGISTRATION FORM

Child's Name _____ Nickname _____

Date of Birth _____ Gender _____

Address _____

Home Phone _____

Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed

Previous Child Day Programs and Schools Attended

If Child Attends This Center and Another Program, Provide Name of School/Program

_____ Grade _____

Parent(s) Guardians

Father's Name _____ Telephone _____

Home Address (if different than child's)

Place of Employment _____

Mother's Name _____ Telephone _____

Home Address (if different than child's)

Place of Employment _____

Rev. Jacquelyn Bradshaw
President & CEO

Ralph Bradshaw
Vice President,
Operations

Laura Peace
Vice President,
Administration

Dr. James Green
Director of Educational
Services

Yvonne Newkirk
Asst. Director/
Lead Teacher
4-5 year old program

Arlington Campus

River Place North
1121 Arlington Blvd.
Suite L3
Arlington, VA 22209

Phone
703-248-9150

Fax:
703-527-1074

Web
www.moecaprep.com

Email
info@moecaprep.com

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	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time					
Departure Time					

EMERGENCY INFORMATION

Allergies or Intolerance to Food, Medication, etc. and Action to Take in an Emergency

Child's Physician _____

Telephone of Physician _____

Two People to Contact if Parent(s) Cannot be Reached

1. _____
 Name Address Telephone

2. _____
 Name Address Telephone

Persons Authorized to Pick Up Child

 Name Address Telephone

 Name Address Telephone

 Name Address Telephone

Persons Not Authorized to Pick Up Child

 Name(s)

 Name(s)

- **Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.**
- **Section 22.1-4.3 of the Code of Virginia states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.**

AGREEMENTS

1. MOECA Prep Academy agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) agree to arrange to have the child picked up as soon as possible if so requested by the Academy.
2. The parent(s)/guardian(s) authorize MOECA Prep to obtain immediate medical care if any emergency occurs and the parent(s)/guardian(s) cannot be located immediately.**
3. The parent(s)/guardian(s) agree to inform the Academy within 24 hours or the next business day after the child has or any member(s) of the immediate household have developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

Signatures

_____	_____
Parent(s)/Guardian(s)	Date

_____	_____
Administrator of Center	Date

Date Child Entered Care _____

Date Child Left Care _____

****If there is an objection to seeking emergency medical care, a notarized statement from the parent(s) or guardian(s) must be on file at MOECA Prep's Administration Office that states the objection and the reason for the objection.**

FOR ACADEMY OFFICE USE ONLY - IDENTITY VERIFICATION – MOECA Prep requires proof of identity and age (birth certificate, passport, etc.) before the enrollment process is completed.

Place of Birth _____	Birth Date _____
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Birth Certificate Number _____	Date Issued _____
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Other Form of Proof _____

Date Document Verified _____

Person Viewing Documentation _____

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided) _____