

# Northern Michigan Christian Academy



Phone: 231-548-2216

Fax: 231-548-2291

email:

info@nmcaonline.org

Superintendent: Rusty Chatfield - Principal: Jon Thompson - Athletic Director: Lee Chatfield

School Year: 20\_\_ - 20\_\_

Today's Date: \_\_\_\_\_

Re-Enrollment \_\_\_\_\_

New Enrollment \_\_\_\_\_

New Enrollment - See Back Also

## Student Information

Last Name	First Name	Middle Name	Birth date	Boy or Girl	Social Security	Grade

## Family Information

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street (Include P.O. Box) City Zip Code

Mother's Cell Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Mother's Email: \_\_\_\_\_ Father's Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

If parents listed above are separated or divorced, with whom does the child live? \_\_\_\_\_

Please give address of non-custodial parent: \_\_\_\_\_

Church now attending: \_\_\_\_\_

Reason for selecting NMCA: \_\_\_\_\_

## Emergency Information

Adult to contact if parents cannot be reached:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Child's Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

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**All enrolling families (returning and new) must read and sign the Statement of Cooperation on the back.**

## New Enrollments

1. Complete the front of this form.
2. Fill out the information below.
3. For a new student in Kindergarten, obtain and fill out a Health Appraisal Form.
4. For a new student in any other grade, obtain and fill out a Request for Student Records Form.

Last Name	First Name	Middle Name	School Attended Last Year	Place of Birth (City, State)	Grade Average (Check One)			
					A/B	B/C	C/D	D/E

**All enrolling must read and sign the following statement:**

### Statement of Cooperation

As I enroll my child as a student in Northern Michigan Christian Academy, I pledge my support for the spiritual, educational, and disciplinary program of the school, and although I may at some time disagree with a specific procedure or decision, I realize that the success of the training program I have chosen for my child depends greatly upon the overall support of parents by school officials.

Therefore, I will bring any complaints directly to the appropriate teacher or administrator without engaging in destructive verbal criticism of the school or its staff in the presence of my children or friends.

As much as possible, I plan to attend the special programs planned for parents this school year. I give permission for my child to participate in regular school activities, athletics, and school-sponsored trips, and I agree to hold harmless Northern Michigan Christian Academy. It is my desire and intention to work and sacrifice in order that this school year will offer my child the best possible opportunities for mental, spiritual, and emotional growth.

**Northern Michigan Christian Academy - P.O. Box 287 - 1833 McMichael Rd. Burt Lake, Mi 49717**

Office Use Only:  
Paid: \$ \_\_\_\_\_  
Date: \_\_\_\_\_

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I understand that the school has full discretion in the classroom discipline of my child(ren), which includes corporal punishment (spanking). I understand my right to either accept a suspension from school or discipline my child personally at the school rather than it come directly from an administrator.

I realize the registration fee is non-refundable.

By signing below, I acknowledge that I will fully comply to having our child(ren) trained in accordance with these conditions of enrollment.

\_\_\_\_\_

Parent's Signature (Father)

\_\_\_\_\_

Parent's Signature (Mother)

Date: \_\_\_\_\_