



**MCDONOUGH PRESBYTERIAN  
CHILDREN'S ACADEMY**

**Academy Fees & Tuition  
2024-2025 School Year**

All fees are non-refundable

Registration Fee: \$150 (Due at registration / Fee waived for MPC members)

Curriculum Fee: \$200 (Due at registration)

<b>Tuition</b>	<b>2 Day: One's</b>	<b>3 Day: Two's or Three's</b>	<b>5 Day: Two's or Three's</b>	<b>Pre-K</b>	<b>Kindergarten</b>
10 Monthly Payments of:	\$160	\$180	\$260	\$300	\$375
Annual Tuition (5% Discount) *If paid by July 1	\$1,520	\$1,710	\$2,470	\$2,850	\$3,563

\*Sibling Discount: 10% will be applied to second child's tuition. Additional siblings are discounted by 5%.

**Early Morning & Lunch Bunch Fees**

<b>3 Day Students</b>	<b>5 Day Students</b>	<b>Daily Drop-In</b>	<b>Daily Hot Lunch</b>
\$40 Early Morning Additional \$40 Lunch Bunch	\$50 Early Morning Additional \$50 Lunch Bunch	\$7 Per Day	\$2 Per Lunch

**Additional Fees & Information**

- Tuition is accepted by cash, check (made payable to MPCA), or Venmo (@mpca2020).
- A tuition late fee of \$25 is charged after the 5<sup>th</sup> of the month when tuition is not paid.
- A current Georgia Certificate of Immunization (Form 3231) must be received by the first day of school. Your child will not be allowed to start school until we receive it.
- Office contact information: [school@mpcacademy.com](mailto:school@mpcacademy.com) or 678-709-5116



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## Student Information Form

### Office Use Only

Registration Fee	_____	Early Morning	_____
Supply Fee	_____	Lunch Bunch	_____
GA Certificate of Immunization Form 3132	_____		

Child's Full, Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age of child as of September 1: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email (for statements and all correspondence) \_\_\_\_\_

Parents/Legal Guardians are: married \_\_\_\_\_ divorced \_\_\_\_\_ separated \_\_\_\_\_ single \_\_\_\_\_

- If divorced, a copy of the Divorce Decree noting guardianship, days of visitation, etc. must accompany this form.

1<sup>st</sup> Parent/Guardian Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2<sup>nd</sup> Parent/Guardian Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Grandparent Names: \_\_\_\_\_

### DESIRED CLASS

Ones: T/TH or W/F      Twos: 3-Day or 5-Day      Threes: 3-Day or 5-Day      Pre-K      Kindergarten

### EDUCATION INFORMATION

Has your child attended a preschool?    Yes                  No

Has your child ever been enrolled in a special program or special education such as speech?    Yes      No

If so, please attach detailed a summary and testing materials.

Does your child have any diagnosed learning problems?    Yes      No

**HEALTH INFORMATION**

Please list environmental, food, and/or drug allergies \_\_\_\_\_

If child has a life-threatening allergy, he/she must wear a Medic Alert bracelet or necklace and provide the teacher with an Epinephrine Pen for emergency administration. (The Epi-Pen must be provided on the first day of school.)

If child will require medication during school hours, provide a physician's statement listing the medication, dosage, administration route, and frequency. Please list medication, dosage, and administration time here. (The medication and dosage device, if needed, must be provided by the first day of school).

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If your child has any illness or condition (Asthma, Diabetes, ADHD, etc.) or physical disability, please provide us the confidential information so that we may better care for your child.

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**ADDITIONAL INFORMATION**

Child's t-shirt size? \_\_\_\_\_

What would you like us to know about your child?

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In what areas would you like to see your child grow this year?

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**Initial \_\_\_\_\_ MPCA PHOTOGRAPH RELEASE AUTHORIZATION**

I authorize MPCA to use any photograph or video of my child or our family in promotions, newsletters, our web site, or slide shows.

*I have read and accept all terms and conditions stated in the Registration Information. I agree to also provide a Georgia Certificate of Immunization (Form 3231)*

*Signature of Parent* \_\_\_\_\_ *Date* \_\_\_\_\_



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## **Pick Up Authorization Form**

**Child's Full, Legal Name:** \_\_\_\_\_

**Name(s) of parent/guardian:** \_\_\_\_\_

**Contact Number(s):** \_\_\_\_\_

**Siblings who attend MPCA: (in order of birth)**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Please list each individual separately:** \*Please be sure authorized persons bring PHOTO ID to be verified at pick-up. We will NOT release children without ID and prior authorization.

1. Full, Legal Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

2. Full, Legal Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

3. Full, Legal Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

4. Full, Legal Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

*I hereby authorize the above listed person(s) to pick up my child(ren) throughout the school year from McDonough Presbyterian Children's Academy.*

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_