

APPLICATION FOR ENROLLMENT

SOUTHEAST MISSOURI CHRISTIAN ACADEMY
1440 ABLES ROAD
SIKESTON, MISSOURI
573-472-0883

Note: Please fill out and return a \$10.00 enrollment fee. Thanks.

Note: All tuition must be paid the first week of each month.

Applying For: _____

___ 3 year old (3 1/2 days, Mon, Wed., Friday) \$110.00 per month, \$25.00 supply fee.

___ 3 year old (5 1/2 days, Mon.- Friday) \$150.00 per month, \$50.00 supply fee.

___ 4-5 year old (3 1/2 days, Mon., Wed., Friday) \$110.00 per month, \$25.00 supply fee.

___ 4-5 year old (5 1/2 days, Mon.-Friday) \$150.00 per month, \$50.00 supply fee.

___ Kindergarten (5 1/2 days, Mon.- Friday) \$150.00 per month,
\$150.00 Book/Supply fee.

___ ENRICHMENT (AFTERNOON CARE UNTIL 5:30) \$10.00 PER AFTERNOON

CHILD'S NAME _____ PHONE _____

ADDRESS _____
STREET CITY STATE ZIP

DATE OF BIRTH _____ AGE _____ SEX _____

PARENT'S OR GUARDIAN'S NAME _____ PHONE _____

FATHER'S OCCUPATION _____ PHONE _____

MOTHER'S OCCUPATION _____ PHONE _____

GRANDPARENT'S NAME AND ADDRESS _____ PHONE _____

GRANDPARENT'S NAME AND ADDRESS _____ PHONE _____

DOES THIS STUDENT HAVE ANY CHRONIC ILLNESS? _____ IF YES, EXPLAIN _____

DOES THIS STUDENT HAVE ANY PHYSICAL HANDICAP? _____ IF YES, EXPLAIN _____

RELATIVES ENROLLED HERE? _____

Date enrolled _____