

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,  
\$100.00 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 \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ CONTACT NUMBER \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ CONTACT NUMBER \_\_\_\_\_

GRANDPARENT'S NAME \_\_\_\_\_ CONTACT NUMBER \_\_\_\_\_

GRANDPARENT'S NAME \_\_\_\_\_ CONTACT NUMBER \_\_\_\_\_

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 \_\_\_\_\_