

For office use only: Rec'd \_\_\_\_\_ Met with Director \_\_\_\_\_ Fees Paid \_\_\_\_\_ Start Date \_\_\_\_\_



# MARION ACADEMY

Christ's Love . Experiential Education . Community

## EARLY LEARNING CENTER REGISTRATION 2025-2026

The Marion Academy Board of Directors has approved the following cost of attendance for children for the 2025-2026 academic year for **Marion Academy Early Learning Center** families who submit this form by August 1, 2025. The non-refundable registration and supplies fees are due by August 1.

- ☐ **Seedlings (6 weeks to 18 months):** Payment will be made weekly, in the amount of \$120.
- ☐ **Sprouts (18 months to 2 ½ years):** Payment will be made weekly, in the amount of \$110.
- ☐ **Saplings ( 2 ½ years to 4 years):** Payment will be made weekly in the amount of \$110.

Seedlings (6 weeks to 18 months)	Registration	\$50
	Supplies	\$50
	Weekly Tuition	\$120
Sprouts (18 months to 2 ½ years)	Registration	\$50
	Supplies	\$50
	Weekly Tuition	\$110
Saplings (2 ½ years to 4 years)	Registration	\$50
	Supplies	\$50
	Weekly Tuition	\$110

\*Part-time options are available at \$90 a week. Part-time is considered 3 days a week.



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### STUDENT REGISTRATION AGREEMENT 2025-2026

I hereby make application for my child(ren) to enter Marion Academy for the session beginning August 2025 and enclose the non-refundable registration and supplies fees (See Chart 1) with this completed registration form.

Today, I am registering the following student(s) (list names):

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

With this registration,

- ☐ I agree to pay Marion Academy the following non-refundable registration and supplies fees for the student(s) I am enrolling for the 2025-2026 school term (insert appropriate amount from Chart 1): \$ \_\_\_\_\_.
- ☐ I agree to pay Marion Academy the following tuition for the student(s) I am enrolling for the 2025-2026 school term (insert appropriate amount from Chart 1): \$ \_\_\_\_\_ per week.

#### All Payment Plans

- ☐ I understand that there is a \$35.00 fee for any returned check.
- ☐ If a returned check causes my account to be delinquent (payment after Tuesday at 9:00 a.m.), I will pay the \$35.00 returned check fee plus the \$15.00 late fee per student per week.
- ☐ If my account is fourteen (14) days in arrears, my child will not be permitted to attend school until my account is paid and current.
- ☐ I acknowledge that if I withdraw my child from school, I will not receive a refund of that weeks tuition or the registration or annual fees, but will abide by the Withdrawal Policy in the ELC handbook.
- ☐ I will familiarize myself with and abide by the Marion Academy ELC Handbook.
- ☐ I understand that my child will comply with all school regulations, and that it is my responsibility to understand these regulations and strongly encourage compliance.
- ☐ I further understand that my child can be suspended or dismissed from ELC if they refuse to abide by the regulations. In such cases, weekly tuition and registration and supplies fees are NOT refundable.
- ☐ I agree to pay all costs of collections, including attorney fees if necessary.
- ☐ I understand there could be additional costs for field trips and/or school supplies.

This is the entire agreement between Marion Academy, Inc. and me. Any modifications of this agreement must be in writing and signed by the Board of Directors and me.

\_\_\_\_\_  
Signature of Parent(s) or Guardian(s) and Responsible Parties

\_\_\_\_\_  
Date



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## STUDENT'S INFORMATION

Student information forms must be completed for each student.

**Student's Full Name (First, Middle, Last):** \_\_\_\_\_

Male ☐ Female ☐

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Age for 2024-2025 academic year: \_\_\_\_\_ Returning MA Student ☐

Has your child ever been dismissed from school? Yes ☐ No ☐ If yes, why? \_\_\_\_\_

Any diagnosed learning disability? Yes ☐ No ☐ If yes, what is the diagnosis? \_\_\_\_\_

### Parent/Guardian Contact Information:

*Father/Guardian's Contact Information:*

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

Street Address: \_\_\_\_\_ Mailing Address (if different): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(check preferred contact method during school day)

☐ Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

☐ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

☐ Business Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_

*Mother/Guardian's Contact Information:*

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

Street Address: \_\_\_\_\_ Mailing Address (if different): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(check preferred contact method during school day)

☐ Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

☐ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

☐ Business Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_

Other person(s) the child may be released to:

Name	Relationship to Child	Address	Telephone Number

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**City Limit Activity Permission Form 2025-2026**

\_\_\_\_\_ (Student Name) has my permission to leave the Marion Academy campus with faculty to attend activities and functions within the city limits of Marion, AL for the 2025-2026 school year. With the understanding that safety standards will be met, I hereby waive and release the chaperones, Marion Academy faculty and staff, and Marion Academy, Inc. from any and all liability and claims for injury to person or property which might arise in connection with my child's participating in any school activities within the city limits of Marion, Alabama.

\_\_\_\_\_  
Signature of Parent /Guardian

\_\_\_\_\_  
Date



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**2025 – 2026 EMERGENCY MEDICAL FORM**

**Student's Full Name (First, Middle, Last):**

Male ☐ Female ☐  
Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_

**Parent/Guardian Contact Information:**

**Father/Guardian's Contact Information:**

Name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_  
Street Address: Mailing Address (if different): \_\_\_\_\_

(check preferred contact method during school day)

☐ Home Phone \_\_\_\_\_ ☐ Cell Phone \_\_\_\_\_  
☐ Business Phone \_\_\_\_\_ Email address: \_\_\_\_\_

**Mother/Guardian's Contact Information:**

Name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_  
Street Address: Mailing Address (if different): \_\_\_\_\_

(check preferred contact method during school day)

☐ Home Phone \_\_\_\_\_ ☐ Cell Phone \_\_\_\_\_  
☐ Business Phone \_\_\_\_\_ Email address: \_\_\_\_\_

Nearest Relative: \_\_\_\_\_ Relationship: \_\_\_\_\_  
☐ Home Phone: \_\_\_\_\_ ☐ Cell Phone: \_\_\_\_\_

**Other Emergency Names and Numbers:**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
☐ Home Phone: \_\_\_\_\_ ☐ Cell Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Do you have health insurance? Yes ☐ No ☐ If yes, list insurance company and policy number

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

Policy Number: \_\_\_\_\_ Group #: \_\_\_\_\_

If your child is allergic to any medications, please list: \_\_\_\_\_

If your child has any allergy (insect stings, milk, etc.), please list: \_\_\_\_\_

Please list any physical disabilities or health problems: \_\_\_\_\_

Present medication needs (any medications taken presently—KEEP US UPDATED): \_\_\_\_\_

The student on this form has my permission to be given the following by school authorities if need arises:

☐ Acetaminophen ☐ Antacid ☐ Ibuprofen ☐ Motrin ☐ Benadryl ☐ Cough Syrup

I understand that in the event of an emergency, every effort will be made to contact me at the above telephone numbers. However, should efforts to contact me fail, I grant authority to Marion Academy faculty members to give permission to take whatever steps necessary by medical authorities for the well-being of my child. I agree to be responsible for any emergency medical expenses incurred.

Signature of Parent or Guardian: \_\_\_\_\_

Date of Signature: \_\_\_\_\_



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**MEDIA/ PHOTOGRAPHY PERMISSION**

As we update our website, we would like your permission to use your child's picture or name in one or more of the following ways:

- Photo and name during project/activity in educational workshops, classes, and/or conferences.
- Digital video created by Marion Academy for use in educational workshops and student classrooms.
- Posts on the Marion Academy web page and social media websites
- Submit as samples to program publishers or as grant and contest entries.

**Thank you for your support of technology at Marion Academy!**

Please initial each of the following statements to which you agree:

I give permission to:

\_\_\_\_\_ Post a picture which includes my child on Marion Academy's website and social media accounts and submission to the local newspapers (full name may be posted with pictures, ex. awards, etc).

\_\_\_\_\_ Post work/projects created by my child on Marion Academy's website and social media.

\_\_\_\_\_ Post my child's full name on a list of awards/recognitions, terrific kids, etc.

\_\_\_\_\_ Use my child's work as an example in other schools, workshops, or conferences.

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

Parent/Guardian Name: \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**



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**Family Commitment to Christian Education**

A. Does your family attend church? Yes \_\_\_\_\_ No \_\_\_\_\_

How often do you attend? Weekly \_\_\_\_\_ Often \_\_\_\_\_ Occasionally \_\_\_\_\_

Name of Church \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Phone \_\_\_\_\_

B. Why do you desire a Christian education for your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### **PARENT COMMITMENT**

Parents must understand and support the Classical Christian philosophy of Marion Academy **BEFORE APPLICATION IS ACCEPTED**. To assure this understanding and acceptance, we ask that you call the school office at 334-683-8204 to set up an admissions interview with the Administrator. Your completed application may be brought at this time.

**Father's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Mother's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Legal Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_



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#### **ADMISSIONS PROCESS FOR NEW STUDENTS AT MARION ACADEMY ELC**

1. Obtain, complete, and submit application forms for Prospective Parents.
2. Schedule an admissions meeting with the ELC Director.

3. Receive admission/waitlist/rejection letter.
4. The registration and supplies fees are due to secure enrollment.
5. Admissions Packet must be completed and on file by the first day of school.

## **FINANCIAL AGREEMENT**

Once a family has committed student(s) to attend Marion Academy ELC, weekly tuition and fees are required. Even if they withdraw from the school, tuition is required for two weeks, whether the child is attending or not. The tuition is non-refundable and must be paid in per the payment schedule as outlined and despite a student's withdrawal or expulsion from Marion Academy ELC. However, upon written request, the Board will consider extenuating circumstances. Although tuition may be paid in installments (weekly, biweekly, monthly), this does not constitute a fractional contract. The enrollment agreement is for the length of time your child is enrolled, and the obligation to pay for the entire enrollment period is unconditional without reduction or remission.

Marion Academy shall admit students without regard to race, color, and national or ethnic origin.

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**Parent/Guardian Signature**

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**Date**