



Application Checklist

- ☐ **Application Fee - \$200**
Make check payable to *Moses Lake Christian Academy*
The application cannot be processed until the application fee has been paid.
- ☐ **Admission Application (Pages 2-6)**
Both parents and/or legal guardians need to agree to and sign these forms.
- ☐ **Tuition Schedule (Page 7)**
Both parents and/or legal guardians need to agree to and sign these forms.
- ☐ **Teacher Recommendation Form (Pages 8-10)**
Completed by student's current teacher(s). This form should be mailed from the teacher directly to Moses Lake Christian Academy.
- ☐ **Emergency Contact Form (Page 11)**
- ☐ **Copy of Immunization Records (Page 12)**
Required with applications for Preschool, Pre-Kindergarten 4-5, Kindergarten and students previously home schooled. All other student immunization records will be transferred from previous school.

Mail or Bring Completed Application to:

Moses Lake Christian Academy
1312 S. Moses Lake Ave, Suite A
Moses Lake, WA 98837

For additional information contact:
info@mlca.us



For Office Use Only
Date Received _____
Start Date _____
Grade _____
Date Appl Fee Pd _____
Amount Paid _____
Check/Cash or CC _____

Application for Admission

Please print

Preschool Class Applying For ☐ 3-4 year-old preschool AM ☐ 4-5 year old preschool AM ☐ Pre-Kindergarten 4-5

Pre-Kindergarten applicants must be 4 years of age by September 1st

Grades K-12 (Please note grade) _____

Kindergarten applicants must be 5 years of age by September 1st

Student Information

Legal Name	_____	_____	_____	_____
	Last	First	Middle	Nick Name
Date of Birth	_____	Age:	_____	
Street Address Where <u>Student Resides</u> _____				
	City	State	Zip Code	
Email Address:	_____	Cell Phone Number:	_____	

Parent / Guardian Information (with whom the student resides)

Mother / Female Guardian		Father / Male Guardian	
Full Name	_____	Full Name	_____
Home Phone	_____	Home Phone	_____
Cell Phone	_____	Cell Phone	_____
Email Address	_____	Email Address	_____
Street Address	_____	Street Address	_____
City, State, Zip	_____	City, State, Zip	_____
Employer	_____	Employer	_____
Work Phone	_____	Work Phone	_____

Parents Are: ☐ Married ☐ Separated ☐ Divorced ☐ Other _____

If Parents Are Separated or Divorced, Who Has Legal Custody? _____

Are there any legal limitations that we should be aware of? (Restraining orders, etc.)? ☐ Yes ☐ No

If yes, please explain: _____



Parent Information (If student does not reside with parents)

Mother		Father	
Full Name	_____	Full Name	_____
Home Phone	_____	Home Phone	_____
Cell Phone	_____	Cell Phone	_____
Email Address	_____	Email Address	_____
Street Address	_____	Street Address	_____
City, State, Zip	_____	City, State, Zip	_____
Employer	_____	Employer	_____
Work Phone	_____	Work Phone	_____

Sibling Information

Names and ages of brothers and sisters still living at the home residence:

Name _____	Age _____	Name _____	Age _____
Name _____	Age _____	Name _____	Age _____
Name _____	Age _____	Name _____	Age _____

Previous School Information (Beginning with the most recent attended)

School #1 Name _____		
Address: _____		
Street Address _____		
City _____	State _____	Zip Code _____
Phone Number _____		
School #2 Name _____		
Address: _____		
Street Address _____		
City _____	State _____	Zip Code _____
Phone Number _____		



Previous School Information (continued)

Has the student ever been:								
<input type="checkbox"/>	Suspended	<input type="checkbox"/>	Expelled	<input type="checkbox"/>	Asked to withdraw			
If so, please give details on a separate sheet of paper, including the principal's name, address and phone number of the school.								
Has your student ever been retained?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
If so, please state grade and date				Grade	_____		Date	_____
Has the student participated in any special learning programs?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
If yes, please specify				_____				
If you have further information which may assist in the guidance of your student at Moses Lake Christian Academy, such as medical, psychological, or other information, please indicate below:								

Christian Experience

What church does your family attend? _____		Number of Years: _____
Pastor/Minister Name _____		Phone _____
Statement of personal Christian experience and faith:		
Father _____		
Mother _____		



Christian Experience (continued)

Are you in agreement with and committed to the basic tenets of historic Christianity, as listed below?		
Mother	Father	
Yes/No	Yes/No	A. God is the Father, Son and Holy Spirit.
Yes/No	Yes/No	B. The Bible is God's infallible and authoritative Word to man. It is the only standard by which faith and practice are to be measured.
Yes/No	Yes/No	C. The chief end of man is to glorify God and enjoy Him forever.
Yes/No	Yes/No	D. Man is created in the image of God. Through his relationship to Adam, man is a sinner by nature and does himself sin.
Yes/No	Yes/No	E. Jesus Christ is the only Savior of sinners, the only way to the Father. He died as a substitute for sinners and was raised from the dead so they might be reconciled to God.
Yes/No	Yes/No	F. Eternal life is a free gift that is received through faith in Jesus alone. Eternal life is neither deserved by anyone, nor can it be earned by good deeds.
Mother	Father	
Yes/No	Yes/No	Are you willing for the applicant to receive training in the historic doctrines of the Church, and will you support the school in its endeavors to encourage and to guide the applicant in applying these doctrines to life?

General MLCA Information

Why do you desire having your student attend Moses Lake Christian Academy?	
Is it your intention to have your student graduate from MLCA? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please explain _____	
From what source did you first receive information about Moses Lake Christian Academy? <input type="checkbox"/> Website <input type="checkbox"/> Facebook <input type="checkbox"/> Friend <input type="checkbox"/> Other _____	
I hereby authorize Moses Lake Christian Academy to use photos of my student in school newsletters, year book, on the website and other school publications. <input type="checkbox"/> Yes <input type="checkbox"/> No	



General MLCA Information (continued)

Mother	Father	
Yes/No	Yes/No	Have you read the vision, mission and statement of faith for Moses Lake Christian Academy? Do you desire a Christian education for the applicant?
If the applicant is accepted will you promise to:		
Mother	Father	
Yes/No	Yes/No	A. Support the school and its policies concerning dress code, conduct, and all other matters outlined in the Student/Parent Handbook?
Yes/No	Yes/No	B. Assume responsibility for your child's education by supervising assigned homework and keeping in regular contact with your child's teachers?
Yes/No	Yes/No	C. Support, to the best of your ability, the various activities of the school?
Yes/No	Yes/No	D. Support, to the best of your ability, the schools entire program through prayer, time and annual giving?
Yes/No	Yes/No	E. Faithfully strive to model for your family and others the code of behavior defined in the infallible and authoritative Word of God and the Moses Lake Christian Academy's Statement of Faith?

Statement of Confidentiality: It is the policy of Moses Lake Christian Academy that all information received regarding a candidate's application for admission will be treated with complete confidentiality. Only authorized school personnel and agents have access to this information unless otherwise required by law. Information received within the scope of this policy is not disclosed to the applicant or to the applicant's family.

Non-discrimination Policy: Moses Lake Christian Academy, a private educational institution, admits students of any race, color, sex, and national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. Moses Lake Christian Academy does not discriminate on the basis of race, color, sex and national or ethnic origin in the administration of its education programs, admission policies, financial aid programs, athletics or other school-administered programs.

FATHER OR MALE LEGAL GUARDIAN

Print Name _____

Signature _____ Date _____

MOTHER OR FEMALE LEGAL GUARDIAN

Print Name _____

Signature _____ Date _____

Voluntary demographic data for WA State Reporting and Planning (Please circle each applicable item)

Race:	African American	Asian	Caucasian	Hispanic	American-Indian	Other
Age:	Parent/Guardian Ages	20-30	31-40	41-50	51-60	60+



2025-2026 Tuition and Fees

Grade	Tuition*	Application Fee Due with application Nonrefundable	Curriculum Fee Due July 1 st Nonrefundable
Preschool-AM (3–4-year-old) Tuesday/Thursday 8:00 a.m. – 10:30 a.m.	\$1,710 (\$190/mo over 9 months)	\$200	\$75
Preschool-AM (4–5-year-old) Monday/Wednesday/Friday 8:00 a.m. – 10:30 a.m.	\$2,025 (\$225/mo over 9 months)	\$200	\$100
Pre-Kindergarten 4-5 Monday – Friday 8:00 a.m. – 12:00 p.m.	\$5,640 (\$470/mo over 12 months)	\$200	\$200
Full Day Kindergarten	\$8,460 (\$705/mo over 12 months)	\$200	\$250
1st – 6th Grade	\$8,460 (\$705/mo over 12 months)	\$200	\$250
7th – 12th Grade	\$8,880 (\$740/mo over 12 months)	\$200	\$250

*Preschool tuition is paid over a 9-month period (September – May)

*Pre-Kindergarten 4-5 through 12th grade tuition is paid over a 12-month period (July – June)

Students must be four years old by September 1st to enroll in Pre-Kindergarten 4-5, and five years old by September 1st to enroll in full day Kindergarten classes

Multiple Student Discount - for families with multiple, full-day, full-paying students

- Families with Two Students will receive a \$500 Annual Multi-Student Discount
- Families with Three Students will receive a \$1,250 Annual Multi-Student Discount
- Families with Four Students will receive a \$2,750 Annual Multi-Student Discount

Additional Fees

Middle School Sports Fee	\$150	Per sport - due prior to the 1 st game
High School Sports Fee	\$225	Per sport - due prior to the 1 st game
Re-enrollment Fee	\$125	Due by May 31st (non-refundable)
Yearbook Fee	\$55	Due July 31 st , <u>one</u> is automatically billed in July to each family with a secondary student. Additional yearbooks can be pre-ordered through the business office
Credit Card Fee	4.00%	Credit cards can only be used for prepayment of tuition (yearly or by semester)

ADDITIONAL PROGRAMS

Cub Club After School Care Program Fees: \$10.00 per hour

Cub Club is open (as needed) from 3:00 p.m. – 4:30 p.m. for students in full-day kindergarten through 5th grade. Students must be at least 5 years old to attend Cub Club. Cub Club is billed by the minute.

Extended Learning Week (6th – 12th grade): Cost will depend on the Extended Learning experience selected



Teacher Recommendation Form

This section to be completed by the applicant

Applicant's Full Name _____		
First	Middle	Last
Mother/Guardian Name _____	Father/Guardian Name _____	
Applicant's Current School _____		Current Grade _____

This section to be completed by the student's current teacher

If the student is in High School, a Teacher of Core subject area is required to make a recommendation:

The student named above, applying for admission to Moses Lake Christian Academy, is required to have this form on file before being considered for admission. This evaluation and its contents will be used only in connection with the admission decision.

If you wish to discuss this in person rather than complete this form, please check the box below, sign and return this form with your telephone number(s). A representative from the admissions office will contact you shortly.

☐ I would like to discuss the applicant personally rather than complete this form.

My relationship with this student has been that of (check all that apply):

☐ Teacher ☐ School Counselor ☐ Administrator ☐ Other: _____

I have known this student for _____ Years Daytime Phone _____

Email Address _____

Signature _____ Date _____

The items that follow ask for your sense of this student's relationship within the school community; emotional and social growth; and intellectual development. Your insight will help us to know this child. We understand the difficulty in evaluating a student, and we are aware that children are constantly growing, changing, and developing. The information you provide will be kept in strictest confidence and used only by the admissions committee.

What are the first words that come to mind when describing this student?

1. _____ 2. _____ 3. _____

What are the student's special interests or abilities? _____



We would appreciate your comments and observations concerning the strengths, weaknesses, learning style, health, behavior, or special needs of this student.
Feel free to attach an additional sheet of paper if necessary:

Please comment on the parents' support of their child's learning and their cooperation with the school.

Has this student participated in any program for special needs students (gifted, learning disabled, etc.)?

☐ Yes

☐ No

Has the applicant ever been suspended, dismissed, requested to withdraw, or otherwise penalized or disciplined for any reason?

☐ Yes

☐ No

Please state the nature of the action taken and describe the circumstances relating to the action. Please provide the names of the teachers or administrators involved. Attach additional paper if necessary.

Is the student currently in good standing?

☐ Yes

☐ No

Personal Qualities

	Outstanding	Above Average	Average	Fair	Needs Improvement
Work ethic					
Behavior					
Consideration for others					
Relationships with peers					
Relationships with adults					
Emotional maturity					
Self-confidence					



	Outstanding	Above Average	Average	Fair	Needs Improvement
Sense of humor					

Honesty					
Sense of responsibility					
Leadership skills					

Academic Qualities

	Outstanding	Above Average	Average	Fair	Needs Improvement
Motivation to learn					
Intellectual curiosity					
Ability to work in a group					
Ability to work independently					
Organizational skills					
Work habits					
Creativity					
Class preparation					
Class participation					
Academic promise					
Academic achievement					

Thank you for the information you have given us about this applicant's family. If you would like further information about Moses Lake Christian Academy, or if you would like to discuss the contents of this form with us, please check the box below and someone from the school's administration will call you.

☐ Yes

Send completed form to:

Attn: Secondary Office
Moses Lake Christian Academy
1312 S. Moses Lake Ave., Suite, A
Moses Lake, WA 98837

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MLCA Student Emergency Contact Information 2025-2026

Student's Name	Date of Birth / / M F Sex
Grade Year	Teacher
Father's Name	Mother's Name
Guardian's Name	Guardian's Name
Home Phone ()	Home Phone ()
Work Phone ()	Work Phone ()
Cell Phone ()	Cell Phone ()
Address	Address
City, State & ZIP	City, State & ZIP
Email	Email

Parents or Guardian's listed above and Emergency Contacts below have permission to pick up the child unless otherwise indicated. Please notify the MLCA Administration if there are any court orders restricting noncustodial parents or others from contact with the child.

Alternate Emergency Contacts

First Name	Second Name
Home Phone ()	Home Phone ()
Work Phone ()	Work Phone ()
Cell Phone ()	Cell Phone ()
Out of Town Contact	Out of Town Contact
Phone ()	Phone ()

Adult Child Care Provider Information

Providers Name	Phone Number ()
Providers Name	Phone Number ()

Medical / Physician Information & Permission

Physician's Name	Phone Number ()
Insurance Company	Policy Number
Allergies/Special Health Considerations	

In a medical emergency, we hereby authorize MLCA to seek emergency medical assistance for our child if we cannot be reached.

Parent's/Guardian's Signature

Date

In Town Field Trip Permission

I give permission for my child to go on any field trips in the Moses Lake area while enrolled at MLCA. I release the Moses lake Christian Academy from any liability in case of accident during any of these trips.

Parent's/Guardian's Signature

Date

Please keep a copy of this form for your records and update MLCA if any information changes



Certificate of Immunization Status (CIS)

For Kindergarten-12th Grade / Child Care Entry

Office Use Only:	
Reviewed by: _____	Date: _____
Signed Cert. of Exemption on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please print. See back for instructions on how to fill out this form or get it printed from the Washington Immunization Information System.

Child's Last Name:	First Name:	Middle Initial:	Birthdate (MM/DD/YY):	Sex:
I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record. ➔ _____ Parent/Guardian Signature Required Date			I certify that the information provided on this form is correct and verifiable. ➔ _____ Parent/Guardian Signature Required Date	

	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY
Required Vaccines for School or Child Care Entry						
♦ DTaP / DT (Diphtheria, Tetanus, Pertussis)						
♦ Tdap (Tetanus, Diphtheria, Pertussis)						
♦ Td (Tetanus, Diphtheria)						
♦ Hepatitis B <input type="checkbox"/> 2-dose schedule used between ages 11-15						
♦ Hib (Haemophilus influenzae type b)						
♦ IPV / OPV (Polio)						
♦ MMR (Measles, Mumps, Rubella)						
♦ PCV / PPSV (Pneumococcal)						
♦ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS						
Recommended Vaccines (Not Required for School or Child Care Entry)						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV / MPSV (Meningococcal)						
MenB (Meningococcal)						
Rotavirus						

Documentation of Disease Immunity <i>Healthcare provider use only</i>	
If the child named in this CIS has a history of Varicella (Chickenpox) or can show immunity by blood test (titer) it MUST be verified by a healthcare provider	
I certify that the child named on this CIS has:	
<input type="checkbox"/> a verified history of Varicella (Chickenpox).	
<input type="checkbox"/> laboratory evidence of immunity (titer) to disease(s) marked below. Lab report(s) for titers MUST also be attached.	
<input type="checkbox"/> Diphtheria <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hib <input type="checkbox"/> Measles	<input type="checkbox"/> Mumps <input type="checkbox"/> Polio <input type="checkbox"/> Rubella <input type="checkbox"/> Tetanus <input type="checkbox"/> Varicella
<input type="checkbox"/> Other: _____	
Licensed healthcare provider signature (MD, DO, ND, PA, ARNP) _____ Date _____	
Printed Name _____	