



McKinney Care
ACADEMY

412 Armour St.
Davidson, NC 28036
704.895.9664
mkinneycare@adelphia.net

Application for Admission

Please complete the following information for each child on a separate form.

Child's Full Name: _____

Name Child is Called: _____ Date of Birth _____

Parents (or Guardians):

Mother: _____

Home Address (include zip): _____

Home Phone: _____ Cell phone or pager: _____

E-mail address: _____

Father: _____

Home Address (include zip): _____

Home Phone: _____ Cell phone or pager: _____

E-mail address: _____

Persons (other than names above) authorized to pick up child or call in an emergency:

Name: _____ **Day Phone:** _____

Name: _____ **Day Phone:** _____

Other Family:

Name(s) and age(s) of other children in the family who have attended McKinney Care Academy

I understand that the \$50.00 application fee is a one-time, non-refundable fee, and that it does not guarantee my child placement or enrollment at McKinney Care Academy.

Signature of Parent/Guardian: _____ Date: _____