



MESSIAH CHRISTIAN LEARNING CENTER

Student Enrollment Form

School Year 2026–2027

Southscape Commercial Bldg., 2nd Floor, Lawaan 1, Talisay City, Cebu 6045

(+63) 898-018-4081 | (032) 343-4775 | support@mclc-cebu.com | mclc-cebu.com

HOW TO SUBMIT: (1) Fill out completely and bring to **Focuslab front desk officer, Unit No. B1-2-7, just across MCLC school** — Southscape Commercial Bldg., 2nd Floor, Lawaan 1, Talisay City, Cebu 6045 — with a photocopy of your child's **PSA Birth Certificate**. (2) OR scan/photo and email to **support@mclc-cebu.com** — subject: **Enrollment - [Child's Full Name]**. Call/Text: (+63) 898-018-4081 | PLDT: (032) 343-4775 | mclc-cebu.com

SECTION 1 — Program Selection

Program Applying For:	<input type="checkbox"/> Playgroup (Ages 2–3)	<input type="checkbox"/> Nursery (Ages 3–4)	<input type="checkbox"/> Kinder 1 / K1 (Ages 4–5)	School Year:	2026–2027
-----------------------	---	---	---	--------------	-----------

SECTION 2 — Child's Personal Information

Last Name	First Name	Middle Name	Extension (Jr., III)
Date of Birth (mm/dd/yyyy)	Age	Sex	Religion
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Place of Birth (City/Municipality)	Nationality	PSA Birth Cert. No.	Blood Type
Current Home Address (House No., Street, Barangay)	City / Municipality	Province	Zip Code
Mother Tongue / Language	Religion	Nationality	Nickname (optional)
Previous School Attended (if any)	Grade / Level Completed	School Year Attended	

SECTION 3 — Health & Medical Information

Known Allergies (food, medicine, environment — write "None" if none)	Blood Type
Existing Medical Conditions / Special Needs (write "None" if none)	
Vaccinations / Immunizations Up to Date?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	

SECTION 4 — Parent / Guardian Information**Father's Name**

Last Name	First Name	Middle Name	Contact Number
Occupation / Employer	Email Address		

Mother's Maiden Name

Last Name	First Name	Middle Name	Contact Number
Occupation / Employer	Email Address		

Legal Guardian (if applicable)

Last Name	First Name	Middle Name	Contact Number
Occupation / Employer	Email Address		

SECTION 5 — Emergency Contact (other than parents)

Full Name	Relationship to Child	Primary Contact No.	Alt. Contact No.
Persons Authorized to Pick Up Child (full names, comma-separated)			

SECTION 6 — Payment Method & Fees

Payment Method:	<input type="checkbox"/> GCash (details provided upon confirmation)
	<input type="checkbox"/> Cash at Focuslab Front Desk, Unit B1-2-7, Southscape, Talisay City
	<input type="checkbox"/> Other: _____

Program	Reg. Fee	Monthly	Annual (10 mos)	Materials	Uniform	ID & Misc	Due on Enroll (w/ uniform)	Due on Enroll (w/o uniform)
Playgroup	P3,000	P3,000	P27,000	P1,850	P1,900	P650	P7,400	P5,500
Nursery	P3,500	P3,500	P31,500	P2,250	P2,200	P700	P8,650	P6,450
Kinder 1	P4,000	P4,000	P36,000	P2,750	P2,500	P800	P10,050	P7,550

After-School Care: P500 per hour. Monthly tuition is billed separately after enrollment is confirmed.

SECTION 7 — Additional Information

How did you hear about MCLC?

<input type="checkbox"/> Facebook	<input type="checkbox"/> Word of mouth / Referral	<input type="checkbox"/> Google Search	<input type="checkbox"/> Saw school at Southscape
<input type="checkbox"/> Flyer / Tarpaulin	<input type="checkbox"/> Other: _____		

Additional Notes, Questions, or Special Requests

SECTION 8 — Documents Checklist

Document	Submitted?	Notes / Remarks
PSA Birth Certificate (photocopy)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Proof of Payment (GCash screenshot or official receipt)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2x2 ID Photo (optional but recommended)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 9 — Consent & Signature

I hereby certify that the information provided in this form is true, accurate, and complete to the best of my knowledge. I consent to Messiah Christian Learning Center (MCLC) collecting, storing, and using the information herein for enrollment processing, school communications, and related academic purposes, in accordance with the Data Privacy Act of 2012 (R.A. 10173). I understand that MCLC is an independent, Christ-centered learning institution not affiliated with DepEd, MCA Inc., or any government agency. I agree to abide by MCLC's school policies and guidelines.

Signature of Parent / Guardian	Printed Name	Date Submitted

FOR OFFICE USE ONLY

Received by:	Date Received:	OR No. / Payment Ref:	Slot Confirmed:
			<input type="checkbox"/> Yes <input type="checkbox"/> No