



Temple Christian Academy ENROLLMENT FORM

14190 Dedeaux Rd. Gulfport, MS 39503 | 228-832-4504

ENTIRE FORM, FRONT AND BACK, MUST BE COMPLETELY FILLED OUT

Student's Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Student's Social Security Number: _____ - _____ - _____

Date of Birth: ____/____/____ Grade to enter: _____

Gender: Male Female Ethnicity _____

Will your child be attending before-care (6:30am-7:30am) or after-care (3:30pm-5:30pm)?

Yes No *additional charges apply

Other adults allowed to pick-up my child:

All adults must have photo ID ready upon arrival for pick-ups.

Father's Name: _____ Employer: _____ Work #: _____

Father's E-mail: _____ Cell #: _____

Mother's Name: _____ Employer: _____ Work #: _____

Mother's E-mail: _____ Cell #: _____

If the parents are separated or divorced, with whom does the student live? _____

Would you be willing to be a classroom/office substitute (for hire when needed)? Yes No If yes, classroom or office? _____

Does your family attend church? Yes No If yes, which church? _____

School attended last year: _____ City: _____ ST: _____

Has the student ever failed a grade? Yes No If yes, which grade? _____

Has the student ever been under the supervision of a parole officer or under the custody of a juvenile court or any other court?

Yes No If yes, please explain: _____

Has the student ever had a police record? Yes No If yes, give dates: _____

Has the student ever been suspended or expelled from school? Yes No If yes, please explain: _____

I assume all financial responsibility for my child's tuition and fees at Temple Christian Academy and I understand the following:

1. All accounts must be kept current, and no student may attend classes if account is more than 30 days in arrears.
2. A \$30 per student late fee will be added to my account if it is delinquent after the 15th of each month.
3. The book fee is due before my child's books will be ordered.
4. The policy of Temple Christian Academy is to make no refunds on fees or tuition.
5. If a student is enrolled in TCA for even one day, a full month of tuition is owed.

The policy at Temple Christian Academy is to make NO REFUNDS FOR TUITION OR FEES after the due date.

In making application for my child, I desire to have him/her complete the school year at TCA. I also give my permission for my child to take part in all activities of Temple Christian Academy. I further agree to indemnify and hold Temple Christian Academy harmless for any and all liability that may result from my child attending or participating in all activities of Temple Christian Academy. I believe that discipline is necessary for the welfare of each student. I give Temple Christian Academy permission for my child's teacher and/or school representative to make and enforce classroom regulations in a manner consistent with Christian principles and discipline as set forth in TCA's handbook. I understand that TCA will use corporal punishment as deemed necessary by school administration. I hereby grant permission for Temple Christian Academy to use my child's photograph and/or video recorded image for purpose of marketing promotions.

If you wish for your child's photo to not appear on our social media/ads, please send in a handwritten statement with your denial and signature.

Parent Signature: _____ Date: _____

Temple Christian Academy does not discriminate on the basis of race, color, national or ethnic origin.



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MEDICAL INFORMATION

Birthdate: _____/_____/_____ Weight: _____ Age: _____ Grade: _____

Gender: Male Female

Is your child on any medication? Yes No If yes, what? _____

Dosage amount: _____ Is it to be taken at school?: Yes No

Is the office permitted to administer medicine such as Children's Tylenol, Pepto Bismol, Tums, Benadryl, etc.?

Yes No If yes, would you like to be notified first? Yes No

Does your child have any physical defects? Yes No

If yes, please explain: _____

Does your child have any allergies? Yes No

If yes, what? _____

Family Physician: _____ Phone #: _____

If your child has an emergency, what are you preferred medical procedures (i.e. call parents first, call 911 first, etc.):

Emergency Contact: a responsible adult if the parent cannot be contacted:

Name: _____ Relation: _____ #: _____

Parent Signature Date

CERTIFICATE OF ENROLLMENT

Students K-5-12th grade must have this form completed

Student's Name: _____ Birthdate: _____/_____/_____

Address: _____ City: _____ ST: _____

Parent/Guardian Name: _____ Phone #: _____

Address: _____ City: _____ ST: _____

Type of schooling: PRIVATE SCHOOL School Name: TEMPLE CHRISTIAN ACADEMY

School address: 14190 DEDEAUX RD. GULFPORT, MS 39503

Parent Signature: _____ Date: _____

Administrator Signature: _____ Date: _____