

66 Fairlane Drive  
Manchester, TN 37355  
931-728-4911  
www.tbcseagles.com



**Temple Baptist  
Christian School**

# Student Enrollment Application Date: \_\_\_\_\_

## Student Information

*Last Name* \_\_\_\_\_ *First Name* \_\_\_\_\_ *Middle* \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Male  Female

Birthplace: \_\_\_\_\_ Phone: \_\_\_\_\_ Is student right- or left-handed? \_\_\_\_\_

School Last Attended: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Reason for changing schools: \_\_\_\_\_

Parent(s) or Guardian with Whom Student Lives: \_\_\_\_\_

Does the applicant plan to attend our school a full year? YES  NO  Has the applicant ever repeated a grade? YES  NO

Church Family Attends: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Does the applicant understand salvation? YES  NO  Is the applicant born again? YES  NO  If yes, age when saved: \_\_\_\_\_

## Family Information

### Parent/Legal Guardian One

*Last Name* \_\_\_\_\_ *First Name* \_\_\_\_\_ *M.I.* \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Mailing Address (if different than student) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Parental Status: Married  Divorced  Single  Widowed

### Parent/Legal Guardian Two

*Last Name* \_\_\_\_\_ *First Name* \_\_\_\_\_ *M.I.* \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Mailing Address (if different than student) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Parental Status: Married  Divorced  Single  Widowed

**Emergency Information**

**Student:**

\_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Last Name*                      *First Name*                      *Middle*    Age ( ) Grade: \_\_\_\_\_

\_\_\_\_\_ *Current Street Address*                      *City*                      *State*                      *ZIP Code*

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ *Emergency Contact Address*                      *City*                      *State*                      *ZIP Code*

**Parent/Guardian One:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_

\_\_\_\_\_ Work Phone: \_\_\_\_\_

**Parent/Guardian Two:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_

\_\_\_\_\_ Work Phone: \_\_\_\_\_

**People Authorized to Pick Up Student**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Information and Release**

List medical conditions (including known allergies). You may give additional concerns or instructions on an additional paper.

\_\_\_\_\_  
Hospital Preferred \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Phone \_\_\_\_\_

Physician Address \_\_\_\_\_

By signing the section below, you give permission for treatment and will not be called every time your student has a minor medical need.

*I give my permission for school authorities to call my primary care physician and/or take my student to the hospital. I give my permission for school authorities to clean or cover a wound with a Band-Aid type bandage.*

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



## Parental Release for Use of Student Images in All Formats

I (we) authorize Temple Baptist Christian School (TBCS) and those acting with permission and under its authority to use and publish recognizable images of my child \_\_\_\_\_ in any medium deemed appropriate including, but not limited to:

- School Web Pages
- School Advertising
- Newspapers
- Multimedia Presentations
- Facebook Page

I (we) release and discharge TBCS and all persons acting with its permission and authority from any liability by virtue of use of photographs.

I (we) warrant that we are the parents or legal guardian of \_\_\_\_\_ and have full rights to contract on behalf of said child.

Please indicate any exceptions:

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\_\_\_\_\_  
**Parent Initial**

## Parent's Pledge of Acceptance

We, as parents who are accepting the challenge to "train up a child in the way he should go," do state that this training will be carried on in the home. We shall place our trust in the Christian school to extend that training more completely.

We pledge that our child will bring to the school a heritage of CHRISTIAN CULTURE. We promise that the home will provide a secure haven of safety--free from the influences that we recognize as harmful.

We do hereby state that we have made a thorough investigation of curriculum, statement of faith, texts, equipment, methods, testing, counseling, discipline and motives of the school and do pledge to make them our glad-hearted choice for the coming year.

We pledge that, if, for any reason, our child does not respond favorably to the school, we will not try to change the school to fit his needs but will withdraw quietly and without delay. (Six weeks are adequate for most students. The one who has not adjusted by the end of twelve weeks should be withdrawn.)

We pledge our loyal support to the school through praying for its program and giving to its school extension fund as we are able.

We hereby invest authority in the school to discipline our child, as necessary. We further agree that we will cooperate and discipline our child in the home as needed (Proverbs 13:24, 19:18, 22:6, 23:13, 14, 29:15, 17, Colossians 3:20, Hebrews 12:6)

We understand that assessments will be made to cover damage to school property (including breakage of windows, abuse of books, etc.).

We, as parents of the student applicant, do sincerely give our pledge to all items as stated above.

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**Parent Initial**

## HEALTH RECORD RELEASE AUTHORIZATION

We, being the parents of \_\_\_\_\_, authorize by initialing below the staff of Temple Baptist Christian School to make the health record of our child available to personnel of the Tennessee Health Department upon their inspection for shot records.

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**Parent Initial**

# Communication Consent Form

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## Telephone:

I consent to receive automatically dialed calls/messages from Temple Baptist Ministries for emergency alerts and general announcements at the phone numbers I have provided below, including my cell phone number(s):

Phone Number:	Phone Type:		Text Messages:	
	Landline	Cell/Mobile	Ok to text	Not Ok to text
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

By initialing below, I understand that these calls/messages are treated by my telephone service provider/carrier the same as other general calls/messages I receive (for billing purposes) according to the phone service plan I maintain with my service provider. I understand that I may revoke my consent at any time.

\_\_\_\_\_  
**Parent Initial**

## Email:

Our weekly Monday note and other occasional notes are sent via email as well as a hard copy. Please write the best email address for communication to reach both mom and dad (or any guardians).

Your email address will not be shared, and all group emails are sent blind carbon copy for confidentiality. Thank you so much for your participation!

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

Email Address: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

## PRESCHOOL HEALTH HISTORY FORM

\_\_\_\_\_  
**Child's name**

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

\_\_\_\_\_  
**Parent/Guardian Name**

This information will help us get to know your child better. It will be kept confidential.  
Please circle the correct answer;

### **PREGNANCY AND BIRTH**

1. Yes No Were there any problems with pregnancy or your child's birth?
2. Yes No Was his/her birth weight under 5 *Yi* pounds?
3. Yes No Did the baby have any problems in the hospital?

### **MEDICAL PROBLEMS**

4. Yes No Has your child ever been in the hospital overnight?
5. Yes No Is your child taking any medicine?
6. Yes No Any allergies, reactions to medicine, insects, or DTP or other shots?
7. Yes No Has your child had asthma or wheezing?
8. Yes No Does your child have a speech or hearing problem?
9. Yes No Has your child had more than two ear infections per year?
10. Yes No Has your child had tonsillitis?
11. Yes No Does your child have trouble with his eyes or seeing?
12. Yes No Has your child ever had a bladder or kidney infection?
13. Yes No Does he/she experience burning when urinating?
14. Yes No Does your child have seizures, fits, or shaking spells?
15. Yes No Have you ever been told your child has a heart murmur?
16. Yes No Is your child able to play as hard as other children?
17. Yes No Has your child ever had a bumpy or swollen reaction to a TB test?
18. Yes No Has your child ever been with anyone with TB?
19. Yes No Has your child ever had worms?
20. Yes No Does your child scratch his/her genital area?
21. Yes No Is his/her bottom or genitals sore?

22. Yes No Is your child a hemophiliac (free bleeder) ?  
23. Yes No Is your child on a heart monitor?  
24. Yes No Does your child have tubes in his/her ears?

**GENERAL DEVELOPMENT**

25. Yes No Does your child get along well with other children?  
26. Yes No Is he/she usually happy?  
27. Yes No Does your child have any special problems not indicated above?

28. When was the last time your child saw a doctor? \_\_\_\_\_

**EXPERIENCE WITH OTHERS**

29. What are some of the ways in which the child plays at home? \_\_\_\_\_  
\_\_\_\_\_

30. Does he/she play with children from other families? \_\_\_\_\_

31. Does he/she usually get his way with other children? \_\_\_\_\_

32. Is the entire family together for any time of the day? \_\_\_\_\_

**EATING HABITS**

33. At what time does the child eat: Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Supper \_\_\_\_\_

34. Does he/she feed themselves? Yes No

Between-meal snack \_\_\_\_\_

35. What is his general attitude toward eating? \_\_\_\_\_

36. If he/she refuses to eat, how is this handled and by whom? \_\_\_\_\_  
\_\_\_\_\_

37. Favorite foods: \_\_\_\_\_

38. Disliked foods: \_\_\_\_\_

39. Foods allergic to \_\_\_\_\_

Symptoms \_\_\_\_\_



**SLEEP HABITS**

40. Has room alone\_\_\_\_ Shares with other children\_\_\_\_ Rooms with parents\_\_\_\_\_
41. At nights sleeps from \_\_\_\_\_ to \_\_\_\_\_ Average hours of nap? \_\_\_\_\_
42. Attitude toward going to bed? \_\_\_\_\_
43. If there is any difficulty, how is this handled? \_\_\_\_\_  
\_\_\_\_\_
44. Habits associated with going to bed \_\_\_\_\_  
\_\_\_\_\_
45. Does the child wet the bed? \_\_\_\_\_ At nap? \_\_\_\_\_ At night? \_\_\_\_\_
46. If so, how is this problem handled? \_\_\_\_\_  
\_\_\_\_\_

**TOILET HABITS**

47. Time at which child is taken to the bathroom? \_\_\_\_\_
48. Does he/she go by himself? \_\_\_\_\_ Time of bowel movement \_\_\_\_\_  
Regular? \_\_\_\_\_ Constipated? \_\_\_\_\_
49. Does he/she tell you when they need to go to the toilet and go willing?  
\_\_\_\_\_
50. Can he/she manage clothes at the toilet? \_\_\_\_\_
51. What word does he/she use for urinating? \_\_\_\_\_
52. What word is used for bowel movement?

**SPEECH AND PHYSICAL GROWTH**

53. Does he/she talk well? \_\_\_\_\_ Fairly well \_\_\_\_\_ Not very well \_\_\_\_\_ Not at all \_\_\_\_\_
54. Does anyone read to him? \_\_\_\_\_ How Often: \_\_\_\_\_
55. At what age did he creep? \_\_\_\_\_ Crawl \_\_\_\_\_ Walk? \_\_\_\_\_
56. Would you describe your child as:
- a. active or quiet
  - b. thin, average, or heavy weight
  - c. short, average, or tall
  - d. friendly or unfriendly?
57. Any other information we should know about your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_