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

Temple Baptist Christian School

Student Enrollment Application Date:_____

Student Information

_____ Date of Birth:_____
Last Name *First Name* *Middle* 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

_____ Relationship to Applicant:_____
Last Name *First Name* *M.I.*

_____
Mailing Address (if different than student) *City* *State* *ZIP Code*

Parental Status: Married ☐ Divorced ☐ Single ☐ Widowed ☐

Parent/Legal Guardian Two

_____ Relationship to Applicant:_____
Last Name *First Name* *M.I.*

_____
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: _____

Financial Responsibility

Please indicate the person(s) financially responsible: ☐ Parent One ☐ Parent Two ☐ Other (Please specify below)

Last Name (if "Other") *First Name* *M.I.*

Mailing Address *City* *State* *ZIP Code*

Payments for tuition and fees may be made directly to the school office. Please indicate your payment option by checking the appropriate box for the upcoming school year.

PAYMENT OPTIONS:	☐ Payment In Full (August 1)	☐ Two Payments *(August 1, January 1)*	☐ Four Payments *(Aug. 1, Nov. 1, Feb. 1, May 1)*	☐ 10-Month Payments *(August 1-May 1)*
Cost per payment with the discounts:	$3900.00	$1962.50	$987.50	$500.00

By signing the section below, I am assuming all financial responsibility for all tuition, fees, and penalties assessed by Temple Baptist Christian School, as stated in the Financial Information section of the TBCS Handbook. I also understand registration fees are non-refundable.

Parent Signature: _____ Date: _____

A copy of this page will be given to the payee.

Pricing & Payment Options

Tuition

First Child	$4000
Second Child	$3850
Third Child	$3700
Fourth Child	$3550
Fifth Child	FREE

Tuition Payment Schedule

- Full Payment=$100 Discount
- 2 Payments= $75 Discount (Payments: August 1, January 1)
- 4 Payments= $25 Discount (Payments August 1, November 1, February 1, May 1)
- 10 Month Payment Plan also available. Payments are due on the first of each month, August—May.

Fees: $900

Fees are due August 1 and cover books, activities, and yearbook.
Applicable High School Lab or Specimen Fees will be charged accordingly.
Athletic Fee of $75 is applicable to students involved in sports.

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:

_____

_____

_____

_____

_____

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 E. 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.

_____
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.

_____
Parent Initial

Communication Consent Form

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:** Landline	Cell/Mobile	**Text Messages:** Ok to text	Not Ok to text
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐

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_____

a. Regular?_____ Constipated?_____

49.Does he/she tell you when they need to go to the toilet and go willing?

50.50.Can he/she manage clothes at the toilet?_____

51.What word does he/she use for urinating?_____

52.What word does he/she use for a bowel movement?

SPEECH AND PHYSICAL GROWTH

52. Does he/she talk well? Fairly well_____Not very well____Not at all ___
53. Does anyone read to him? _____How Often: _____
54. At what age did he creep?_____Crawl_____ Walk_____
55. 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?
56. Any other information we should know about your child?_____

_____

_____