



Student Enrollment Form 2024-2025

Students Info:

New Student: _____ Returning Student: _____

Child's Full Name: _____

Goes by: _____ Gender: _____

Date of Birth: ____/____/____ Places of Birth: _____

With whom does the child reside?

Church Membership:

Home Address (City, State and Zip):

Best Person to contact to share information

Preferred Method of Communication: _____ Phone Call _____ Text Message _____

Email _____

Who is the responsible party for your child's financial account? _____

Does your child have any medical or dietary allergies? _____

Does your child have any developmental or milestone delays? _____



Parent's Info:

Father's/Guardian's Name: _____

Employer: _____ Work Hours _____

Contact Numbers:

Home: _____ Work: _____ Cell: _____

Email address: _____

Address (if different): _____

Mother's/Guardian's Name: _____

Employer: _____ Work Hours _____

Contact Numbers:

Home: _____ Work: _____ Cell: _____

Email address: _____

Address (if different): _____

Other siblings names and ages within the home: _____

What hours will your child be attending Preschool? _____

Will your child be attending during the Summer months? _____

What is the estimated arrival time for your child? _____

What is the estimated time of the end of the day pick for your child? _____



Emergency:

In the event of an emergency and neither parents/guardian can be reached at the time of injury, please list the best person and numbers to call:

Emergency Contact Name, Phone, and Relationship: (Please list 2 people to call if Father/Mother cannot be reached.)

1. _____

2. _____

Name of Pediatrician: _____ Phone: _____

Pick Up List:

Please list the name(s) and relationship of people allowed to pick-up your child (photo identification required):

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____



Confidentiality Agreement

All student records are kept secure and confidential. No information will be provided to any unauthorized parties. Temple Preschool staff members have permission to be notified of information regarding the safety and protection of a child in their care and are to follow the confidentiality policies as stated in both parent and staff handbooks.

Please provide permission for each statement by initialing each one below:

_____ I give Temple Preschool staff permission to obtain local emergency medical treatment for my child in an emergency.

_____ I give Temple Preschool staff permission to transport my child for field trips or emergency transport in accordance with their transportation policies.

_____ I give Temple Preschool staff permission to administer medication to my child in accordance with their administration of medication policies.

_____ I permit my child to participate in water or swimming activities that take place at the preschool.

I have read Temple Christian Academy Preschool's Guidelines. As a parent, I will do my best to partner with and pray for Temple to ensure the spiritual advancement, education and growth of my child.

Parent/ Legal Guardian's Signature

Date



Tuition Agreement and Enrollment Checklist for 2024-2025

Student's Name: _____ **Class:** _____

Full Time Preschool: \$130.00 Weekly

Registration for each Student: \$75.00

Material Fees: Toddlers: \$40.00
K2: \$70.00
K3/K4: \$125.00

Discounts Offered:

Only One Discount may be applied to your account:

- Full Time Pastors or Missionaries 10%
- Active Duty Military 10%
- Active Member of Temple Baptist Church 20%
- Multiple Children after first child 10%

_____ I understand that registration and material fees are nonrefundable.

_____ I will pay tuition on a weekly basis in the amount of \$130.00

_____ I will pay tuition on a biweekly basis in the amount of \$260.00

_____ I understand that my child must be picked up no later than 6:00pm, one minute after will result in a \$5.00 charge each minute.

All Tuition is payable by Monday of each week, due by Friday. In the event the weekly tuition is not paid and/or previous arrangements are not made thru the Business Office, it will result in your child not being able to attend Preschool until your account is paid in full.



In order to be registered, you must complete the following:

- Completed Student Enrollment Form
- Registration Fee Paid
- Materials Fee Paid
- Copy of Current Immunization Record
- Emergency Card Complete
- Photography Permission Form Completed
- SC Department of Social Services General Statement of Health
- Tuition Agreement/Enrollment Checklist

I clearly understand all tuition payments are payable on Monday but due by Friday of each week. I agree to the above said payment arrangement and understand in the event my balance is not paid in full , my child will not be able to return to Preschool until the balance is paid in full.

Parent/Legal Guardian

Date



STUDENT EMERGENCY CONTACT FORM

Name: _____ Date of Birth: _____

Father's Name: _____ Cell: _____

Employer/Number: _____

Mother's Name: _____ Cell: _____

Employer/Number: _____

Emergency Contact Name/Number: _____

Emergency Contact Name/Number: _____

Pick-up list:

Physician's Name/Number: _____

Allergies: _____

I request the school to contact me. If I am unavailable, I authorize the school to call above doctors and follow the given directions. If the physicians cannot be reached, TCA Preschool may take whatever steps deemed necessary for the emergency.

Parent's Signature:



Temple Christian Academy Preschool Photograph and Video Use Consent and Release

I hereby grant Temple Christian Academy Preschool known as “the Ministry”, its representatives, contractors, employees and volunteers acting on behalf of the Ministry, to take and/or use, copyright, publish, edit, crop, or treat images or likeness of me or my child(ren), including photographs, videos or otherwise, for any lawful use on the Ministry’s website, social media pages, blogs, or in other official Ministry printed or electronic publications without further consideration. I understand that this consent and release will operate in full force and effect until such a time as I withdraw my consent in writing. I understand that should photographs or videos of me or my child(ren) be used on Ministry- owned or operated websites or webpages, they may be available for download.

I do hereby AGREE TO RELEASE, DEFEND, INDEMNIFY, AND HOLD HARMLESS THE MINISTRY and its agents and employees, from any and all present, past, future known and unknown liabilities, actions, causes of actions, claims, expenses, personal injuries, and damages, INCLUDING THOSE CAUSED BY NEGLIGENCE OR FAULT OF THE MINISTRY, ITS LEADERS, EMPLOYEES, OR VOLUNTEERS and including without limitations, interest,

penalties, court costs, attorney’s fees and expense resulting from or on account of injury to my child, myself, or my property that may arise from the use or dissemination of photographs or videos of me or my child, whether via the internet or in print. I expressly agree that this release, waiver, and indemnity is intended to be as broad and inclusive in the State of South Carolina and that if any portion thereof is held invalid, it is agreed that the remainder shall, notwithstanding, continue in full legal force and effect. I also agree that any controversy or claim, by or through me, arising out of relating to the activities anticipated by this form shall be settled by binding Christian arbitration conducted by the National Center for Life and Liberty or another Christian arbitrator, and judgment on the award may be entered in any court having jurisdiction thereof. The Ministry reserves the right to use photographs and videos without notice.

For individuals under the age of 18, the signature of a parent or legal guardian is required.

As parent or legal guardian of _____(name of Minor),

I do hereby:

_____ **Allow permission** to the Temple Christian Preschool to use videos, photographs, or other likenesses of my child as outlined above.

Name of Minor _____ Age _____

- Please identify minor by the first name only
- Please do not identify minor by name

_____ **DO NOT ALLOW permission** to Temple Christian Preschool to use videos, photographs, or other likenesses of my child as outlined above.

Signature of Parent or Legal Guardian _____