



Student Enrollment Form
Temple Christian Academy Preschool
Growing Deep Roots for Fruitful Futures

Child's Full Name: _____ Goes by: _____ Gender: _____

Date of Birth: ____/____/____ **With whom does the child live?** _____ Father _____ Mother

Church Membership: _____ **Other:** _____

Home Address (City, State and Zip): _____

Father's/Guardian's Name: _____

Employer: _____

Home: _____ Work: _____ Cell: _____

Email address: _____

Address (if different): _____

Mother's/Guardian's Name: _____

Employer: _____

Home: _____ Work: _____ Cell: _____

Email address: _____

Address (if different): _____

Please indicate the best number to call first: _____ (work, cell etc.)

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

1. _____

2. _____

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

Please list a four digit code to use for entering the building: _____

Physician Name/Address/Phone: _____

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 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.

Father's Signature:

_____ Date: _____

Mother's Signature:

_____ Date: _____

Enrollment date: _____

Our Vision

Temple Preschool is committed to supporting families by providing a Christ-centered educational environment that prepares children for life as Christian leaders through developing individual gifts spiritually, academically, socially and physically, and to do so in a manner that brings honor and glory to God.

Mrs. Jennifer Shaw, Director