



# Temple Christian Academy ENROLLMENT FORM

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

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? \_\_\_\_\_

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.**



# Temple Christian Academy

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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

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## CERTIFICATE OF ENROLLMENT

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: \_\_\_\_\_