

Trinity Christian School

Enrollment Requirements Checklist

PLEASE NOTE: These forms must be completed in their entirety before registration will be accepted.

Please give this checklist to the registrar with completed paperwork.

NEW STUDENTS:

- Completed Registration Application
- Medical Authorization & Release
- Financial Polices
- Emergency Contact & Pick-up Authorization
- Copy of Birth Certificate
- Certificate of Immunization
(Original HRS form 680 only)
- Proof of Physical Examination within the last year
(Original HRS form 3040 only)
- All Applicable Fees

Due at testing appointment for K5-8th grade:

- Copy of most recent Report Card
- Standardized test results-FCAT, SAT, etc.
- *Student Recommendation Form

****Must be given to current school upon registration at TCS***

RETURNING STUDENTS:

- Completed Registration Application
- Medical Authorization & Release
- Financial Polices
- Emergency Contact & Pick-up Authorization
- All Applicable Fees

Account balances must be up-to-date before acceptance. Do not include tuition or other charges in checks for re-registration or new registration.

****Our Admissions Office will set up an appointment for new student testing (K – 8th grade). Children will not be officially accepted into our school until they have passed the required entrance exam and the above documents are received.**

FINANCIAL INFORMATION:

1. Registration fee and new student testing fee are due when you register your child. (THE ABOVE-MENTIONED FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.)
2. Book & Activity Fees and Elective Fee (6th – 8th grades) are due June 1.
3. **Fees not used are not refundable after September 1.**
4. Tuition may be paid **annually** or in **10 monthly** payments. Please read the Financial Information Sheet.



Trinity Christian School
 1022 S. Orange Blossom Trail
 Apopka, FL 32703

STUDENT INFORMATION

FULL LEGAL NAME: _____

Goes by: _____

Date of Birth _____

Male Female

Caucasian African-American Asian

Hispanic Indian Other _____

FAMILY INFORMATION

Child primarily lives with:

Both Parents together Legal Guardian

Mother Father Stepmother Stepfather

Who has legal custody? _____

(Office must have a copy of custody papers on file.)

FATHER Title: (Mr., Dr., Rev., other _____)

Name _____

Address _____

City _____ State _____ Zip _____

E-mail _____

Home Phone (____) _____

Cell Phone (____) _____

Work Phone (____) _____ ext. _____

Occupation/Title _____

Employer _____

MOTHER Title: (Miss, Ms., Mrs., other _____)

Name _____

Address _____

City _____ State _____ Zip _____

E-mail _____

Home Phone (____) _____

Cell Phone (____) _____

Work Phone (____) _____ ext. _____

Occupation/Title _____

Employer _____

APPLICATION

_____ school year

NEW RETURNING

Grade Entering: K 1 2 3 4 5 6 7 8

NA NB NC ND ECE2 ECE3 Pre-K

Extended Care AM AM/PM None

5th Grade Elective (choose one):

Band Orchestra

6th-8th Grade Elective (choose one):

Band Orchestra Chorus Computer

This student currently receives *and/or* is applying for:

McKay Scholarship Children's First

OFFICE USE ONLY

Date Rec'd. _____

Application Fee Employee Tuition

Testing Fee Discovery

Book & Activity Fee

NC-ECE-3 Part Time options: 2 day 3 day

PT (8-3) FD (6:30-6)

Pre-K Part Time option: Half day (8-12)

Teacher _____

BILLING INFORMATION

BILL TO: _____

Address: _____

City: _____ State _____

Zip _____

Home Phone _____

Work Phone _____

PREVIOUS SCHOOL INFORMATION

School: _____

Address: _____

City _____ St _____ Zip _____

Phone Number (____) _____

Any grade repeated? _____

Ever dismissed/suspended from any school?

Yes No

(If yes, explain on separate sheet and attach to application.)

CHURCH INFORMATION

Are you or your child a member of a church?

Yes No

Church Name _____

Denomination _____

OTHER FAMILY INFORMATION

STEP-FATHER Title: (Mr., Dr., Rev., other _____)

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____

Cell Phone (____) _____

Work Phone (____) _____ ext. _____

AUTHORIZED TO PICK-UP YES NO

AUTHORIZED EMERGENCY CONTACT
 YES NO

STEP-MOTHER Title: (Miss, Ms., Mrs., other _____)

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____

Cell Phone (____) _____

Work Phone (____) _____ ext. _____

AUTHORIZED TO PICK-UP YES NO

AUTHORIZED EMERGENCY CONTACT
 YES NO

NAME/GRADE OF SIBLING(S) ENROLLED AT TCS:

Name/grade of other relative(s) enrolled at TCS:

ADDITIONAL INFORMATION

Any unusual factors in child's life: adoption, accident, or learning disabilities of which the staff should be aware?

We desire to enroll our child at TCS because:

How did you hear about TCS?

Other parents of TCS students Radio

Web site Newspaper Ad

Other _____ Mailing

PARENT/GUARDIAN ACKNOWLEDGEMENT

I understand that the application process is not complete until all required documentation is received, testing is completed, and fees are paid. I understand that the student recommendation form must be received and all academic records including a copy of the current report card and recent achievement test results must be submitted at the time of the entrance exam.

I understand that it is school policy to not make refunds of fees or tuition unless the school is unable to accept my child.

I understand that in submitting this application and signing below I acknowledge it is my responsibility to review the school handbook in its entirety and agree to abide by all rules, regulations, and policies of Trinity Christian School. I further understand my child is required to abide by these same policies. (The handbook is available online and/or in the school office.)

I have received a copy of the Child Care Facility pamphlet, **KNOW YOUR CHILD CARE FACILITY**.

I have been notified in writing through the school handbook of the disciplinary practices used by the child care facility.

Yes No I authorize TCS to include my name, address, phone number and email address in a School Directory (should one be published).

Yes No I authorize the use and reproduction by TCS, or any TCS authorized party, of any pictorial images taken of the above named student while enrolled at TCS, without compensation. All negatives, positives, and prints shall constitute TCS property solely and completely.

Signature _____ **Date** _____

Parent/Legal Guardian

Parent's/Legal Guardian's Printed Name _____

Trinity Christian School

Financial Policies

Students Name: _____

Grade: _____

Please read CAREFULLY and INITIAL by each item.

- initials
1. (____) Payments are due on the 1st of the month and late after 4:00 p.m. on the 5th of the month. When the 5th of the month falls on Saturday, payments will be due on Friday, the 4th. When the 5th of the month falls on Sunday, payments will be due on Monday, the 6th.
 2. (____) A late fee of \$25.00 is charged for payments not received in the office by 4:00 p.m. on the 5th of the month due. Children will be withheld from Nursery/Extended Care and classes until the balance (and late fees) are paid.
 3. (____) The fee for a returned check is \$25. If two NSF checks are returned all future payments must be made in cash or money order.
 4. (____) The Book/Activity Fees are due June 1. Late fees apply if not paid by June 5. Book/Activity fees are refundable if a student does not attend. Fees not used are not refundable after September 1.
 5. (____) The full monthly fee is due when a child is enrolled for a day or more of that month. The full monthly fee is due for children entering on or before the 15th of the month.
 6. (____) Report cards and achievement test scores from the fourth quarter will be withheld on all accounts not up-to-date at time of report card distributions. School records will not be sent until the account is paid in full.
 7. (____) Changes in extended care status must be made in writing on the appropriate form and submitted to the extended care office by the 15th of the month prior to the effective date of the change.
 8. (____) All requests for extended care are based on availability and must be made through the extended care office. Extended Care charges will be added to your statement.
 9. (____) All Extended Care HOLIDAYS (days closed) will be posted prior to the holiday. If weather emergencies close Orange or Seminole County schools, TCS and Extended Care will also be closed.
 10. (____) Two weeks of vacation credit are available per family per calendar year (January – December) for extended care, nursery and summer camp. Each week given must be taken in a 5-day sequence. A child must have attended Trinity Christian School and Nursery/Summer Camp for **twelve calendar months** in succession before receiving a vacation credit. Credit is given on Nursery/Extended Care/Summer Camp charges only. No credit will be given on School Tuition or Early Education (preschool) fees. No credit will be given for sick days. A Vacation Notice Form must be submitted **in advance** of the desired vacation dates. Vacation credit is not retroactive. Credit will be applied to the account after the vacation has been taken and verified. The amount of the vacation credit is determined by the charge for Nursery/Extended Care/Summer Camp at the time the vacation is taken. The appropriate credit will appear on the next month's statement.

I have read the Parent/Student Statement of Agreement and agree to abide by the policies. This form is valid for future years, until the student withdraws from Trinity Christian School or is renegotiated by either party.

Parent Signature

Date

Trinity Christian School

Medical Authorization and Release Form

Student's Name: _____ DOB _____ / _____ / _____ Grade: _____

Address: _____ City: _____ Zip: _____

Mother: _____ Home Ph: _____

Cell Ph: _____ Wk Ph: _____

Father: _____ Home Ph: _____

Cell Ph: _____ Wk Ph: _____

List TWO persons to contact if above parents cannot be reached:

Name: _____ Relationship to child: _____

Home Ph _____ Cell Ph: _____ Wk Ph: _____

Name: _____ Relationship to child _____

Home Ph: _____ Cell Ph: _____ Wk Ph: _____

Medical Information

Physician _____ Phone _____

Dentist _____ Phone _____

Explain, in detail, any health conditions: (medical conditions, medications and/or history (i.e. previous surgeries, chronic conditions, etc.)) _____

Medications _____

Specific allergies _____

Please complete the following by checking the appropriate choice:

Does your child have a history of Asthma? Yes No

If yes, does your child need an inhaler at school? Yes No

If yes, where do you want the inhaler kept? (for Elem/Middle School Only) Backpack Clinic

Does your child have a history of insect allergy? Yes No

If yes, what type of insect? Ant Bee Wasp other _____

If yes, does your child need Benadryl? Yes No

If yes, does your child need an Epi Pen at school? Yes No (MUST BE PROVIDED BY PARENT)

Does your child have a history of food allergy? Yes No

If yes, what type of food is your child allergic to? _____

If yes, does your child need Benadryl? Yes No

If yes, does your child need an Epi Pen at school? Yes No (MUST BE PROVIDED BY PARENT)

Insurance Information:

Company: _____ Policy #: _____ Group #: _____

Insurance preferred hospital (responding medical unit will make final determination as to the appropriate facility for the injury or illness): _____

Please read CAREFULLY and INITIAL by each item.

1. (___ initial) I hereby give my consent for this child to participate in the School Health Services Program. This means my child will receive emergency care in school, if needed, and health appraisals at school that may include screenings such as vision, pediculosis, hearing and growth development.
2. (___ initial) In case of an emergency or illness where treatment is not needed, but where my child is unable to remain at school, I request the school to contact me. If I am unable to be reached, I request that one of the persons listed on this form be contacted to care for my child until I can be reached.
3. (___ initial) In the event of a serious accident or illness, I request the school contact me at the phone numbers listed on this form. If the school is unable to reach me, I hereby authorize the school to contact the physician or dentist indicated and to follow his/her instructions. If it is impossible to contact the physician or dentist, the school may make whatever arrangements are necessary to provide emergency care and treatment for my child.
4. (___ initial) In the event of a life threatening accident or illness, I understand that the school may contact 911 emergency medical systems immediately. I agree to be financially responsible for my child's care and treatment.
5. (___ initial) Any student or employee with a communicable disease shall be temporarily excluded from school while ill and during recognized periods of communicability.
6. (___ initial) All medications, including over the counter emergency medications, do not leave the school for field trips or after school activities. Parents should make arrangements with the teacher or after school supervisor to provide prescription medication, or over the counter emergency medications, for each field trip or after school activity. The clinic is closed at 3:30 p.m.
7. (___ initial) I further agree to hold the school and its agents harmless for any liability to my child or any guardian or parent thereof, because of any claims on behalf of my child against the school or agent thereof because of any injury or alleged injury to my child. Should any legal action, for any reason, be taken against Trinity Christian School or any employee or agent thereof on my child's behalf and the school or its agent not be found at fault, I agree to pay any attorney fees, court fees, damages or other costs that Trinity Christian School or its agent should incur to defend itself against such action.

Permission to Treat/Transport and Release from Liability

The undersigned person, who is the natural parent or legal guardian of the named student, gives consent for the named student to participate in Trinity Christian School/Extended Care field trips, with the clear understanding that participation creates a risk normally associated with such activities. In the event of an emergency, the undersigned person authorizes any representative of Trinity Christian School, in whose care the minor has been entrusted, to present such minor to an approved medical treatment center, and do consent to an X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the minor under the general practitioner or surgeon licensed to practice in any state of the United States, and do consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care, to be rendered to the minor by a dentist licensed to practice in any state in the United States. I agree to be financially responsible for this child's treatment. I also request that I be notified of my child's condition and admission as soon as possible.

In order to expedite care of this child, I hereby give my permission for the responding emergency team to immediately initiate treatment and transport of this child to the preferred or appropriate medical facility, according to what they deem is indicated by the nature or extent of the injuries. I agree to be financially responsible for this child's treatment and transport. I will notify the school of any changes of this information in writing.

In recognition of the foregoing matters, the undersigned parent or guardian releases Trinity Christian School, Trinity Baptist Church, Inc., its employees, agents, officers, directors, or members from and against any and all loss, claim, damage, or expense resulting from or related to participation of the student in this activity.

Must be signed in the presence of a Notary (available in school office)

Date

Parent/Guardian Signature

**State of Florida
County of Orange**

The foregoing document was acknowledged before me this _____ day of (month) _____, 20____.

Notary Public
My commission expires _____

Personally Known Produced ID _____

Trinity Christian School EMERGENCY CONTACT & PICK-UP AUTHORIZATION

STUDENT(S) _____ GRADE _____
_____ GRADE _____
_____ GRADE _____

PARENT'S SIGNATURE _____ DATE _____

PARENT'S PRINTED NAME _____

Be sure to include EVERYONE authorized to be contacted in the event of an emergency and those authorized to pick-up the student as this information replaces previous information on file and will become effective one week prior to the first day of school.

AUTHORIZED TO PICK-UP YES NO

AUTHORIZED EMERGENCY CONTACT
 YES NO

Title: _____ Relationship: _____

Name _____

Home Phone (____) _____

Cell Phone (____) _____

Work Phone (____) _____ ext. _____

AUTHORIZED TO PICK-UP YES NO

AUTHORIZED EMERGENCY CONTACT
 YES NO

Title: _____ Relationship: _____

Name _____

Home Phone (____) _____

Cell Phone (____) _____

Work Phone (____) _____ ext. _____

AUTHORIZED TO PICK-UP YES NO

AUTHORIZED EMERGENCY CONTACT
 YES NO

Title: _____ Relationship: _____

Name _____

Home Phone (____) _____

Cell Phone (____) _____

Work Phone (____) _____ ext. _____

AUTHORIZED TO PICK-UP YES NO

AUTHORIZED EMERGENCY CONTACT
 YES NO

Title: _____ Relationship: _____

Name _____

Home Phone (____) _____

Cell Phone (____) _____

Work Phone (____) _____ ext. _____

AUTHORIZED TO PICK-UP YES NO

AUTHORIZED EMERGENCY CONTACT
 YES NO

Title: _____ Relationship: _____

Name _____

Home Phone (____) _____

Cell Phone (____) _____

Work Phone (____) _____ ext. _____

AUTHORIZED TO PICK-UP YES NO

AUTHORIZED EMERGENCY CONTACT
 YES NO

Title: _____ Relationship: _____

Name _____

Home Phone (____) _____

Cell Phone (____) _____

Work Phone (____) _____ ext. _____

AUTHORIZED TO PICK-UP YES NO

AUTHORIZED EMERGENCY CONTACT
 YES NO

Title: _____ Relationship: _____

Name _____

Home Phone (____) _____

Cell Phone (____) _____

Work Phone (____) _____ ext. _____

AUTHORIZED TO PICK-UP YES NO

AUTHORIZED EMERGENCY CONTACT
 YES NO

Title: _____ Relationship: _____

Name _____

Home Phone (____) _____

Cell Phone (____) _____

Work Phone (____) _____ ext. _____