

Triad Baptist Christian Academy & Preschool

School Term: 2010-2011

ENROLLMENT FORM

Student's Information

Re-enrollment New Enrollment

| | | | | |
|-----------------|-------|---------------------------|--------------------|-----------------------------------|
| Student's Name: | _____ | _____ | _____ | _____ |
| | Last | First | Middle | Suffix |
| Preferred Name: | _____ | Academy _____ | Afterschool _____ | Preschool _____ Summer Camp _____ |
| Date of Birth: | _____ | Gender: _____ | Grade Level: _____ | |
| Race: | _____ | Blood Type: _____ | SSN: _____ | |
| E-Mail Address: | _____ | Church Affiliation: _____ | | |

Primary Family Information

| | | | |
|-----------------|---------------------------------------|---------------|---------------------------------------|
| Address Line 1: | _____ | | |
| Address Line 2: | _____ | | |
| | _____ | | |
| | City State ZIP Code County | | |
| Home Phone 1: | _____ <input type="checkbox"/> Listed | Home Phone 2: | _____ <input type="checkbox"/> Listed |

Father's Information

| | | | | |
|---------------------|-------|------------------|---|--|
| Father's Name: | _____ | _____ | _____ | _____ |
| | Last | First | Middle | Suffix |
| Preferred Name: | _____ | Title: _____ | E-Mail Address: _____ | |
| Mobile Phone: | _____ | Pager: _____ | | |
| Company Name: | _____ | Job Title: _____ | Emergency Contact: <input type="checkbox"/> | Allowed to pick up child: <input type="checkbox"/> |
| Business Phone 1: | _____ | Ext. _____ | Business Phone 2: _____ | Ext. _____ |
| Business E-Mail: | _____ | | Fax: _____ | |
| Church Affiliation: | _____ | | | |

Mother's Information

| | | | | |
|---------------------|-------|------------------|---|--|
| Mother's Name: | _____ | _____ | _____ | _____ |
| | Last | First | Middle | Suffix |
| Preferred Name: | _____ | Title: _____ | E-Mail Address: _____ | |
| Mobile Phone: | _____ | Pager: _____ | | |
| Company Name: | _____ | Job Title: _____ | Emergency Contact: <input type="checkbox"/> | Allowed to pick up child: <input type="checkbox"/> |
| Business Phone 1: | _____ | Ext. _____ | Business Phone 2: _____ | Ext. _____ |
| Business E-Mail: | _____ | | Fax: _____ | |
| Church Affiliation: | _____ | | | |

Secondary Family Information

Address Line 1: _____

Address Line 2: _____

_____ City State ZIP Code County

Home Phone 1: _____ Listed Home Phone 2: _____ Listed

Father's Information (secondary family)

Father's Name: _____
Last First Middle Suffix

Preferred Name: _____ Title: _____ E-Mail Address: _____

Mobile Phone: _____ Pager: _____ Emergency Contact:
Allowed to pick up child:

Company Name: _____ Job Title: _____

Business Phone 1: _____ Ext. _____ Business Phone 2: _____ Ext. _____

Business E-Mail: _____ Fax: _____

Church Affiliation: _____

Mother's Information (secondary family)

Mother's Name: _____
Last First Middle Suffix

Preferred Name: _____ Title: _____ E-Mail Address: _____

Mobile Phone: _____ Pager: _____

Company Name: _____ Job Title: _____ Emergency Contact:
Allowed to pick up child:

Business Phone 1: _____ Ext. _____ Business Phone 2: _____ Ext. _____

Business E-Mail: _____ Fax: _____

Church Affiliation: _____

Statement of Permission

___ I give permission to Triad Baptist Christian Academy to obtain medical treatment for my child should an emergency arise in the event that I cannot be contacted. I understand it is my responsibility to take care of any financial cost incurred by an emergency. I give permission for my child to be transported to:

___ nearest hospital or _____ hospital.
(specify hospital)

___ I give permission for my child to participate in planned, supervised activities outside the fenced area of the facility.

___ I give my permission for my child's picture to be taken during program times to be used for displays, brochures, web and promotional materials with no compensation to my child or me.

___ I understand my child will be recorded by video surveillance equipment.

This authorization is valid for the duration of my child's enrollment with Triad Baptist Christian Academy & Preschool.

SIGNATURE OF PARENT OR GUARDIAN: _____ DATE: _____

Emergency Information

Emergency Contacts (Emergency Contacts other than Parents)

Contact Name: _____ Relation: _____

Home Phone: _____ Business Phone: _____ Mobile Phone: _____

Contact Name: _____ Relation: _____

Home Phone: _____ Business Phone: _____ Mobile Phone: _____

Contact Name: _____ Relation: _____

Home Phone: _____ Business Phone: _____ Mobile Phone: _____

Medical Contacts

Physician: _____ Phone Number: _____

Dentist: _____ Phone Number: _____

Hospital: _____ Phone Number: _____

Insurance: _____ Phone Number: _____

Policy Number: _____

Pickup Information (People Authorized to pickup children from school)

Name: _____ Phone: _____ DL#: _____

Tag: _____

Notes: _____

Name: _____ Phone: _____ DL#: _____

Tag: _____

Notes: _____

Name: _____ Phone: _____ DL#: _____

Tag: _____

Notes: _____

I understand it is the parent/guardian's responsibility to provide the school with the student's physical and copy of immunizations upon completion of application.

I certify that the information I have provided regarding my child is true and accurate. I understand that Triad Baptist Christian Academy & Preschool reserves the right to verify this information independently. If my child is accepted for admission, I agree to adhere to all rules and regulations established by the school including payment of school dues. I further understand that admission and continuation at Triad Baptist Christian Academy & Preschool is a privilege not a right, and the school's decision shall be final in this matter.

SIGNATURE OF PARENT OR GUARDIAN: _____ DATE: _____

Referral Information: If applicable, please list below the name of the family that referred you to Triad Baptist Christian Academy.

Referred by: _____ Date: _____

Submission of application does not guarantee enrollment. You will be notified by mail of acceptance to Triad Baptist Christian Academy & Preschool.

Application and Fee Information

A non-refundable registration fee of \$200.00 for the Academy is due upon submission of this form. Please see the schedule of fees sheet for the Preschool, Afterschool and Summer Camp registration fee.



Triad Baptist Christian Academy & Preschool
1175 South Main Street
Kernersville, NC 27284
Phone: (336) 996-7573 ext. 112 Fax: (336) 996-9791
E-mail: tw@triadbaptist.com or academy@triadbaptist.com
Website: www.triadbaptist.com

Thank you for applying to Triad Baptist Christian Academy & Preschool.

Dennis Roberts
Administrative Director of Education

Office Use Only

Class _____ Standard (pickup by 3pm) (or) _____ Full (pickup by 6pm)