

Enrollment Date: _____
 Enrollment Fee: _____
 Date Paid: _____
 Check #: _____

STUDENT INFORMATION

Please list all enrolling students from oldest to youngest.

Referred by: _____

LASTNAME	FIRSTNAME	MIDDLENAME	DATE OF BIRTH	GRADE TO ENTER	SOCIAL SECURITY NUMBER	GENDER

For children enrolling in K3-K5, please check your preference.

Please check the times you will need Extended Care.

Full Day (8:00 AM to 3:00 PM)

Morning (6:30 AM to 7:30 AM)

Half Day (8:00 AM to 11:45 AM)

Evening (3:00 PM to 6:00 PM)

Both Morning and Evening

If your child is enrolling in K3- K5, please give any information which will be helpful in his/her experience in a group setting (playing, eating, sleeping, fears, etc.) _____

FAMILY INFORMATION

Father/Male Guardian: _____

Employer: _____

Cell Phone: _____

Work Phone: _____

Email: _____

Mother/Female Guardian: _____

Employer: _____

Cell Phone: _____

Work Phone: _____

Email: _____

Home Address: _____

City: _____

Zip Code: _____

Bill Above Address: Yes No

Home Phone: _____

Parents' Marital Status: Single Married Separated Divorced

Student Lives With: Both Parents Mother Father Guardian

Church: _____

Pastor: _____

Siblings (not enrolled at Tabernacle)	School Attending	Age	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please complete the other side of this form.

EMERGENCY CONTACT INFORMATION

First Contact: _____ Relationship: _____
Phone: _____ Authorized to pick up my child
Second Contact: _____ Relationship: _____
Phone: _____ Authorized to pick up my child
Other person(s) that may pick up my child/children from school: _____

MEDICAL INFORMATION

Doctor: _____ Phone: _____
Hospital Preference: _____
Insurance: _____ Policy: _____
Medical Conditions: _____
Allergies: _____
Prescriptions: _____ Special Instructions: _____

STUDENT HISTORY

Has the applicant been saved? _____ If yes, when? _____ Baptized? _____ If yes, when? _____

Please list all schools the applicant has attended (include home schooling):

Name of School	Address (Street, City, State, Zip)	Grades Attended
_____	_____	_____
_____	_____	_____

Has applicant ever had discipline problems at school? Yes No

If yes, please explain: _____

Has applicant been suspended or expelled from school? Yes No

If yes, please explain: _____

STATEMENT OF ACKNOWLEDGMENT

By registering at Tabernacle Christian School, it is my intention that my child complete the school year. It is my understanding that registration, book charges, and fees are non-refundable and non-transferable. I agree to pay all collection costs, including necessary legal fees, involved in collecting delinquent accounts. I absolve the school from liability to me or to my child because of injury to my child at school or during any school-sponsored activity. I authorize Tabernacle Christian School to seek the services of a licensed, practicing physician should an emergency arise and a parent/guardian cannot be reached. I hereby release Tabernacle Baptist Church/School from any liability which might result from such emergency treatment. I agree to encourage my child in learning all phases of the curriculum. I acknowledge that I have received a copy of the Parental Agreement Form, that I understand its content, and that I agree to follow the guidelines contained therein.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____