

TEMPLE CHRISTIAN ACADEMY
FAMILY INFORMATION
2018–2019

STUDENT INFORMATION

Student's Name _____ Grade _____

Any medical conditions/allergies or physical difficulties _____

Student's Name _____ Grade _____

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Any medical conditions/allergies or physical difficulties _____

Student's Name _____ Grade _____

Any medical conditions/allergies or physical difficulties _____

Home Address _____

City _____ State _____ Zip _____

Father's Name _____ Home Phone _____

Father's Work Phone _____ Extension _____ Mobile _____

Mother's Name _____ Home Phone _____

Mother's Work Phone _____ Extension _____ Mobile _____

Father's E-mail _____ Mother's E-mail _____

** (Please indicate any unlisted phone numbers. The school will not release unlisted numbers.)

Names of persons authorized to take child(ren) from school (other than parents listed above):

Name _____ Relationship to Child _____ Phone _____

Name _____ Relationship to Child _____ Phone _____

Name _____ Relationship to Child _____ Phone _____

EMERGENCY INFORMATION

Responsible adults (other than parents) to contact if parents cannot be reached:

Name _____ Daytime Phone Number _____

Name _____ Daytime Phone Number _____

Please see other side.

EXTENDED SCHOOL DAY

ESD is offered each day from 7:00-7:45 am and from 3:45-6 :00 pm. The charge is \$2 per student from 7:00-7:45 am, \$5 per student from 3:45-5:00 pm, and \$3 per student from 5-6 pm.

Students who are left after 6 pm will be charged \$10 per family for the first ten minutes; then \$1 per minute, per **student** thereafter. Students who are left after 7 pm will be charged \$20 for the first ten minutes per family; then \$1 per minute, per **student** thereafter.

RELEASE STATEMENT

In the event of an emergency occurring while my son/daughter is in ESD, I hereby grant permission to Temple Christian Academy and its designees to take whatever action is deemed necessary. In the event that I cannot be reached, I hereby authorize the school and/or its designees to give consent for my son/daughter to receive medical treatment.

I understand that it is my responsibility to notify TCA of any changes in my family information. I understand that it is my responsibility to pick up my child by 6 pm. No exceptions will be made for late charges assessed on late pickups.

Throughout the year photographs are taken of students for use in community publications. Students may also be videotaped to record instructional or extracurricular events at school or to allow news media to cover such events. I give Temple Christian Academy permission to photograph and video my children and to use the photographs and videos at the discretion of TCA's employees and designees.

I give Temple Christian Academy permission to transport my child on their busses with licensed CDL drivers for all field trips and athletic events.

Parent's or guardian's signature _____ Date _____

E-mail addresses will be given to the PALS (Parent Adding Loving Support) a parent teacher appreciation group unless stated otherwise. _____

Additional Helpful information _____
