

# TRIAD BAPTIST CHRISTIAN ACADEMY PRESCHOOL

1175 South Main Street • Kernersville, NC 27284 • (336) 996-7573 ext.112 • (336) 996-9791 Fax • www.tbcanow.org



## Student's Information

Applying for Grade: 2 year olds 3 year olds 4 year olds Application Type (circle): New Student Sibling

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M or F Race\*: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone : \_\_\_\_\_ Guardian Email Address: \_\_\_\_\_

\* TBCA asks for student racial information for statistical purposes only.

## Father's Information

Marital Status: Married Widower Separated Divorced Remarried

Father's Name: \_\_\_\_\_

Last

First

Middle

Suffix

Preferred Name: \_\_\_\_\_ Title: \_\_\_\_\_ Home Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ Business Phone 1: \_\_\_\_\_

Business Phone 2: \_\_\_\_\_ Ext. \_\_\_\_\_ Business Email: \_\_\_\_\_

Emergency Contact? Yes or No Allowed to pick up child? Yes or No

Lives with student (Y/N)\_\_\_ Receives correspondence (Y/N)\_\_\_ Responsible for tuition (Y/N)\_\_\_

## Paternal Grandparents

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Mother's Information

Marital Status: Married Widower Separated Divorced Remarried

Mother's Name: \_\_\_\_\_

Last

First

Middle

Suffix

Preferred Name: \_\_\_\_\_ Title: \_\_\_\_\_ Home Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ Business Phone 1: \_\_\_\_\_

Business Phone 2: \_\_\_\_\_ Ext. \_\_\_\_\_ Business Email: \_\_\_\_\_

Emergency Contact? Yes or No Allowed to pick up child? Yes or No

Lives with student (Y/N)\_\_\_ Receives correspondence (Y/N)\_\_\_ Responsible for tuition (Y/N)\_\_\_

## Maternal Grandparents

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Custody Information

If parents are separated or divorced, who has legal custody? \_\_\_\_\_

In the event of sole primary custody, the school requires copies of the custodial legal documents to be provided to the Admissions Office at the time of application. If during the time of enrollment legal custody arrangements change, I understand I must provide TBCA with current legal documents supporting the change.

Other than parents/guardian, list any other individual that can receive information on grades or payment:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Church Information**

What church do you attend? \_\_\_\_\_ Are you a member? \_\_\_\_\_ For how long? \_\_\_\_\_

**How often does each member attend?** Regularly (3-4 Sundays per month), Occasionally (once or twice per month), Rarely (4 times per year)

**Father:**  Regularly  Occasionally  Rarely      **Mother:**  Regularly  Occasionally  Rarely  
**Student:**  Regularly  Occasionally  Rarely      **Notes:** \_\_\_\_\_

**Sibling Information**

List names, ages, grades, and schools attending (including preschoolers) of all children in your family:

- 1. \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_
- 2. \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_
- 3. \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_
- 4. \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

**Emergency Contacts (other than parents):**

Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Allowed to pick up child? Yes or No

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Allowed to pick up child? Yes or No

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Allowed to pick up child? Yes or No

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Pickup Contacts:**

(People authorized to pick up your child from school other than parents or emergency contacts)

Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone Number: \_\_\_\_\_

DL#: \_\_\_\_\_ Tag: \_\_\_\_\_ Notes: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone Number: \_\_\_\_\_

DL#: \_\_\_\_\_ Tag: \_\_\_\_\_ Notes: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone Number: \_\_\_\_\_

DL#: \_\_\_\_\_ Tag: \_\_\_\_\_ Notes: \_\_\_\_\_

**Medical Contacts:**

Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_ City Located: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_ City Located: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone Number: \_\_\_\_\_ City Located: \_\_\_\_\_

Insurance: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

I give permission to TBCA that in the case of an emergency and TBCA can not reach the Mother or Father, TBCA may contact any person listed on the Emergency Contact list to have knowledge of the emergency situation. I understand that by listing the above emergency and pickup contacts, I am giving permission, at any time, for those listed above to pick up my child from school. I understand that the person(s) listed above will remain on my child's emergency and pickup list until I remove them by completing an update form for my child's file.

\_\_\_\_\_  
Signature of Father or Guardian      Date

\_\_\_\_\_  
Signature of Mother or Guardian      Date

\_\_\_\_\_  
PRINT Father's or Guardian Name      Date

\_\_\_\_\_  
PRINT Mother's or Guardian Name      Date

**Mission Statement**

*“At Triad Baptist Christian Academy it is our desire to assist and support the parent in laying a foundation that will help each child choose Christ as their personal Savior, increase in academic knowledge with a Christian worldview, and develop talents according to his or her God-given potential.”*

YES NO

\_\_\_\_\_ Do you understand and agree to partner with the above Mission Statement of TBCA?

**Parent Questionnaire and Commitment**

1. How did you hear about TBCA? \_\_\_\_\_

2. Considering the goals for your student, why would you like your child to attend TBCA? \_\_\_\_\_

3. Has your child ever been referred to a speech therapist? If yes, please provide date and reasons for referral. \_\_\_\_\_

4. Has your child ever had modifications made in the classroom? \_\_\_\_\_

5. Has your child ever been administered psychological, behavioral, or academic testing to determine if he/she is gifted, has a learning disability, ADD, ADHD, behavioral, neurological, sensory, or emotional disorder? \_\_\_\_\_ *If yes, please provide dates, test results, evaluations, IEP reports, etc. This information is not routinely part of the cumulative folders and must be requested by the parent/guardian from the resource teacher or school counselor.* \_\_\_\_\_

6. Is your child presently taking any medication for medical or learning problems? \_\_\_\_\_ *If yes, please provide kind of medication, dosage, and frequency. Please provide a copy of a medical evaluation, which must be within the last twelve months.* \_\_\_\_\_

7. Does your child have any allergies? \_\_\_\_\_ Please list all: \_\_\_\_\_

8. Does your child have any health problems? \_\_\_\_\_

9. Pre-mature birth (Y/N): If yes, what was the term? \_\_\_\_\_

10. Does your child have normal or corrected vision? \_\_\_\_\_ Does your child have normal hearing? \_\_\_\_\_

11. Is your student able to separate from the parent without difficulty? \_\_\_\_\_ If not, please explain: \_\_\_\_\_

12. Does your students take care of his/her bathroom needs independently? \_\_\_\_\_

13. Please list any current or past preschool(s) your child attends or has attended? \_\_\_\_\_

14. Has your child ever been asked to leave another preschool? \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

15. Has your child had disciplinary difficulty in his/her previous preschool? \_\_\_\_\_

16. Is your child a ward of the court? \_\_\_\_\_ Has your child been under the jurisdiction of the court? \_\_\_\_\_

17. Please provide any additional information that may be helpful for your teacher (For example– shy, fearful of loud noises, changes in family dynamics)? \_\_\_\_\_

**I verify that all the above information is accurate and true with no revisions to be made.**

\_\_\_\_\_  
Signature of Father or Guardian Date

\_\_\_\_\_  
Signature of Mother or Guardian Date

\_\_\_\_\_  
PRINT Father’s or Guardian Name Date

\_\_\_\_\_  
PRINT Mother’s or Guardian Name Date

**Statement of Permission**

Please initial by each line below:

\_\_\_\_\_ In case of emergency or illness, we request the school contact us first. If we are not available, please contact the designated emergency contact. If the emergency contact cannot be reached, the school has our permission to make whatever arrangements deemed necessary for our child(ren)'s treatment. If the emergency is life-threatening, emergency personnel will be contacted in addition to contacting us or an emergency contact if we cannot be reached.

\_\_\_\_\_ Nearest hospital or \_\_\_\_\_ hospital.

\_\_\_\_\_ I understand that my child will be recorded by video surveillance equipment.

\_\_\_\_\_ I have read, understand and agree with the Statement of Cooperation of TBCA.

\_\_\_\_\_ 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 to participate in activities in a nonlicensed part of the church building.

This agreement and authorization is valid for the duration of my child's enrollment with Triad Baptist Christian Academy Preschool. I certify that the information I have provided regarding my child is true and accurate. We understand that Triad Baptist Christian Academy Preschool reserves the right to verify this information independently, and if answers are found to be false or if information has been withheld the child is subject to immediate dismissal at the parents expense. We understand by turning in this application and the accompanying fee does not enroll our child into the Academy but begins the application process with Triad Baptist Christian Academy Preschool. If our child is accepted for admission, we agree to adhere to all rules and regulations established by the school including payment of school fees as stated in the TBCA Parent/Student Handbook. As stated in the Statement of Cooperation, we understand that the school reserves the right to dismiss our child for lack of cooperation on the part of the student, parent and/or guardian. Admission to Triad Baptist Christian Academy Preschool is a privilege and not a right.

\_\_\_\_\_  
Signature of Father or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Mother or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINT Father's or Guardian Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINT Mother's or Guardian Name

\_\_\_\_\_  
Date

**Submission of application does not guarantee enrollment. You will be notified by mail of acceptance or denial to Triad Baptist Christian Academy and Preschool after the application process is completed.**

**Application and Fee Information**

A non-refundable application fee of \$50.00 is due upon submission of this application. If accepted, a non-refundable registration fee of \$100.00 is due before enrollment can be processed. Please see the schedule of fees for reference.

Thank you for applying to Triad Baptist Christian Academy Preschool

**Statement of Nondiscrimination**

Triad Baptist Christian Academy admits students of any race, color, sex (male or female), national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate in the administration of its educational policies, scholarships, athletic activities and other school administrative programs.



**OFFICE USE ONLY**

Date Submitted: \_\_\_\_\_ Time Submitted: \_\_\_\_\_ Application Fee: \_\_\_\_\_ Check \_\_\_\_\_ Cash

Testing Date: \_\_\_\_\_ Interview Date: \_\_\_\_\_ Accepted or Denied: \_\_\_\_\_

Letter Date: \_\_\_\_\_ Finance Meeting Date: \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_

Office Initial: \_\_\_\_\_