



# TRINITY CHRISTIAN SCHOOL

## VPK Only Enrollment Requirements Checklist

### **All Applications:**

- Completed Registration Application
- Parent Statement of Agreement
- Parental Consent for Use of Photos
- Food and Nutrition Policies
- Medical Information
- Medical Authorization & Release
- Emergency Contact & Pick-up Authorization
- 4C-Eligibility Certificate (VPK students only)
- [Orange County Online Application](#)

### **New Student Applications:**

- Copy of Birth Certificate
- Certificate of Immunization  
(DH form 680-Original only)
- Proof of Physical Examination within the last year  
(DH form 3040-Original only)



**TRINITY CHRISTIAN SCHOOL**  
 1022 S. ORANGE BLOSSOM TRAIL  
 APOPKA, FL 32703

DCF License #C09OR0932

**STUDENT INFORMATION**

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

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 \_\_\_\_\_

Occupation/Title \_\_\_\_\_

Employer \_\_\_\_\_

**MOTHER** Title: (Mrs., Ms., Dr., other \_\_\_\_\_)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Occupation/Title \_\_\_\_\_

Employer \_\_\_\_\_

**APPLICATION**

**2018-19 School Year**

NEW  RETURNING

VPK only M-F (8-11)

VPK only M/W/F (8-1)

VPK only Tu/Th (8-3:30)

**OFFICE USE ONLY**

Date Rec'd. \_\_\_\_\_

Application Fee  Employee Tuition

Book & Activity Fee  Tuition

Eligibility Certificate

Start Date \_\_\_\_\_

Teacher \_\_\_\_\_

**BILLING INFORMATION**

**BILL TO** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Email (required) \_\_\_\_\_

**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.)

Reason for leaving \_\_\_\_\_

**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 \_\_\_\_\_

**AUTHORIZED TO PICK-UP**  YES  NO

**AUTHORIZED EMERGENCY CONTACT**  
 YES  NO

**STEP-MOTHER** Title: (Mrs., Ms., Dr., other \_\_\_\_\_)

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

**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 \_\_\_\_\_

Web site  Facebook

Apopka Chief

Other \_\_\_\_\_

**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 most current Parent/Student 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 Parent/Student Handbook is available online and/or for review in the school office.)

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

I have received a copy of the **Influenza Virus, The Flu, A Guide to Parents.**

I have been informed of the disciplinary practices used by the child care facility through the most current Parent/Student Handbook (posted on our website).

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Legal Guardian**

**Parent's/Legal Guardian's Printed Name** \_\_\_\_\_

# TRINITY CHRISTIAN SCHOOL

## Parent Statement of Agreement

*Trinity Christian School's philosophy is to instill the highest standards of academic achievement where there is no mediocrity in Christian education, but superiority in excellence. To address a glaring void in society that deletes all references to God, creation and divine purpose for the human experience. To disciple a Christian heart in our students today, and to produce Christian leaders of tomorrow.*

*Since all children are created in the image of God, Trinity Christian School, a ministry of Trinity Baptist Church, admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of the organization. It does not discriminate on the basis of race, color, national and ethnic origin in administration of hiring policies, educational policies, admissions policies, scholarship and loan programs, and other organization-administered programs.*

*Our complete Statement of Faith is found in the Baptist Faith and Message (2000 edition) through Lifeway Church Resources, Nashville, Tn.*

**Student's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

In submitting an application for my child at Trinity Christian School I acknowledge my agreement with the overall Christian educational program of TCS as expressed in all phases of the curriculum and the instruction of my child. I further understand that my child is required to abide by these same policies. I understand that the teacher and the administration are hereby given full discretion in the discipline of my child in accordance with the discipline policy stated in the most current Parent/Student Handbook as posted on our website.

### **Financial** (I have read & agree to these policies, please initial. \_\_\_\_\_)

There are no refunds of fees or tuition unless the school is unable to accept my child.

- I am responsible for all financial obligations of my child to the school.
- I understand that printed statements will no longer be mailed. My accurate, active email address has been provided to receive monthly statements via email. I understand that I may access my account any time on RenWeb ParentsWeb.
- I understand that a late fee of \$25.00 will be charged for payments not received in the office by 4:00 p.m. on the 5th of the month due. When the 5th of the month falls on Saturday, payment will be due on Friday, the 4th. When the 5th of the month falls on Sunday, payment will be due on Monday, the 6th.
- If my account becomes delinquent, my child will be withheld from school until the balance and late fees are paid.
- I understand that should a check be returned to the school designating insufficient funds or returned through RenWeb PayNow, I must pay any service charges that may be required including a \$25.00 returned check charge. After two occurrences of insufficient funds during the calendar year (August-July) either by check or RenWeb PayNow, all future payments must be made in cash or with a money order.
- I am responsible to pay for lost/damaged books or damage to school property, including computers and other equipment.
- I understand that the Book/Activity Fees are billed in two equal installments. The first installment is due June 1. The second installment is due July 1. Late fees will apply to fees not paid by the 5th as stated above.
- The full monthly fee is due when a child is enrolled for one or more days of that month. The monthly fee may be prorated for children entering after the 15th of the month.
- I understand tuition (K-9<sup>th</sup> grade) is an annual charge that is broken down into 10 monthly installments as a convenience, with the first payment beginning August 1. I understand that if my child starts school prior to September 15, I am responsible for the August and September installments of tuition.
- Credit will not be given on the following: school tuition, ECE class, VPK Wrap Around (5 day 8:00-3:00), VPK 2-day or 3-day programs, Nursery - ECE3 2-day or 3-day options, holidays, sick days, or other campus closures.

### **Extended Care** (I have read & agree to these policies, please initial. \_\_\_\_\_)

Full Time Extended Care is from 6:30 a.m. to 6:00 p.m. All students may arrive in Extended Care after 7:30 a.m. without a charge assessed; however, no student is to arrive in the classroom earlier than 7:50 a.m. No student is to remain on campus unsupervised. Students must be checked into Extended Care or under a teacher's supervision while on the TCS campus.

- I will be present to pick up my child (Nursery-9) after school by 3:25 p.m. (2:25 p.m. Wednesdays/ K-9<sup>th</sup> grade only) or other designated time for special event or I will incur additional charges if not enrolled in Extended Care.
- I understand that all changes to Extended Care and/or part-day/full-day options must be made in writing on the appropriate form and submitted to the Extended Care office by the 20th of the month prior to use. An administrative change fee of \$15.00 will be assessed on changes requested after the 20th of the month prior to the effective date.
- Requests for Extended Care will be subject to availability.

- I understand that I will be charged a late pick up charge if I do not pick up my child from Extended Care by 6:00 p.m. This charge will amount to \$5.00 per child for the first 10 minutes and \$5.00 per child for every 5 minutes thereafter, paid to the Extended Care worker upon arrival.
- 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.
- I hereby give permission for my child to attend all extended care field trips.
- Two weeks of vacation credit is available per child, per calendar year (January – December) for FULL-TIME Nursery, Extended Care, VPK Wrap Around (5-day 6:30-6:00), and Summer Camp. A child must have attended Trinity Christian School and Nursery, Extended Care, VPK Wrap Around (5 day 6:30-6:00), **and** Summer Camp for twelve successive calendar months. Each week of credit must be taken in a 5-day sequence. A vacation notice form must be submitted **in advance** of the desired vacation dates. Vacation credit is not retroactive. The amount of the vacation credit is determined by the charge for Nursery, Extended Care, VPK Wrap Around (5-day 6:30-6:00), or Summer Camp at the time the vacation is taken. Credit will be applied to the account after the vacation has been taken and verified.

**New Students** (I have read & agree to these policies, please initial. \_\_\_\_\_)

Evaluation of records as well as entrance exam results will be used to determine acceptance to Trinity Christian School.

- I understand that the required health form, immunization record, birth certificate and required fees must accompany the registration paperwork.
- I understand that all academic records including a copy of the current report card, recent achievement test results, and the student recommendation form must be received, evaluated and have met the pre-testing assessment criteria before a testing appointment can be scheduled.
- I understand that my child will be placed at the grade level and in the class determined by the administration according to test results and other generally accepted educational standards.

**Uniforms** (I have read & agree to these policies, please initial. \_\_\_\_\_)

Appropriate dress in K-9<sup>th</sup> grade is a designated school uniform.

- I understand that my child must be appropriately dressed on the first day of school as well as at all other school functions, as stated in the most current Parent/Student Handbook as posted on our website.

**General** (I have read & agree to these policies, please initial. \_\_\_\_\_)

- I hereby give permission for my child to participate in all school activities.
- While the school will make every provision for the safety and care of the students and will see that they are properly supervised, I will not hold the school liable for any accidents or injuries that may occur at any such activities.
- My child agrees to comply with Trinity Christian School entrance requirement forbidding students to use or possess tobacco, alcoholic beverages, weapons (including pocketknives), illegal drugs or medication at school.
- My child and I agree to abide by all of Trinity Christian School's rules, procedures, disciplinary practices, and policies as stated in the most current grade/age appropriate handbook (ECE Handbook, Parent/Student Handbook and/or High School Handbook) as posted on our website.
- I understand that the school reserves the right to dismiss any student who does not respect its spiritual standards or does not cooperate in the educational process or whose parents or guardians fail to cooperate with the school administration.

**Early Childhood Education** (I have read & agree to these policies, please initial. \_\_\_\_\_)

I understand that bottles or pacifiers are not allowed in Toddler A/B and sipper cups, pacifiers, bottles and diapers are not allowed in our ECE2 thru VPK classes.

- I understand my child must be in pull-ups or underwear to attend the ECE2 class and completely potty trained to attend the ECE3 & VPK class.
- I understand that if my child is three before September 1, but is not potty trained, he or she will not be placed in the ECE3 class.
- I understand that my child may only attend the days and hours for which they have been registered.
- I understand that part-time calendars for Nursery – ECE3 part-time students are due by the 15<sup>th</sup> of the prior month.

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.

Signature \_\_\_\_\_  
Parent/Legal Guardian

Date \_\_\_\_\_

Parent's/Legal Guardian's Printed Name \_\_\_\_\_

# TRINITY CHRISTIAN SCHOOL

## Parental Consent for Use of Photos, Audio, Digital, or Video Images, Artwork & Written Work

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Throughout the year, photographs, audio, digital, or video images may be taken on and around the TCS campus. Photos and videos may be taken for promotional materials, newsletters, classroom displays, the yearbook, school website, and social media. It is not possible to exclude any student's image from the yearbook as these may include photos from a variety of sources including those taken of classes and activities. Photos, videos, artwork and/or written work will not be excluded from classroom or campus displays.

As you are aware, there are potential dangers associated with the posting of personally identifiable information on a website since worldwide access to the Internet does not allow for control of who may view or access such information. We strive to safeguard your child's identity while at the same time promoting events and accomplishments. Be aware that we will not release any personally identifiable information (student names, photos or images, addresses, phone numbers, and locations and times of class trips) without prior written consent from you as parent or guardian.

As the parent or guardian, you may modify or rescind this agreement at any time by re-submitting this consent form.

Please select Yes or No for each question. *If you do not give permission for your child's photo, image, artwork, or written work to be published in any form including but not limited to print, website, or social media, please select "No" for each question.*

I give permission for the above named student's photo, image, artwork or written work to be published on the school's public **website** without any other personal information (no name will be posted).  Yes  No

I give permission for the above named student's photo, image, artwork or written work to be published on the school's public **Facebook page** without any other personal information (no name will be posted).  Yes  No

I give permission for the above named student's photo, image, artwork or written work and first name to be published on the school's public Internet **website**.  Yes  No

I give permission for the above named student's photo, image, artwork or written work and first name to be published on the school's public **Facebook page**.  Yes  No

I give permission for the above named student's photo, image, artwork or written work to be published in print media including but not limited to newspaper, brochures, flyers, and on-campus displays (no name will be published).  Yes  No

I give permission for the above named student's photo, image, artwork or written work and full name to be published in print media including but not limited to newspaper, brochures, flyers, and on-campus displays.  Yes  No

Name of Parent/Guardian (please print): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

# TRINITY CHRISTIAN SCHOOL

## Early Childhood and Extended Care's Food and Nutrition Policies

Florida Administration Code Chapter 65C-22.006 requires that there be signed statements from the custodial parents or legal guardians that their child care facility has provided them with information on the child care facility's food and nutrition policies that includes food safety and food allergens. The information for Trinity Christian Early Childhood Department is listed below.

Trinity Christian Early Childhood and Extended Care has adequate equipment available to maintain food safety.

1. Meat, poultry, fish and dairy products and processed foods are inspected under the United States Department of Agriculture requirements.
2. No raw milk or unpasteurized juice is served without the written consent of a parent or legal guardian.
3. No home-canned food is served.
4. No home-grown eggs are served.
5. No recalled food products are served.
6. All raw fruits and vegetables are washed thoroughly before being served or cooked.
7. To prevent food from becoming potentially hazardous, hot foods are maintained at a temperature of 135 degrees Fahrenheit or above, and cold foods are maintained at a temperature of 41 degrees Fahrenheit or below. The facility supplies adequate equipment to maintain temperature requirements.
8. Food is thoroughly cooked and/or reheated.

Parents or legal guardians give written permission in advance of food-related activities, such as special occasions and learning activities, which include food consumption. The permission slips are signed at the time of registration & kept in the individual student file for the current school year.

Parents are made aware of food-related activities as follows (this only applies to ECE, VPK, Extended Care and Summer Camp students):

- Regular Meals and Snack: Through monthly menus posted in the Parent Information Board, in the Classroom, in the Dining Room and Online.
- Classroom Parties: Through sign-up sheets and parent newsletters
- Field Trips: Through the Field Trip Calendar (K-9<sup>th</sup> grade) Holiday & Summer Breaks)
- Birthday Parties: Will occur on various dates throughout the school year based on the children's birthdates.
- Learning Activities and Other: Through monthly newsletters provided to parents.

If a special diet is required for a child by the child's physician, a copy of the physician's order and a copy of the diet restrictions are kept in the child's file and followed. The documentation is kept in the child's file for as long as they are in the care of Trinity Christian School. If the custodial parent or legal guardian notifies Trinity Christian School of any known food allergies, written documentation is maintained in the child's file for as long as the child is in our care. Staff are notified of special food restrictions and they are posted in a conspicuous location.

Lunch and snack menus are posted on the Parent Information Board located near the Early Education Office.

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**I have received a copy of the Trinity Christian Early Childhood and Extended Care's Food and Nutrition policies. I give permission in the form of this general permission slip for my child, \_\_\_\_\_, to participate in food-related activities, including regular meals and snacks, classroom parties, field trips, birthday parties, learning activities and other food-related activities.**

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



# TRINITY CHRISTIAN SCHOOL

## Medical Information Form

Student's Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Father \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

### 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 (please visit clinic for permission form)

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

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

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

If yes, does your child need Benadryl?  Yes  No (please visit clinic for permission form)

If yes, does your child need an Epi Pen at school?  Yes\*  No

\*(MUST BE PROVIDED BY PARENT AND PERMISSION SLIP MUST BE FILLED OUT IN CLINIC)

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

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

If yes, does your child need Benadryl?  Yes  No (please visit clinic for permission form)

If yes, does your child need an Epi Pen at school?  Yes\*  No

\*(MUST BE PROVIDED BY PARENT AND PERMISSION SLIP MUST BE FILLED OUT IN CLINIC)

### 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): \_\_\_\_\_



# TRINITY CHRISTIAN SCHOOL

## Medical Authorization and Release Form

Student's Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_

### **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 the medical information 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 the medical information 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. All medications must meet standards listed on medical authorization form. Form must be signed by parent before any medication can be dispensed.
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 understand that it is my responsibility to update and maintain current and accurate medical information on RenWeb ParentsWeb.

**I/WE, as the undersign parent(s) and/or legal guardian(s), realizing the risks involved in the activities my/our child will participate in, hereby unconditionally release and hold harmless Trinity Christian School, Trinity Baptist Church, Inc., its/their employees, agents, officers, directors or members from and against any and all loss, claim, damage, liability or expense, as a result of any negligence by the party(ies) release herein."**

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian Signature

**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 (other than parents) 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 upon registration.***

**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. \_\_\_\_\_