



METRO CHRISTIAN ACADEMY

A Ministry of Metro Baptist Church
322 East Cedar Street, Goodlettsville, TN 37072
(615) 859-1184 ext. 120 (615) 859-5562 fax

General Information Sheet: 2021-2022

- Founded:** 1980
- Location:** Twenty-three-acre campus in Davidson County (Goodlettsville)
- Accreditation and Certification:** TACS – Tennessee Association of Christian Schools
AACCS – American Association of Christian Schools
Agency Approved as a 501-C3 School by the Tennessee Department of Education
- Mission Statement:** Metro Christian Academy, a ministry of Metro Baptist Church, exists to co-labor with parents to provide a balanced educational experience with a Christian worldview.
- Non-discrimination:** Metro Christian Academy, a ministry of Metro 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 at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.
- Curriculum:** ABeka Book Publications and Bob Jones University Press are the primary suppliers of our curriculum.
- Grades:** Pre-Kindergarten (*ages three and four*), Kindergarten (*age five*), Elementary (*grades 1-5*), Middle School (*grades 6-8*), and High School (*grades 9-12*).
- Teachers:** College graduates who meet certification requirements of the Tennessee State Department of Education and the Tennessee Association of Christian Schools.
- Colors:** Royal Blue/Black
- Mascot:** Eagles
- How to Apply:** Pre-Kindergarten through Twelfth Grade:
1. **School Application Form** must be submitted with *registration and testing fees*.
 2. **Pastoral Reference Form** must be received by school office. (Grades 3-12 only.)
 3. **Immunization** and health records must be submitted.
 4. **Birth Certificate** must be submitted.
 5. Students and parents will **Interview** with the administrator.
 6. A **Transcript** from previous school must be sent to MCA.
 7. The **School Application Form** must be signed by either parents, legal guardians, or person[s] responsible for keeping the child in school.
 8. **Parental Disclosure** of any academic or behavioral (discipline records) problems encountered in the child's previous school experiences.



OFFICE USE ONLY

Testing Fee: _____ CK# _____ Tour: _____
Registration Fee: _____ CK# _____ Date App. Rec'd: _____
Start Date: _____ Withdrawal Date _____
Birth Cert: _____ Shot Record.: _____
Student Driver: yes or no DL/INS
App. 1/2: ___ OF/CB Transport 3: ___ OO/CLS
Activity Permit 4: ___ OO/CO Fees/Lunch/Extended Care Info 5/6
ACH 7/8: ___ yes/no OB
Tuition Responsibility 9: ___ OB Pastoral Reference (Gr.3-12): ___ OF

Student's Name: _____ Grade Applied: _____

Goes by: _____ Last First Middle SS#: _____ DOB: _____ Gender: _____ Race: _____

Student's Cell Number: _____ U.S. Citizen? Yes ___ No ___
(Required to be on file in office.) (If no, immigration status card is required to be on file in office.)

RESIDENTIAL PARENT INFORMATION: (Parents with whom the student lives.)

Father: _____ Employer: _____
Last First M.I.

Father's Work Number: _____ Father's Cell Number: _____

Father's Email Address: _____

Mother: _____ Employer: _____

Mother's Work Number: _____ Mother's Cell Number: _____
Last First M.I.

Mother's Email Address: _____

Address: _____
Street Address City/State/Zip

Home Telephone Number: _____ County where student lives: _____

NON-RESIDENTIAL PARENT INFORMATION: (Parents with whom the student does not live.)

Parent Name: _____ Employer: _____
Last First M.I.

Parent's Work Number: _____ Parent's Cell Number: _____

Address: _____
Street Address City/State/Zip

Home Telephone Number: _____

Relationship to student: _____

Who is the legal guardian of the student? _____

Church Attending: _____ Pastor's Name: _____

Church Attendance: (circle) 2-3 times per week once a week once a month 1-2 times per year never

Personal Reference: _____ Phone Number: _____

How did you hear about MCA? (If referred by an MBP or MCA family, please list their name.)

Siblings enrolled (enrolling) at MCA? _____ Grade _____
_____ Grade _____
_____ Grade _____

Name of the school your child last attended: _____

School Address: _____
Street City/State/Zip

Has your child been asked to repeat a grade? Yes ___ No ___
If yes, please state the grade and reason: _____

Why do you want your child to attend Metro Christian Academy?

Please state any chronic health, emotional, or physical problem your child has:

Does your child have any learning disabilities or has he had an IEP at his previous school?
(Please explain: If there is an existing IEP, it must be attached.)

Administration of Medications at Metro Christian Academy

All personal medications given to children at MCA must be in their original containers and have a medication request form filled out by the parent and on file in the office. Pharmacies will give two containers upon request.

My student has permission to take Tylenol and Tums. Yes _____ No _____ Call First _____

MCA has permission to apply sunscreen if needed. Yes _____ No _____

List known allergies (bee sting, peanuts, medication, etc.): _____
List current medications: _____

Statement of Cooperation

We, the parent(s)/guardian(s) and students attending MCA, have completely read and understand the entire *Metro Christian Academy Student Handbook* (on website) and agree to abide by and support all of the rules, regulations, and procedures stated herein. We also understand that the administration and school board of MCA reserve the right to alter any of the regulations and procedures in this handbook at any time if deemed necessary.

For a student to be considered for enrollment at MCA, the parents/guardian must give consent that they will cooperate with MCA staff and faculty regarding the discipline of their children at MCA. Full cooperation is expected from both the student and parents in the education of the student. If at any time the school feels that this cooperation is lacking, the student will be requested to withdraw from MCA. If a parent/guardian threatens to sue and/or has papers served to the school regarding a lawsuit, the student will automatically be dismissed from school. Also, if the student's and/or parents' behavior or attitude indicates an uncooperative spirit or one that is out of harmony with the spirit and standards of Metro Christian Academy, whether or not there is a definite breach of conduct, the student will be requested to withdraw from MCA. Metro Christian Academy reserves the right to expel any student at any time due to an uncooperative spirit displayed by the parent as well as the student.

I give my consent for photographs of my child taken during the course of a school day or at school sponsored activities to be used for MCA advertising purposes either in print or on school social media.

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

ALL FEES (INCLUDING REGISTRATION FEE) ARE NON-REFUNDABLE

Transportation Plan

Please complete in Blue or Black ink only.

Please list all children to which this form applies at the right. Children with a different plan must be on a separate form.

Name (first & last) _____	Grade _____	DOB _____
Name (first & last) _____	Grade _____	DOB _____
Name (first & last) _____	Grade _____	DOB _____
Name (first & last) _____	Grade _____	DOB _____

Legal Custody Cases and Pick-Up Restrictions

Please, be aware that in the case of legal divorce or custody issues, we **must** have a copy of the legal custody papers/parenting plan in the child’s file in order to enforce them. Please, indicate in the following blanks any parent, relative, or other adult that may **NOT** pick up your child per these documents.

**Admin
Initials**

Person prohibited from picking up child: _____

Is the legal documentation provided to us? Y or N

If there is joint custody or a visitation plan, please explain the arrangement in relation to pick-up:

Metro Christian Academy requires parents to have on file, for each child at the school, a list designating adults allowed to pick up your child. No minors will be allowed to pick up a child from our care (excluding siblings). This list will be used to verify who may and may not be allowed to pick up your child from the school. Persons on the transportation list that pick up a child may be required to show a Photo ID. In an emergency, a note signed by a custodial parent that designates someone other than the persons listed on the transportation form to pick up a child will be accepted. In joint or pending custody cases both parents must sign or give permission for alternate pick-up plans.

Please Note: If an MBP or MCA employee feels that the person who comes to pick up may place the child(ren) at risk, we will notify someone else on the pick-up list and wait until that person comes to safely pick up the child(ren). (Example: If a parent appears intoxicated and is driving the vehicle the child(ren) is to leave in, the child(ren) will be held until other pick-up arrangements are made.)

Emergency name and number to call if we are unable to reach parents: _____

Please include both parents’ names when applicable.

Name Please include parent name(s)	Relationship	Check one of these 3 columns			Phone Number
		At Any Time	Only with Permission	Per Visitation Plan	
1.	Father				
2.	Mother				
3.					
4.					
5.					
6.					
7.					
8.					

If “At Any Time” is checked, a drop off/pick up code will be given to that person to pick up your student.

I designate the above adults to pick up my child. _____

Parent’s Signature Required

Date

ALL CHANGES MUST BE MADE IN PERSON ON THE ORIGINAL TRANSPORTATION PLAN IN THE OFFICE.



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Activity Permit: 2021-2022

Event: Field Trips, School & Sports Events, & Senior Trip

To Whom It May Concern:

As a parent and /or guardian, I do herewith authorize Metro Christian Academy/ Metro Baptist Church and their representatives to secure any medical treatment necessary which, if delayed, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort. I will in no way hold the above mentioned or Metro Christian Academy responsible in the event of an accident that may harm my child.

My child has permission to travel to any of the above-mentioned activities/events.

Name of Minor: _____ SSN# _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Address: _____

Home Phone: _____ Date of Birth: _____

Any current medical conditions: _____

Allergies: _____

Current Medication(s): _____

Mother's Name: _____

Employer: _____ Work # _____ Cell # _____

Dad's Name: _____

Employer: _____ Work # _____ Cell # _____

Insurance Co.: _____ Policy #: _____

Signed _____ Relationship to Student: _____
Parent/Legal Guardian

Notarized by: _____
(NOTARY AVAILABLE IN THE SCHOOL OFFICE)

Date: _____

Expiration Date: _____

METRO CHRISTIAN ACADEMY

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Enrollment Fees: 2021-2022

	AMOUNT
1) ENTRANCE TEST: NEW STUDENTS ONLY	\$100
2) REGISTRATION FEE (non-refundable):	\$150
<i>Dates: 2/01/21-2/28/21...Form & money submitted by 2/28 qualifies for Early Registration Discount on Tuition for Returning Students Only</i>	
3/1/21-3/31/21.....	\$200
4/1/21 & after.....	\$250

3) ADDITIONAL FEES (non-refundable): *****If fees are not paid by the due date, your child's spot can be forfeited and given to someone on the waiting list.**

A) Required Fees	DATE DUE	Grades K5 – 5 th	Grades 6 th -12 th
JUNE: Comprehensive A	June 10	\$210	\$225
JULY: Comprehensive B	July 10	\$210	\$225
TOTALS		\$420	\$450

***Comprehensive Fees A and B include: book rental, music, art, computer supply, Iowa Testing, ACT practice testing, etc. Each student will receive a yearbook. (This is not an all-inclusive list.)*

B) Nap Mat	Kindergarten Only
	\$35

ALSO, additional charges may be assessed for items like field trips, sports, TACS competitions, etc. if you choose to participate.

4) TUITION:	K5-5th Grade	\$5,000	<i>Payable in 10 monthly installments</i>
	6th-12th Grade	\$5,200	<i>August 10th to May 10th</i>

Annual Tuition Discounts:

2nd Child	\$200
3rd Child	\$200
4th Child	Free
Active MBC Members	\$350
Early Registration Discount	\$200..... <i>Returning students registered by 2/28/21</i>
ACH (Automatic Bank Withdrawal)	\$100..... <i>School balance will be drafted monthly on the 10th (including all fees, tuition, lunches, and other charges June – May)</i>
Prepayment Discount	5%..... <i>Semester's tuition paid-in-full by first day</i>
Alumni Discount	5%

Referral Discount: Your family will receive a \$250 credit on your May 2022 school bill for each new family that you refer to MCA, as long as the referred family attends for one complete school year.

Please Note: Billing statements are not mailed. Check Sycamore for your account balance or contact the school office. Your tuition will be charged the 1st of every month and payment is expected by the 10th. A late fee of \$20 will be assessed on the 15th of every month if your account balance is not paid in full.

Payment Options: Automatic Bank Withdrawal (*Preferred Method*), Cash, Check, Money Order, or Debit/Credit Card (2% convenience fee per transaction)

.... EXTENDED CARE AND LUNCH CHARGES ON REVERSE SIDE....

STUDENT DROP OFF SCHEDULE

❖ ELEMENTARY

7:45-8:00 AM – Students dropped off at main elementary building door.
7:45 AM – Classroom doors open.

8:00 AM – School begins.
3:00 PM – School ends.

❖ MIDDLE SCHOOL AND HIGH SCHOOL

7:30-7:45 AM – Students dropped off at main church building door.
7:30 AM – Classroom doors open.

7:45 AM – School begins.
2:45 PM – School ends.

EXTENDED CARE PROGRAM

❖ BEFORE-SCHOOL CARE (7:00-7:45 AM)

Supervision will be provided for early arrivals by adult supervisors beginning at 7:00 AM to 7:45 AM. All students arriving before their classroom doors open must report to the gymnasium. Students arriving prior to 7:30 AM will be charged for before-school care.

The cost for before-school care is \$2.25/per child/per day for any part of the half hour.

❖ AFTER-SCHOOL CARE (3:00-6:00 PM)

Supervision will be provided on a daily basis through our after-school care program for all students who still remain 15 minutes after their regular dismissal time. All students who are not part of a school sanctioned after-school activity are **required** to report to the after-school care program. A teacher escorts *elementary* students to after-school care after the 15-minute pick up time period is completed. Only an adult listed on your child's transportation plan is allowed to pick up your child from after-school care.

The cost for after-school care is \$2.25/per child per half hour for any part of the half hour.

Minimum after-school care charge is \$2.25/per child/per day.

❖ LATE PICK UP FROM AFTER-SCHOOL CARE (after 6:00 PM)

If your child is picked up between 6:00 PM-6:30 PM, there will be a \$15.00 charge per quarter hour per child. After 6:30 PM, the charge doubles to \$30.00 per quarter hour per child.

LUNCH PROGRAM

Plate lunch and drink cost: \$3.80

Metro Christian Academy has a hot lunch program. A menu is sent home at the beginning of each month and posted on the front page of the website. The price for a plate lunch is \$3.80. If the student orders an extra entrée, drink or ice cream, there is an additional charge. Lunch charges will be added to your school bill daily. Students may bring their lunch and purchase drinks (white or chocolate milk) from the lunchroom. Students must be in the sixth grade or older to purchase carbonated drinks for lunch (cash only for carbonated drinks). Please do not put carbonated drinks in thermos bottles. Please do not send food or drinks with **red or blue** food dye.

METRO CHRISTIAN ACADEMY

IMPORTANT AUTO PAY INFORMATION

- **A new Auto Pay form must be submitted each year.**
- Please submit completed authorization form **10 days prior** to the first requested bank draft date.
- If the “flat-amount” option is chosen, it must be at least the monthly tuition rate. You are responsible to pay any additional balance not covered by the monthly draw by the normal due date.
- Auto payments are treated the same as payments by check. They are subject to a \$25 return fee if they do not clear. They will **NOT** be processed again and a replacement payment will need to be made.
- You can cancel your Auto Pay option by making a written request submitted **10 days before** the next scheduled draw date.
- Up to **TWO (2)** adjustments to your auto bank draft schedule will be allowed due to unforeseen circumstances. Upon request of a **THIRD** draft adjustment (financial amount or date) you will be removed from the auto bank draft and must pay in the office by the 10th of each month.

START DATE: _____

Metro Christian Academy Automatic Withdrawal Form

Authorization Agreement of Pre-Authorized Payments

Student Name: _____

Parent Name: _____

YES, I (we) hereby authorize Metro Baptist Church/Metro Christian Academy to initiate a debit entry to my checking account indicated below. *Complete this form to enroll.*

NO, I (we) do not wish to use the auto-draft form of payment.
Signature _____

Completion of the bottom portion is not required unless you are participating in the Automatic Withdrawal payment plan.

Name (as shown on bank account): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Routing No.: _____ Account No.: _____

ATTACH A VOIDED CHECK TO THIS AUTHORIZATION

AMOUNT TO BE DEDUCTED: Please check one.

SCHOOL BALANCE: Including June/July Fees, Cafeteria, & Childcare TUITION ONLY

ACH DATE: Please check one.

WITHDRAW ON THE 10th of Each Month: June – May (*ACH Discount Applies*)

WITHDRAW ON THE 15th of Each Month: June – May (*No Discount*)

This authority is to remain in full force and effect until MCA/MBC has received written notification from me (or either of us) of its termination. This termination notification must be received **10 days prior** to the next scheduled withdraw date.

We must also receive the 10-day notice if changing accounts.

NAME: _____ DATE: _____
(Please print)

SIGNED: _____

If second signature is required on your account:

NAME: _____ DATE: _____
(Please print)

SIGNED: _____

METRO CHRISTIAN ACADEMY
A Ministry of Metro Baptist Church
ACKNOWLEDGMENT OF TUITION RESPONSIBILITY
2021-2022 SCHOOL YEAR

1) REGISTRATION FEE (non-refundable):

Dates	Registration Fee	
2/01/21-2/28/21	\$150.00	Registration fee MUST accompany application in order to be processed and receive discounts.
3/01/21-3/31/21	\$200.00	
4/01/21 & after	\$250.00	

2) TUITION:

K5-5 th Grade	\$5,000.00
6 th -12 th Grade	\$5,200.00

Annual Tuition Discounts:	2 nd Child	\$200.00	Early Registration (Returning students registered by 2/28/21)
	3 rd Child	\$200.00	Prepayment 5% (Semester's tuition paid-in-full by first day)
	4 th Child	Free	Alumni 5%
	Active MBC Member	\$350.00	ACH \$100.00 (Withdrawal on 10th. Limit: \$10/mo./student)

Referral Discount:

Your family will receive a \$250.00 credit on your May 2022 school bill for each new family that you refer to MCA, as long as the referred family attends for one complete school year.

3) FEES (non-refundable): Per enrollment fee cost sheet

All tuition and fees listed above are on a “per student” basis and accounts will be billed monthly (June-May) to include tuition, fees, extended care, late fees, lunches, and any other charges accumulated during the month.

_____ (Please initial) I HEREBY ACKNOWLEDGE THAT I HAVE READ THE METRO CHRISTIAN ACADEMY TUITION RATES AND ACCEPT MY RESPONSIBILITY TO KEEP MY CHILD’S ACCOUNT UP TO DATE. I understand that all tuition payments are due on or before the tenth of each month, and are delinquent after the 10th. In the event that an account becomes 10 days past due and no arrangements have been made in writing with the financial office, the student(s) will be withdrawn from class until the account is current. Tuition cannot roll over to the next month. A late charge of \$20.00 will be added to the unpaid account after the 15th.

_____ (Please initial) I AGREE TO PAY THE SERVICE FEE OF \$25.00 IN THE EVENT MY CHECK IS RETURNED TO THE SCHOOL BY MY BANK FOR INSUFFICIENT FUNDS OR MY ACH WITHDRAWAL IS DECLINED.

_____ (Please initial) I AGREE TO PAY ALL ACCOUNTS BEFORE ANY SCHOOL RECORDS WILL BE FORWARDED OR REPORT CARDS/PROGRESS REPORTS/DAYCARE TAX STATEMENTS WILL BE ISSUED. When terminating enrollment, parents will be charged through the current monthly period.

_____ (Please initial) I AGREE TO BE RESPONSIBLE FOR ANY AND ALL COLLECTION FEES WHICH METRO CHRISTIAN ACADEMY AND/OR METRO BAPTIST CHURCH MAY INCUR UPON MY FAILURE TO PAY MY ACCOUNT.

1 st Child’s Name (Please Print)	Grade	Parent/Guardian (Please Print)
2 nd Child’s Name (Please Print)	Grade	Signature Date
3 rd Child’s Name (Please Print)	Grade	Parent’s Driver’s License Number
4 th Child’s Name (Please Print)	Grade	Parent’s Social Security Number