



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: 2026-2027

- 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 Category II church related school recognized 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, and athletic and other school-administered programs.
- Curriculum:** ABeka Book Publications and Bob Jones University Press are the primary suppliers of our curriculum. Glencoe math is used 8th-12th grade.
- Grades:** Pre-Kindergarten (*ages three and four*), Kindergarten (*age five or six*), 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/or the Tennessee Association of Christian Schools.
- Colors:** Royal Blue & Black
- Mascot:** Eagles
- How to Apply:** Kindergarten through Twelfth Grade:
1. **School Application Form** must be submitted with **registration fee**. This form must be signed by either parents, legal guardians, or person[s] responsible for keeping the child in school.
 2. **Entrance Testing** required before acceptance.
 3. **Shadow Visit** required before acceptance.
 4. **Birth Certificate** must be submitted.
 5. **TN Immunization** and health records must be submitted.
 6. **Pastoral Reference Form** must be received by school office. (Grades 6-12th only)
 7. A **Transcript** from the previous school must be sent to MCA. (Required: 9th-12th)
 8. **Parental Disclosure** of any academic (educational testing, IEP, 504 Plan, etc.) or behavioral (discipline records) problems encountered in the child's previous school experiences.
 9. **Submit Additional Items:** recent **standardized test scores**, most recent **report card**, and former **administration/counselor recommendation** form.
 10. Notice of acceptance or denial will be sent via **email** after all steps of the application process have been completed.
 11. Students and parents will **Interview** with the administrator(s) upon acceptance.

METRO CHRISTIAN ACADEMY

A Ministry of Metro Baptist Church

Enrollment Fees: 2026-2027

	AMOUNT	DUE DATE
1) REGISTRATION FEE (non-refundable):	\$150 \$250	2/13/26 & Before 2/14/26 & After
<i>*Refund Exception:</i> If a student is not fully accepted into our program due to testing or classroom availability, we will refund \$100 of the registration fee.		
2) ENTRANCE TEST: NEW STUDENTS ONLY	\$100	<i>Paid at testing (non-refundable)</i>
3) COMPREHENSIVE FEES (non-refundable):	K5- 5 th Grade 6 th -12 th Grade	\$500 \$520
		\$250 due June 10, \$250 due July 10 \$260 due June 10, \$260 due July 10

Comprehensive Fees include: book rentals, music, art, computer supply, Iowa Testing, ACT practice testing, program t-shirt, yearbook, etc. (This is not an all-inclusive list.) Additional charges may be assessed for items like field trips, sports, TACS competitions, etc. if you choose to participate.

If fees are not paid by the due date, your child's spot can be forfeited and given to someone on the waiting list.

ALL FEES (INCLUDING REGISTRATION FEE) ARE NON-REFUNDABLE

4) TUITION:	K5-5 th Grade 6 th -12 th Grade	\$6,200 yearly (\$620 per month) \$6,500 yearly (\$650 per month)
<i>Payable in 10 monthly installments (August 10th to May 10th)</i>		

Annual Tuition Discount Calculations:

Tier 1: \$200 \$200	Sibling Discount Per Child (excludes child one) Early Registration Discount... <i>Returning students registered by 2/13/26</i>
Tier 2: Active MBC Members Alumni Discount	8%..... <i>Initial on tuition responsibility form</i> 5%..... <i>Include graduation year and initials on tuition responsibility form</i>
Tier 3: Prepayment Discount	5%..... <i>Semester's tuition paid in one or two installments</i> <i>By semester (two payments) – due 8/10/26 and 1/10/27</i> <i>OR by year (one payment) – due 8/10/26</i>

Additional Items:

School Polos: (required)
\$18 Short-Sleeve Polo
\$23 Long-Sleeve Polo
*All polos must be purchased from MCA.
No outside polos are allowed.
Colors offered: royal blue, light blue,
navy, black, and purple.*

K5 Nap Mat (if needed) \$35

Please Note: Billing statements are not mailed. Your tuition will be charged the 1st of every month to your Sycamore account. Drafts will settle on the 10th, with an initiation date up to two business days prior. Payment cannot be stopped once the draft is initiated. If an auto-draft is returned, a \$35 NSF fee will be charged to your account (for more details, reference the autopay information page).

Tuition Payment Options:

If paying monthly, automatic bank withdrawal is REQUIRED.

If prepaying tuition, cash, check, money order, or debit/credit card (3% convenience fee) is allowed. Additional charges outside of tuition are still due on the 10th of each month.

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

(keep this page for future reference)

Elementary Schedule

7:30-8:00am – Student drop off at main elementary building door.	8:00am – School begins.
7:45am – Classroom doors open.	3:00pm – School ends.
3:00-3:15pm – Car rider line for pick up.	

Middle & High School Schedule

7:30-7:45am – Student drop off at I-65 side church awning door.	7:45am – School begins.
7:30am – Classroom doors open.	2:45pm – School ends.
2:45-3:00pm – Car rider line for pick up.	

Extended Care Program

❖ Before-School Care (7:00-7:30am)

Adult supervision will be provided in the gym for early arrivals from 7:00-7:30am. Students arriving prior to 7:30am will be charged for before-school care. At 7:30am, students will walk over to their designated building.

The cost for before-school care is \$2.50/per child/per day for any part of the half hour.

❖ After-School Care (3:00-6:00pm)

Supervision will be provided on a daily basis through our after-school care program for all students who still remain after 3:15pm. 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 will escort the *elementary* students to after-school care at 3:15pm. Only an adult listed on your child's transportation plan is allowed to pick up your child from after-school care using the Sycamore codes.

The cost for after-school care is \$2.50/per child/per day for any part of the half hour.

Minimum after-school care charge is \$2.50/per child/per day.

❖ Late Pick Up From After-School Care (after 6:00pm)

If your child is picked up between 6:00-6:30pm, there will be a \$25.00 charge per quarter hour per child. After 6:30pm, the charge doubles to \$50.00 per quarter hour per child.

Lunch Program

Items available for purchase in MCA's hot lunch program:

Plate Lunch with Drink: \$5.00

Lunch Plus *includes two entrees with Drink:* \$7.00

Sack Lunch *includes PB&J, chips, cookie (no drink):* \$4.00

Salad Bar with Grilled Chicken (no drink): \$4.00

Loaded Baked Potato Bar (no drink): \$4.00

Entrée Only: \$3.00

Water Bottle, White Milk, or Chocolate Milk: \$1.00

Soda (6th-12th Only): \$1.00 *cash only*

A menu is sent home at the beginning of each month and posted on the front page of the website. Lunch charges will be added to your school bill daily. Students may bring their lunch and still purchase drinks and utensils from the lunchroom if needed. Students in 4th grade and older may use the microwaves. Please do not put carbonated drinks in thermos bottles. Please do not send food or drinks with **red or blue** food dye.


OFFICE USE ONLY
Date Application Received: _____

Testing Fee (amount/pmt): _____

Registration Fee (amount/pmt): _____

Forms Completed:

Application (Parent Info) (1): _____

Application (Meds/Coop) (2): _____

Transportation (3): _____ Activity Permit (4): _____

ACH (5-6): _____ Tuition Responsibility (7): _____

New Students Only:

Birth Certificate: _____ Shot Record: _____

 Pastoral Reference (6th-12th): _____

 Student Driver: yes or no (*additional forms needed*)

Start Date: _____

Student's Name: _____ Grade Applied: _____

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

 Student's Cell Number: _____ (*Required to be on file in office*)

Student's Email: _____

U.S. Citizen? Yes _____ No _____

(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.Initial _____

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

Father's Email Address: _____

Mother: _____ Employer: _____

Last _____ First _____ M.Initial _____

Mother's Cell Number: _____ Mother's Work Number: _____

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.Initial _____

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

 Email Address: (*if communication is expected*) _____

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: _____

School and address where your child last attended: _____

School

Street/City/State/Zip

Phone Number

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

Does your child have a discipline record at a previous school? Yes ___ No ___ (*If yes, it must be provided.*)

Has your child been asked to leave a school in the past? Yes ___ No ___

Has your child been asked to repeat a grade? Yes ___ No ___

If yes to any of the above, please state the grade and reason: _____

Does your child exhibit any emotional, health, or physical problems? Yes ___ No ___

Does your child have any learning disabilities? Yes ___ No ___

Did your child have an IEP/504 Plan at the previous school? Yes ___ No ___

Please explain if you answered yes to any of the above questions. If there is an existing IEP, it must be attached.

At this time, MCA has reached max capacity to effectively serve students with an IEP (Individualized Education Plan) and/or classroom accommodations. (We do not offer a separate resource department or assistance.)

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. MCA will only provide children's Tylenol, Ibuprofen, and Tums to students. **If your student requires something different or will request medication frequently, please provide his or her own to keep in the school office.**

My student has permission to take children's Tylenol. Yes ___ No ___ Call First ___

My student has permission to take Ibuprofen. Yes ___ No ___ Call First ___

My student has permission to take Tums. Yes ___ No ___ Call First ___

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

List known allergies: _____

List current medications: _____



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.

Initial

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 therein. 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 require any student to withdraw at any time due to an uncooperative spirit displayed by the parent as well as the student.

Father's Signature: _____

Date: _____

Mother's Signature: _____

Date: _____

Student's Signature: _____

Date: _____

By signing this, you are stating that the above information is accurate. Inaccurate information could forfeit your child's spot in our program.

Transportation Plan
Please complete in Blue or Black ink only.

Please list all children to which this form applies. 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 and 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.

Person(s) prohibited from picking up child: _____

ADMIN ONLY: Is the legal documentation provided to us? Yes No **Admin Initials:** _____

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.

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 you for 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.

STUDENT DRIVERS: Separate forms available in the school office. Name of Student Driver: _____

Metro Christian Academy

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322 East Cedar Street, Goodlettsville, TN 37072
(615) 859-1184 ext. 120 (615) 859-5562 fax

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

Activity Permit: 2026-2027

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 Metro Christian Academy/ Metro Baptist Church and their representatives responsible in the event of an accident that may harm my child.

Name of Minor(s)

1st Student's Full Name: _____ DOB: _____ Age: _____ Grade Entering: _____

Social Security #: _____ - _____ - _____

Known Allergies: _____ Current Medications: _____

Current Health, Physical, or Emotional Problems: _____

2nd Student's Full Name: _____ DOB: _____ Age: _____ Grade Entering: _____

Social Security #: _____ - _____ - _____

Known Allergies: _____ Current Medications: _____

Current Health, Physical, or Emotional Problems: _____

3rd Student's Full Name: _____ DOB: _____ Age: _____ Grade Entering: _____

Social Security #: _____ - _____ - _____

Known Allergies: _____ Current Medications: _____

Current Health, Physical, or Emotional Problems: _____

4th Student's Full Name: _____ DOB: _____ Age: _____ Grade Entering: _____

Social Security #: _____ - _____ - _____

Known Allergies: _____ Current Medications: _____

Current Health, Physical, or Emotional Problems: _____

5th Student's Full Name: _____ DOB: _____ Age: _____ Grade Entering: _____

Social Security #: _____ - _____ - _____

Known Allergies: _____ Current Medications: _____

Current Health, Physical, or Emotional Problems: _____

Father's Information

Father's Name: _____ Cell #: _____

Father's Address: _____

Employer: _____ Work #: _____

Mother's Information

Mother's Name: _____ Cell #: _____

Mother's Address: _____

Employer: _____ Work #: _____

Insurance Information - REQUIRED

Insurance Company: _____ Plan: _____ Group #: _____

In the event of an emergency and a parent/guardian cannot be reached, what action should be taken?

Call EMS & take to closest hospital (Skyline) Use preferred hospital (name): _____

Child(ren)'s Doctor: _____ Child(ren)'s Dentist: _____

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. My child has permission to travel to school sponsored field trips and activities.

Parent/Legal Guardian Signature: _____

Relationship to Student: _____

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

Today's date: _____

METRO CHRISTIAN ACADEMY

IMPORTANT AUTO PAY INFORMATION

- A new Auto Pay form must be submitted each year. ALL FAMILIES, excluding families who choose to prepay, are REQUIRED to sign up for auto draft.
- The balance as of the 1st of the month is the amount to be settled monthly on the 10th with an initiation date up to two business days prior. Payment cannot be stopped once the draft is initiated. In May, we will do an additional draft on the last day of school to include any final charges on your account incurred in May. (ex. childcare, cafeteria, etc.)
- Please submit completed authorization form **10 days prior** to the first requested bank draft date.
- Auto payments are subject to a \$35 return fee if they do not clear. If your auto payment was returned from the 10th, contact the office immediately to reprocess the draft which will include the \$35 return fee.
- In the event that an account becomes 10 days past due and no arrangements have been made in writing with the financial office to initiate a second draft, the student(s) will be withdrawn. Tuition cannot roll over to the next month.
- You can cancel your Auto Pay option by making a written request submitted **10 days before** the next scheduled draw date.

Metro Christian Academy Automatic Withdrawal Form (ACH)

Drafts will settle on the 10th of each month from June to May.

Student Name: _____ Parent Name: _____

MONTHLY PAYMENTS

Enroll me in Metro Christian Academy's ACH program. The full account balance as of the 1st of the month (including tuition) shown in Sycamore will settle monthly on the 10th with an initiation date up to two business days prior. Payment cannot be stopped once the draft is initiated.

***If payment needs to be drafted from two separate accounts, the draft will be split 50/50 or a set monthly amount.

PREPAY + MONTHLY DRAFT

Enroll me in Metro Christian Academy's ACH program. The full account balance as of the 1st of the month (excluding tuition) shown in Sycamore will settle monthly on the 10th with an initiation date up to two business days prior. Payment cannot be stopped once the draft is initiated.

PREPAY – NO DRAFT

I plan to pay in full with cash, check, or card (extra 3% fee with debit/credit card.) I will ensure my account balance is at zero by the 10th of each month. Late payments will incur a \$35.00 fee.

PREPAY ONLY:

I would like to pay ONE annual payment (due 8/10/26) or TWO semester payments (due 8/10/26 and 1/10/27).

Completion of the bottom portion is required to enroll in automatic payments.

Authorization Agreement of Pre-Authorized Payments

I (we) hereby authorize Metro Baptist Church/Metro Christian Academy to initiate a debit or credit entry to my checking account indicated below.

Parent Name (as shown on bank account): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Routing #: _____ Account #: _____

ATTACH A VOIDED CHECK HERE

or a bank document showing the billing name, routing, and account number

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.

Print Name

Signature

Date

If second signature is required on your account:

Print Name

Signature

Date

METRO CHRISTIAN ACADEMY
A Ministry of Metro Baptist Church
ACKNOWLEDGMENT OF TUITION RESPONSIBILITY
2026-2027 SCHOOL YEAR

1) REGISTRATION FEE (non-refundable):

2/13/26 & before \$150
2/14/26 & after \$250

Registration fee MUST accompany application in order to be processed and receive discounts.

2) TUITION:

K5-5 th Grade	\$6,200
6 th -12 th Grade	\$6,500

REGARDING TUITION DISCOUNTS:

I applied for the Education Freedom Scholarship: YES or NO

I received the Education Freedom Scholarship: YES or NO

If my student does NOT receive the above scholarship, I would like to apply for the following MCA discounts:

Place an X by all that apply.

Sibling Discount: _____

Early Registration Discount (registered by 2/13/26): _____

Active Metro Baptist Church Member Discount: _____

Alumni Discount: _____ Alumni Graduation Year: _____

Prepayment Discount: _____

3) FEES (non-refundable): See 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. Late payments will incur a \$35.00 fee. 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. Tuition cannot roll over to the next month.

____ (Please initial) I AGREE TO PAY THE SERVICE (NSF) FEE OF \$35.00 IN THE EVENT MY CHECK OR DRAFT IS RETURNED TO THE SCHOOL OR DECLINED BY MY BANK.

____ (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 billing 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.

1st Child’s Name (Please Print) Grade _____

Parent/Guardian (Please Print) _____

2nd Child’s Name (Please Print) Grade _____

Signature _____ Date _____

3rd Child’s Name (Please Print) Grade _____

Parent’s Driver’s License Number _____

4th Child’s Name (Please Print) Grade _____

Parent’s Social Security Number _____

5th Child’s Name (Please Print) Grade _____