



METRO CHRISTIAN ACADEMY

Office Only----	Date Rec'd: _____
Reg. Fee: _____	App.: 1/2 _____
Fam. Info.: 3 _____	Act. Permit: _____ OO/CO
Testing Fee: _____	Graduation Fee: _____

A MINISTRY OF METRO BAPTIST CHURCH
METRO CONNECT: A DIVISION OF METRO CHRISTIAN ACADEMY
 (615) 859-1184, ext. 120 office (615) 859-5562 fax

Umbrella Registration Sheet
 Please complete in Blue or Black ink only.

Parent's Names _____ Day Time Phone _____

Address _____
Street City/State Zip Code Email Address - REQUIRED

Education:

Father High School Graduate Some College College Graduate Other (Explain) _____

Mother High School Graduate Some College College Graduate Other (Explain) _____

Years of home school experience _____

Student Information: (List oldest to youngest)

Student 1

_____ Male Female

Last Name First Name Middle Name

Date of Birth: _____ Age _____ Grade Entering (K-6): _____

Student 2

_____ Male Female

Last Name First Name Middle Name

Date of Birth: _____ Age _____ Grade Entering (K-6): _____

Student 3

_____ Male Female

Last Name First Name Middle Name

Date of Birth: _____ Age _____ Grade Entering (K-6): _____

Student 4

_____ Male Female

Last Name First Name Middle Name

Date of Birth: _____ Age _____ Grade Entering (K-6): _____

Have any of the students listed above been tested and found to have a diagnosed learning disability? Yes No
 If yes, please indicate & explain _____

METRO HOME SCHOOL CONNECT GUIDELINES

1. Metro Connect students must abide by the following dress code stipulations while on MCA campus:

Elementary Girls: Girls may wear capris, knee-length skirts or dresses with shorts under them, or pants (jeans without holes are permitted). Shirts may be sleeveless, short sleeved or long sleeved (no tank tops, sheer, or spaghetti straps). Closed shoes.

Elementary Boys: Boys may wear blue jeans, slacks, or Dockers type pants. Shirts may be t-shirts or polo shirts. Tennis shoes are best.

2. Metro Connect students will be treated as MCA students if they are on campus for events, etc. Respect for authority and peers will be expected by all students.

3. Home School students may order an MCA school t-shirt through the office if desired. Cost is \$10.

FINANCES and COMMITMENTS:

Initial **Plan A:** (*Only available for grades kindergarten to 8th*) I choose to use METRO CONNECT for my **Umbrella** and will expect METRO CONNECT to retain my child’s **transcripts** as I comply with the number of days and submission of grades. I want my child (ren) to participate in enrichment activities (special days, chapel, field trips, etc.) and I understand that all students pay an added cost per field trip.

Initial **Plan B:** (*Only available for grades kindergarten to 8th*) I would like my children to participate in **activities only** and do not expect METRO CONNECT to retain my child’s transcripts. I understand that all students pay an added cost per field trip.

TESTING: If you would like your child(ren) to participate in standardized testing (IOWA Test) in the spring, you must declare this by NOVEMBER 15th and pay an additional \$50.00 to cover the cost of the testing and scoring. Other homeschoolers are welcome to do this as well, so feel free to share this information with friends.

GRADUATION: If you wish for your child to participate in Kindergarten graduation, please notify the office by March 1st. There will be an additional \$30.00 graduation fee.

Statement of Cooperation

By signing this Statement of Cooperation, we do hereby acknowledge that we have read the policies and guidelines of METRO CONNECT: A DIVISION OF METRO CHRISTIAN ACADEMY, and do hereby pledge our support for the guidelines presented.

We agree to all financial obligations and recognize that all fees are per child and non-refundable and non-transferable.

Plan A or B (New Student): \$150.00 **Plan A or B (Returning Student):** \$100.00

Standardized Testing: \$50.00 (in addition to the plan you choose)

Kindergarten Graduation: \$30.00 **Field Trips:** Varying fee charged per field trip

We understand that METRO CONNECT: A DIVISION OF METRO CHRISTIAN ACADEMY serves as an umbrella for home school families and that Metro Christian Academy’s administration will govern METRO CONNECT according to the Satellite Home School guidelines set forth by the state of Tennessee and the Tennessee Association of Christian Schools.

Mother’s Signature: _____ Date: _____

Father’s Signature: _____ Date: _____

Student’s Signatures: _____

Father's Name _____ Work Phone _____ Cell _____

Mother's Name _____ Work Phone _____ Cell _____

Address _____ Home Phone _____
Street City/State Zip Code County of Residence

In case of an emergency, who do you want us to notify first? Indicate the best number. _____

Parent's Email Address _____, _____

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

1st Student's Name

Name: First Middle Last

Student Cell Phone # _____

DOB _____ Grade _____ Age _____

List any health, physical, or emotional problems

List known allergies (bee sting, medication, etc.)

Has permission to take non-aspirin and Tums?
Yes _____ No _____ Call first _____

MCA has permission to apply sun screen if needed.
Yes _____ No _____ Only what I send _____

2nd Student's Name

Name: First Middle Last

Student Cell Phone # _____

DOB _____ Grade _____ Age _____

List any health, physical, or emotional problems

List known allergies (bee sting, medication, etc.)

Has permission to take non-aspirin and Tums?
Yes _____ No _____ Call first _____

MCA has permission to apply sun screen if needed.
Yes _____ No _____ Only what I send _____

3rd Student's Name

Name: First Middle Last

Student Cell Phone # _____

DOB _____ Grade _____ Age _____

List any health, physical, or emotional problems

List known allergies (bee sting, medication, etc.)

Has permission to take non-aspirin and Tums?
Yes _____ No _____ Call first _____

MCA has permission to apply sun screen if needed.
Yes _____ No _____ Only what I send _____

4th Student's Name

Name: First Middle Last

Student Cell Phone # _____

DOB _____ Grade _____ Age _____

List any health, physical, or emotional problems

List known allergies (bee sting, medication, etc.)

Has permission to take non-aspirin and Tums?
Yes _____ No _____ Call first _____

MCA has permission to apply sun screen if needed.
Yes _____ No _____ Only what I send _____

Metro Home School Connect Attendance and Grade Report Semester 1 Due by January 31st

(Draw one diagonal line through each day you taught school)

July 2020						
Su	M	Tu	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

August 2020						
Su	M	Tu	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

September 2020						
Su	M	Tu	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

October 2020						
Su	M	Tu	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

November 2020						
Su	M	Tu	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

December 2020						
Su	M	Tu	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

January 2021						
Su	M	Tu	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Total days completed in

Semester 1

- 93-100 A Grading
- 85-92 B Scale
- 75-84 C
- 70-74 D
- 0-69 F

Student's Name: _____

Date of Birth : _____ **Grade:** _____

Parent's Signature: _____

- Subject**
- Bible
 - Language/English
 - History
 - Math
 - Phonics
 - Reading
 - Science
 - Spelling
 - Writing

Grade (Number & Letter)

Other (Specify):

Music _____

Art _____

PE _____

Metro Home School Connect Attendance and Grade Report Semester 2 Due by July 1st

(Draw one diagonal line through each day you taught school)

January 2021						
Su	M	Tu	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

February 2021						
Su	M	Tu	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

March 2021						
Su	M	Tu	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

April 2021						
Su	M	Tu	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

May 2021						
Su	M	Tu	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

June 2021						
Su	M	Tu	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

July 2021						
Su	M	Tu	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Total days completed in

Semester 2

- 93-100 A Grading
- 85-92 B Scale
- 75-84 C
- 70-74 D
- 0-69 F

Student's Name: _____

Date of Birth : _____ Grade: _____

Parent's Signature: _____

- Subject**
- Bible
 - Language/English
 - History
 - Math
 - Phonics
 - Reading
 - Science
 - Spelling
 - Writing

- Grade (Number & Letter)**
- _____
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____

- Other (Specify):**
- Music _____
 - Art _____
 - PE _____
 - _____
 - _____
 - _____

Total Days for the year

Please complete in Blue or Black ink only.

Please complete for each child enrolled the Satellite Home School entitled METRO CONNECT

Student's Name _____ Grade _____

Please list the curriculum that this student will be using for this school year. Please note that some "subject" may not apply to each student.

Bible _____

Lang./English _____

Reading _____

Phonics _____

Spelling _____

Penmanship _____

History/Social Studies _____

Science _____

Mathematics _____

Physical Education _____

Wellness (Health) _____

Music _____

Other (please specify) _____

Parent's Signature: _____ Date: _____



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

Activity Permit: 2020-2021

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: _____

OO/CO