



MetroChristian 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: 2019-2020

Founded:	1979
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 world view.
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:	A Beka Book Publications and Bob Jones University Press are the primary suppliers of our curriculum.
Grades:	Pre-Kindergarten (<i>ages three and four</i>), Kindergarten (<i>age five</i>), Elementary (<i>grades 1-5</i>), Middle School (<i>grades 6-8</i>), and High School (<i>grades 9-12</i>).
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: <ol style="list-style-type: none">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.



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Testing Fee: _____ Reg. Fee: _____ Date Rec'd: _____
 App.: 1/2 _____ OF/CB Fam. Info.: 3 _____ OO Transport.: 4 _____ OO/CLS
 Fees/Lunch/Late Stay Info. Only: 5/6
 ACH: 7/8 _____ yes/no OB Act. Permit: 9 _____ OO/CO AOTR: 10 _____ OB
 Pastoral Ref. (Gr. 3-12) _____ OF
 Birth Cert. _____ Shot Rec. _____ Student Driver _____ yes/no DL/INS
 Start Date: _____ Student ID: _____

Student's Name: _____ Grade Applied: _____
Last First Middle

Goes by: _____ 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: _____

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

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

Address Information: _____

Home Telephone Number: _____ County where student lives: _____
Street Address City Zip

Parent's Email Address: _____, _____

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 Information: _____

Home Telephone Number: _____
Street Address City State Zip

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.)*

1 OF/CB

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

Name of the school your child last attended: _____

Address: _____
Street Address 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)*

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

2 OF (no copy)

Family Information Sheet
Please complete in Blue or Black ink only.

Father's Name _____ Lives with students: Yes or No

Father's Address _____ Home Phone _____
Street City/State Zip Code

Father's Employer _____ Work Phone _____ Cell Phone _____

Mother's Name _____ Lives with students: Yes or No

Mother's Address _____ Home Phone _____
Street City/State Zip Code

Mother's Employer _____ Work Phone _____ Cell Phone _____

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 DOB

Student Cell # _____ Grade _____ Age _____

List any health, physical, or emotional problems

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

List current medications

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 DOB

Student Cell # _____ Grade _____ Age _____

List any health, physical, or emotional problems

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

List current medications

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 DOB

Student Cell # _____ Grade _____ Age _____

List any health, physical, or emotional problems

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

List current medications

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 DOB

Student Cell # _____ Grade _____ Age _____

List any health, physical, or emotional problems

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

List current medications

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 _____

3 OF/no copy

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

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.

Name _____ Is the legal documentation provided to us? Y or N

☐ 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 minor will be allowed to pick up a child from our care. 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:** Metro Baptist Preschool and MCA employees will notify authorities if the administration feels that a parent or guardian may place the child(ren) they are seeking to pick up at immediate risk. (Example: If a parent appears intoxicated and is driving the vehicle the child(ren) are to leave in.) If any person other than a parent arrives to pick-up the child(ren) and it appears that they may place the child(ren) at risk, the child(ren) will be held and a parent notified and asked to make an alternate pick-up arrangement.

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.					

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.

4 OO/CLS

METRO CHRISTIAN ACADEMY

A Ministry of Metro Baptist Church

Enrollment Fees: 2019-2020

AMOUNT

1) REGISTRATION FEE (non-refundable):

\$150

Dates: 2/01/19-2/28/20...Form & money submitted by 2/28 qualifies for Early Registration Discount on Tuition

3/1/19-3/31/19..... **\$200**

4/1/19 & after..... **\$225**

2) TUITION:

K5-5th Grade

\$4,650

Payable in 10 monthly installments

6th-12th Grade

\$4,860

August 10th to May 10th

*****PLEASE NOTE: NO BILLING STATEMENTS WILL BE MAILED THIS YEAR.
PLEASE CHECK SYCAMORE FOR BALANCES OR CONTACT THE SCHOOL OFFICE.*****

Annual Tuition Discounts:

2nd Child \$200

3rd Child \$200

4th Child Free

Active MBC Members \$350

Early Registration Discount \$200.....*Returning students registered by 2/28/19*

ACH (Automatic Bank Withdrawal) \$100.....*School balance will be drafted monthly on the 10th (including all fees, tuition, lunches, and other charges June – May)*

Prepayment Discount 5%.....*Semester's tuition paid-in-full by first day*

Alumni Discount 5%

Referral Discount:

Your family will receive a \$250 credit on your May 2020 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 after 8/1/19)

ENTRANCE TEST: NEW STUDENTS - \$100

A) Required Fees	Date Due	K5	Grades 1-4	Grade 5	Grade 6-7	Grades 8-11	Grades 12
JUNE: Comprehensive	June 10	\$170	\$170	\$170	\$170	\$170	\$170
JULY: Book Rental Fee	July 10	\$175	\$175	\$175	\$200	\$200	\$200
AUG: Music Fee- Elementary	August 10	\$30	\$30	\$30			
Art/Computer Supply Fee	August 10	\$30	\$30	\$30			
Graduation	August 10	\$30					\$90
Testing: ACT practice testing	August 10					\$30	\$30
SEPT: Science Lab Fee**	Sept 10				\$35	\$35	\$35
Music Fee- Jr/Sr High**	Sept 10				\$20	\$20	\$20
Computer Lab**	Sept 10					\$30	\$30
TOTALS		\$435	\$405	\$405	\$425	\$485	\$575

B) Additional Fees		
Nap Mat	K5 Only	\$30
Credit Card Convenience Fee	2% fee per transaction	

****NOTE:** The Jr/Sr High Fees for Science, Music, and Computer will only be charged to those students taking the courses. ALSO, additional charges may be assessed for items like sports, TACS competitions, etc. if you choose to participate.

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

ELEMENTARY

Students may be dropped off at the main school entrance door between 7:45-8:00 AM.
The classroom doors open at 7:45 AM.
School begins promptly at 8:00 AM.

MIDDLE SCHOOL AND HIGH SCHOOL

Students may be dropped off at the main school entrance door between 7:30-7:45 AM.
Classroom doors open at 7:30 AM.
School begins promptly at 7:45 AM.

**DROPPING
OFF OF
STUDENTS**

*With No
Extended Care*

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. *(There is no charge for grades K5-5th from 7:30-7:45 AM.)*

The cost for before-school care is \$2.10/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 late stay 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 \$2.10/per child per half hour for any part of the half hour.

Minimum after-school care charge is \$2.10/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. After 6:30 PM, the charge doubles to \$30.00 per quarter hour.

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. 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. Students may bring their lunch and purchase drinks (white/chocolate milk or lemonade) 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. Secondary students (grades 6th-12th) have a snack break at 9:45 am due to a late lunch time. Snacks and/or bottled water may be purchased at this time (cash only).

METRO CHRISTIAN ACADEMY

IMPORTANT AUTO PAY INFORMATION

- **A new Auto Pay form must be submitted each year.**
- Please submit completed authorization form 2 weeks 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 2 weeks 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.

*****PLEASE NOTE: Automatic bank drafts each month will include the entire balance on the account as of the day of the withdrawal (10th or 15th) unless previous arrangements have been made in the school office.*****

START DATE: _____

Metro Christian Academy Automatic Withdrawal Form

Authorization Agreement of Pre-Authorized Payments

☐ **Yes**, I (we) hereby authorize Metro Baptist Church/Metro Christian Academy to initiate a debit entry to my checking account indicated below.

☐ **No**, I (we) do not wish to use the auto-draft form of payment.

Print name _____

Signature _____

If you choose "no", disregard the rest of this form.

Account Name: _____

Student Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell Phone: _____

Routing No.: _____ Account No.: _____

AMOUNT TO BE DEDUCTED: Please check one.

☐ SCHOOL BALANCE

☐ FLAT AMOUNT OF \$ _____
(must be at least amount of monthly tuition)

ACH DATE: Please check one.

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

☐ WITHDRAW ON THE 10th of Each Month: June – May (*\$10 Discount per month/per child*)

This authority is to remain in full force and effect until MBC/MCA has received written notification from me (or either of us) of its termination. This termination notification must be received 2-weeks prior to next scheduled draft date.

NAME: _____ DATE: _____
(Please print)

SIGNED: _____

If second signature is required on your account:

NAME: _____ DATE: _____
(Please print)

SIGNED: _____

ATTACH A VOIDED CHECK TO THIS AUTHORIZATION

8 OB/no copy



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Activity Permit: 2019-2020

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: _____

9 00/CO

METRO CHRISTIAN ACADEMY
A Ministry of Metro Baptist Church
ACKNOWLEDGMENT OF TUITION RESPONSIBILITY
2019-2020 SCHOOL YEAR

1) REGISTRATION FEE (non-refundable):

Dates	Registration Fee	
2/01/19-2/28/19	\$150.00	Registration fee MUST accompany application in order to be processed and receive discounts.
3/01/19-3/31/19	\$200.00	
4/01/19 & after	\$225.00	

2) TUITION:

K5-5 th Grade	\$4,650.00
6 th -12 th Grade	\$4,860.00

Annual Tuition Discounts:	2 nd Child	\$200.00	Early Registration (Returning students registered by 2/28/19)
	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 2020 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: 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	____

10 OB/no copy