



MetroChristian Academy

A MINISTRY OF METRO BAPTIST CHURCH
322 East Cedar Street Goodlettsville, TN 37072
(615) 859-1184, ext. 21 (615) 859-5562 fax

Reg. Fee: _____	Date Rec'd: _____
App.: 1 _____	OB AOTR: 2 _____
OB Fam. Info.: 3 _____	OO _____
Transportation: 4 _____	OO/CLS Fees, etc Info. Only: 5/6 _____
ACH: 7/8 _____	yes/no OB Activity Permit: 9 _____
OO/CO _____	Birth Cert. _____
Shot Rec. _____	Student Driver _____
yes/no _____	Start Date: _____
Student ID: _____	

Family Re-enrollment Form: 2018-2019

Student's Name _____	SS# _____	DOB _____	Grade Applied _____
Student's Name _____	SS# _____	DOB _____	Grade Applied _____
Student's Name _____	SS# _____	DOB _____	Grade Applied _____
Student's Name _____	SS# _____	DOB _____	Grade Applied _____

Address: _____
Street City State Zip Code County

Home Phone: _____ Cell Phone: *Dad* _____ *Mom* _____

Father's Name: _____ Lives with student: Yes No

Father's Employer: _____ Work Phone _____

Mother's Name: _____ Lives with student: Yes No

Mother's Employer: _____ Work Phone _____

Parent's Email Address: _____ , _____

Church Attending: _____ Student's Cell Phone: _____

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

Discipline Policy:

1. As a parent, I understand the school reserves the right to dismiss any student who does not cooperate with the education process, and any possible refund is left solely to the discretion of the school. I understand that it is my responsibility to promote and support conformity to the regulations and programs of the school. I will make every effort to help my child learn to obey the school rules and policies, regardless of my thoughts about their purposes. I realize by re-enrolling my child, I voluntarily place my child under the authority of Metro Christian Academy and Metro Baptist Church employees. I further realize the expectation is for my child to respectfully follow the discipline policies described in detail in the MCA Student Handbook, and I will support the staff and administration in their endeavor to help me train my child. I understand that my failure to cooperate as a parent could jeopardize my child's privilege to remain in this school.

2. As a student, I realize that attending MCA is a privilege, not a right. I will abide by the school regulations in attitude and action. I am applying at MCA by choice. I understand if I disregard the policies set forth by the administration, it may be grounds for disciplinary action.

Student's Signature: _____ Student's Signature: _____

Student's Signature: _____ Student's Signature: _____

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

1 OB

METRO CHRISTIAN ACADEMY
A Ministry of Metro Baptist Church
ACKNOWLEDGMENT OF TUITION RESPONSIBILITY
2018-2019 SCHOOL YEAR

1) REGISTRATION FEE (non-refundable):

<i>Dates</i>	<i>Registration Fee</i>	
2/01/18- 2/28/18	\$150	Registration fee MUST accompany application in order to be processed and receive discounts.
3/01/18-3/31/18	\$200	
4/01/18 & after	\$225	

2) TUITION:

K5-5 th Grade	\$4,560.00
6 th -12 th Grade	\$4,765.00

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

Referral Discount:

Your family will receive a \$250.00 credit on your May 2019 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 (August-May) to include tuition, 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. 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.

____ 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

2 OB

Family Information Sheet: 2018-2019

Please complete in Blue or Black ink only.

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

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

Father's Employer _____ Work Phone _____ Cell Phone _____

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

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

Mother's Employer _____ Work Phone _____ Cell Phone _____

Parent's Email Address _____, _____

I give my consent for photographs of my child(ren) 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.

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: 2018-2019
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. 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 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.					
9.					
10.					

I designate the above adults to pick up my child. _____
Parent's Signature *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: 2018-2019

AMOUNT

1) REGISTRATION FEE (non-refundable):

Dates: 2/01/18-2/28/18... <i>Form & money submitted by 2/28 qualifies for Early Registration Discount on Tuition</i>	\$150
3/01/18-3/31/18.....	\$200
4/1/18 & after.....	\$225

2) TUITION:

K5-5th Grade	\$4,560.00	<i>Payable in 10 monthly installments</i>
6th-12th Grade	\$4,765.00	<i>August 10th to May 10th</i>

Annual Tuition Discounts:

2nd Child	\$200
3rd Child	\$200
4th Child	Free
MBC Members	\$350
Early Registration Discount	\$200..... <i>Returning students registered by 2/28/18</i>
ACH (Automatic Bank Withdrawal)	\$100..... <i>Withdraw on 10th. Limit: \$10/mo/student</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 2019 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 8/1/18):

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		
Entrance Exam	\$100	New Students
Nap Mat	K5 Only	\$30

***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 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 before or after-school care is \$2.10/per child per half hour or 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 next month's 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 9:45am 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

- Please submit completed authorization form 2 weeks prior to the first requested draw 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.
- A new Auto Pay form must be submitted each year.

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

Account Name: _____

Student Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell Phone: _____

Transit/ABA No.: _____

AMOUNT TO BE DEDUCTED: Please check one.

AMOUNT OF MONTHLY SCHOOL BILL FLAT AMOUNT OF \$ _____

ACH DATE: Please check one.

WITHDRAW ON THE 15th of Each Month: August - May

WITHDRAW ON THE 10th of Each Month: August – 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 draw date.

NAME: _____ DATE: _____
(Please print)

SIGNED: _____

If second signature is required on your account:

NAME: _____ DATE: _____
(Please print)

SIGNED: _____

ATTACH A VOID CHECK TO THIS AUTHORIZATION



MetroChristian Academy

A MINISTRY OF METRO BAPTIST CHURCH
322 East Cedar Street Goodlettsville, TN 37072
(615) 859-1184, ext. 21 (615) 859-5562 fax

Activity Permit: 2018-2019

Event: Field Trips, School & Sports Events, & Senior/Mission's 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# _____

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 #: _____

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.

Signed _____ Relationship to student: _____
Signature of Parent or Legal Guardian Required

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

Date: _____

Expiration Date: _____

9 00/CO