



A MINISTRY OF METRO BAPTIST CHURCH

METRO CONNECT: A DIVISION OF METRO CHRISTIAN ACADEMY

(615) 859-1184, ext. 21 office (615) 859-5562 fax

Umbrella Registration Sheet

Please complete in Blue or Black ink only.

Parent's Names _____ Day Time Phone _____ Office Only---
Date Rec'd:

Address _____
Street City/State Zip Code Email Address (Required-we communicate through email)

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

Last Name First Name Middle Name Male Female
Date of Birth: _____ Age _____ Grade Entering (K-6): _____

Student 2

Last Name First Name Middle Name Male Female
Date of Birth: _____ Age _____ Grade Entering (K-6): _____

Student 3

Last Name First Name Middle Name Male Female
Date of Birth: _____ Age _____ Grade Entering (K-6): _____

Student 4

Last Name First Name Middle Name Male Female
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. Home School 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, and 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. Home School 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 approximately \$10.

FINANCES and COMMITMENTS:

Initial **Plan A:** 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:** I would like my children to participate in **activities only** and do not expect METRO CONNECT to retain my child's transcripts.

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.

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.

Plan A: \$100.00 **Plan B:** \$100.00 **Standardized Testing:** \$50.00 (in addition to the Plan you choose)
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: _____

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Family Information Sheet

Please complete in Blue or Black ink only.

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 2017						
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 2017						
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 2017						
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 2017						
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 2017						
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 2017						
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 2018						
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

90-100 A Grading
80-89 B Scale
70-79 C
65-69 D
0-64 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 2018						
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 2018						
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 2018						
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 2018						
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 2018						
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 2018						
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 2018						
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

- 90-100 A Grading
80-89 B Scale
70-79 C
65-69 D
0-64 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