

Trinity Christian Academy Training Center Student Application

The purpose of TCA Training Center is to provide an environment whereby each student may choose spiritual, academic, and artistic opportunities of interest to participate in and enjoy. Anyone seeking participation in this program must complete and sign the following application.

Parent/Guardian Information:

Church Affiliation: _____

Referred by: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Phone Number: _____ Cell Phone Number: _____

Family Physician: _____ Phone Number: _____

Student Background Information

Has student/s ever been dismissed, suspended or received disciplinary action at ANY school or church? If yes, please explain fully: _____

Any diagnosed disorder that may impact learning abilities?: _____

Has student/s ever been involved with any of the following? If yes, please explain fully.

_____ Tobacco _____ Fighting _____ Using/Selling Drugs _____ Weapons _____ Alcohol

_____ Theft _____ Occult/Cults _____ Pornography _____ Abuse _____ Arrest

Acknowledgement and Liability Waiver

Because this is a voluntary program, we acknowledge that we are participating in all activities at our own risk. Therefore we fully absolve Trinity Chapel, the church staff, and TCA Training Center staff of any and all responsibilities concerning our personal well-being and safety.

Parent/Guardian Signature: _____ Date: ____/____/____

Parent Volunteer Service Requirement

TCA requires a parent/guardian to perform one hour of service for each hour their children are in class. Please indicate the area in which you will serve each hour. Registration staff can assist you in identifying an area of need.

9 a.m.

10 a.m.

11 a.m.

1 p.m.

2 p.m.

Last Name: _____

School Year: _____

2008 -2009

List all students with last names; include infants, toddlers and preschool children.

1. Student:		Age:	Grade:
Birthdate: Allergies: (Check if applicable) Student has permission to drive self to class <input type="checkbox"/>	9 a.m.		
	10 a.m.		
	11 a.m.		
	1 p.m.		
	2 p.m.		
2. Student:		Age:	Grade:
Birthdate: Allergies: (Check if applicable) Student has permission to drive self to class <input type="checkbox"/>	9 a.m.		
	10 a.m.		
	11 a.m.		
	1 p.m.		
	2 p.m.		
3. Student:		Age:	Grade:
Birthdate: Allergies: (Check if applicable) Student has permission to drive self to class <input type="checkbox"/>	9 a.m.		
	10 a.m.		
	11 a.m.		
	1 p.m.		
	2 p.m.		
4. Student:		Age:	Grade:
Birthdate: Allergies: (Check if applicable) Student has permission to drive self to class <input type="checkbox"/>	9 a.m.		
	10 a.m.		
	11 a.m.		
	1 p.m.		
	2 p.m.		
5. Student:		Age:	Grade:
Birthdate: Allergies: (Check if applicable) Student has permission to drive self to class <input type="checkbox"/>	9 a.m.		
	10 a.m.		
	11 a.m.		
	1 p.m.		
	2 p.m.		

Check if additional students listed on addendum page