

What time will your student be picked up daily? _____
(If after 4:00pm you will need to be a part of our Aftercare Program.
Please refer to the Parent Student Handbook.)

Please indicate any special needs your children may have: _____

Please List all persons you will allow to pick up your student:

1. Full Name: _____ Home Phone _____ Cell _____
2. Full Name: _____ Home Phone: _____ Cell _____
3. Full Name: _____ Home Phone: _____ Cell _____

(If you have additional names please write them on a separate sheet of paper)

Name of Church you attend: _____

Are you a member? Yes ___ or No ___ Does your student attend Sunday School? Yes ___ No ___

Do you attend(check one): Regularly ___ Occasionally ___ I do not attend a church ___

Parent Signature _____ Date _____

Please do not write below this line

OFFICE USE ONLY

All Documents:

(New Applicants Only)

Transcripts: rec'd ___ not rec'd ___ Report Card : rec'd ___
not rec'd ___ SAT Scores : rec'd ___ not rec'd ___

(All Students New and Former IATCA)

Birth Certificate: rec'd ___ not rec'd, ___

Medical Records: rec'd ___ not rec'd ___

Registration Fee: \$ 75.00 Date Rec'd: ___

First Week Tuition: \$100.00 Date Rec'd: ___

Book Fee Deposit: \$ ___ Paid in full \$ ___ Date Rec'd ___

Parent Handbook Rec'd: yes ___ no ___

Parent Contract Signed: yes ___ no ___

Student and Parent Pledge Signed: yes ___ no ___

PARENT CONTRACT

I have received the Parent/Student Handbook and agree to read and follow all school procedures. I realize it is important for my child to arrive on time, and will make every effort to do so. I agree to pay all fees in a timely manner including tuition, registration, books, trips, cap and gown, SAT fee etc. I understand the tuition and aftercare(if my child is a participant) payment is due every Monday on the first day of the week, every week, beginning the first day of school September 8, 2009 until the last week of school June 14, 2010 which includes all vacations, winter recess, holidays, absences and the Christmas week.

I will also encourage my child/children to make sure all class work, homework, reports and special projects are completed to the best of his/her ability. I will ensure all homework is signed and ready to be turned in on the next school day. I will check for notices, teacher correspondences, report cards and any other information pertaining to my child's/children's education. I understand all payments must be paid in full before report cards, awards, diplomas or transcripts can be released.

By signing this contract I am fully aware of my responsibility as an I AM's Temple Christian Academy Parent.

PARENT SIGNATURE_____ DATE_____
Office Administration Signature_____ Date_____

I AM'S TEMPLE CHRISTIAN ACADEMY

620 Ravine Road – Plainfield, NJ 07062 – 908-753-6222

STUDENT INFORMATION REQUEST

Dear Parents/Guardians:

Please be advised that we need the following information in your child(ren)'s file for the upcoming school year 2009-2010. It is very important that we maintain accurate records. If this will be your first year with I.A.T.C.A., we need a full transfer packet from your child's former school. We ask that you please send in the requested items by: __/__/__. The items needed have a check mark next to the request.

Child's Name: _____

Application (attached)_____ Registration Fee_____

Birth Certificate_____

Current Immunization Records_____

**(New Students Only) Copy of Transfer, Report Card, Test Scores
etc._____**

Classroom Emergency Form_____

Parent Contract_____

We thank you in advance for your cooperation. Should you have any questions or concerns, please do not hesitate to contact our office.

Sincerely,

Sis. Janice Walker - Director