

I AM'S TEMPLE CHRISTIAN ACADEMY

*620 Ravine Road
Plainfield, New Jersey 07060
908-753-6222*

Sister Janice Walker-Director

Application for Admission 2023-2024

Non-Refundable Registration Fee: \$100.00

Date of Application: ___/___/___

NAME OF STUDENT _____
LAST FIRST M.I.

Complete Home Address: _____

GENDER : M ___ F ___ AGE: ___ DATE OF BIRTH _____
MONTH/DAY/YEAR

HOME PHONE () ___ - ___ GRADE STUDENT IS ENTERING: _____

Relationship of person with whom student lives: _____

MOTHERS NAME _____ OCCUPATION: _____

Address (if different) _____ Home Phone: () ___ - ___

Full Name of Employer _____

Work Phone: () ___ - ___ Cell Phone: () ___ E-mail _____

FATHERS NAME: _____ OCCUPATION: _____

Address (if different): _____ Home Phone: () ___ - ___

Full Name of Employer _____

Work Phone: () ___ - ___ Cell Phone: () ___ E-mail _____

Name, Address and Phone Number of the last school student attended: _____

Emergency contact # 1: _____

Full Name Address

Relationship to student: _____

Home Phone: () ___ - ___ Cell Phone: () ___ - ___

Emergency Contact #2: _____

Full Name Address

Relationship to student: _____

Home Phone: () ___ - ___ Cell Phone: () ___ - ___

In case of emergency only, by signing below, I give authorization to have medication administered, if necessary and to call 911 on my child's behalf.

Parents Signature: _____ Grade: _____

Physicians Full Name: _____ Phone: () ___ - ___

“MINISTERING EXCELLENCE FOR THE FUTURE WORLD”

“And thou shalt teach them diligently unto thy children, and shalt talk of them when thou sittest in thine house, and when thou walkest by thy way and when thou liest down, and when thou risest up”

Deut 6:6-7

(OVER)

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 ___
Immunization Records: rec'd ___ not rec'd ___
Physical Examination: rec'd ___ not rec'd ___
Registration Fee: \$ ___ Date Rec'd: ___

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

Book Fee Deposit: \$ ___ or 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 in September until the last week of school in June 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 Administrator's 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. 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) All of the above plus the following:

Copy of Transfer card, Report Card, Test Scores etc. _____

Physical Exam_____

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,

Sister Janice Walker - Director

EMERGENCY INFORMATION

We need important information about your child for the classroom. Please provide us with the information below. We will greatly appreciate it.



Student's Name: _____ **D.O.B.** _____

Address: _____

Home Phone number: _____

Allergies _____

Father's Name: _____

Father's Work Number: _____

Father's Cell Number: _____

E-Mail Address: _____

Mother's Name: _____

Mother's Work Number: _____

Mother's Cell Number: _____

E-Mail Address: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

