



# TIMBERLINE ACADEMY

# CHRISTIAN

## RE-ENROLLMENT FORM

Child's Legal Name \_\_\_\_\_ Grade Entering \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Special Conditions or Learning Disabilities \_\_\_\_\_

### Parent(s) or Guardian(s) Contact Information

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Address if different from child's \_\_\_\_\_  
Address if different from child's \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Mother's Occupation \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

### Family Information:

Does the child live with both parents? \_\_\_\_\_ If not, please explain the home conditions in which the child is living. \_\_\_\_\_

What church do you attend? \_\_\_\_\_ How often? \_\_\_\_\_

**Emergency and Pick Up Permission List**

Persons, in order, to contact in case of an emergency if parents or guardians cannot be reached.

- 1. Name \_\_\_\_\_ Phone \_\_\_\_\_
- 2. Name \_\_\_\_\_ Phone \_\_\_\_\_
- 3. Name \_\_\_\_\_ Phone \_\_\_\_\_

Persons with permission to pick up your child (not already listed): \_\_\_\_\_

\_\_\_\_\_  
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I hereby acknowledge that I am financially responsible for the above named student.

I acknowledge that upon my child's re-enrollment into Timberline Christian Academy, a ministry of Timberline Baptist Church, my child and I will abide by all of the policies, rules, and regulations of the school set forth in the school handbook.

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

*Please complete the following if you are referring a new family to Timberline Christian Academy.*

\_\_\_\_\_  
*Name of person you are referring to TCA*

\_\_\_\_\_  
*Signature of person you are referring to TCA*